

# Randall C. Latorre, MD

Board Certified - Otolaryngologist  
Board Certified - Facial Plastic and Reconstructive Surgeon

To my patients:

I have practiced in the Tampa & Trinity areas for 12 years and have established a relationship with the Trinity Surgery Center. Having used this facility for many of my surgeries, both my patients and I have found the facility to be exceptional.

In order to deliver the best healthcare possible, many surgeons and I have entered into a joint venture with the surgery center. I have a vested interest in the success of the center especially in the delivery of healthcare to my patients.

Randall C. Latorre, MD

## Appointments

We understand that your time is very valuable. We will call to confirm your appointment within 48 hours of your appointment time. All appointments must be verbally confirmed by you 24 hours prior to your appointment time. If you need to cancel your appointment within 24 hours or do not show up to your appointment, you will be subject to a \$25 cancellation fee.

## FMLA / Disability paperwork

If the Doctor has made a recommendation for surgery or extended medical care that requires time off from work and you wish to participate in the "Family Medical Leave Act" for disability income while away from your job, please remember the following:

You will need to allow 5-7 days for processing of the paperwork required by the doctor for completion. The physician's schedule does not permit for 1-2 day turnaround.

There is a \$50 charge to have the physician complete any FMLA or disability forms.

Thank you in Advance!

## Informed consent of financial interest

I, \_\_\_\_\_, acknowledge that Randall C. Latorre, MD has a financial interest in the Trinity Surgery Center located at 2102 Trinity Oaks Blvd., Trinity, Florida, 34655. I have the right to obtain surgical services at Trinity Surgery Center or from another Ear, Nose, and Throat surgeon of my choice. If I chose not to have my surgery at the Trinity Surgery Center, I have the alternative of St. Joseph's Hospital-North Campus or Morton Plant NorthBay Hospital. These are alternative facilities where Dr. Latorre possesses active privileges. I understand that Dr. Latorre will obtain my informed consent when required for medical and surgical procedures rendered to me by Dr. Latorre.

\_\_\_\_\_  
Patient / Guardian Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**16622 North Dale Mabry Hwy  
Tampa, Florida 33618**

**8109 State Rd 54  
Trinity, Florida 34655**