Florida HEALTH Department of Health

ROY W SANDERS

License Number: ME52022

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	Not Provided
License Expiration Date	01/31/2028
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

General Information

Primary Practice Address

ROY W SANDERS
5901 E FOWLER AVE
SUITE 100
TEMPLE TERR, FL 33617

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
THE TAMPA GENERAL HOSPITAL	TAMPA	FLORIDA
ST. JOSEPH'S HOSPITAL	TAMPA	FLORIDA
UNIVERSITY COMMUNITY HOSPITAL	TAMPA	FLORIDA
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN-TAMPA	TAMPA	FLORIDA
TAMPA (JAMES A. HALEY VA MEDICAL CENTER)	TAMPA	FLORIDA
BRANDON REGIONAL HOSPITAL	BRANDON	FLORIDA

Email Address

Please contact at: **ots1@aol.com**

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	MEDICAL DOCTOR

Florida Birth-Related Neurological Injury Compensation Association

If you are a Florida Allopathic (MD) or Osteopathic (DO) Physician, you are required to provide proof of payment of the Florida Birth-Related Neurological Injury Compensation Association (NICA) assessment as required by section 766.314, Florida Statutes. Payment of the initial and annual assessment are required of all Florida Allopathic and Osteopathic Physicians who do not qualify for an exemption as set forth in section 766.314(4)(b)4, Florida Statutes.

This practitioner has indicated that he/she has submitted payment of the assessment.

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
NEW YORK UNIVERSITY SCHOOL OF	MD		06/01/1980

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES	RESIDENCY	OTHER		BALTIMORE	MARYLAND	07/01/1983	11/01/1983
VANDERBILT UNIVERSITY MEDICAL CENTER DEPT OF ORTHOPEDICS	FELLOWSHIP	OTHER	MUSCULOSKELETAL TRAUMA	NASHVILLE	TENNESSEE	07/01/1985	12/31/1985
KLINIKUM RECHTS DER ISAR	FELLOWSHIP	OTHER	AO ASIF JACK MCDANIELS MEMORIAL FELLOWSHIP	MUNICH	GERMANY	09/01/1986	10/15/1986
KANTONSSPITAL CHUR	FELLOWSHIP	OTHER	AO/ASIF JACK MCDANIELS MEMORIAL FELLOWSHIP	CHUR	SWITZERLAND	10/10/1986	11/30/1986
HARBORVIEW MEDICAL CENTER	FELLOWSHIP	OTHER	AO FOOT FELLOWSHIP	SEATTLE	WASHINGTON	08/20/1988	10/20/1988
BETH ISRAEL MEDICAL CENTER	INTERNSHIP	GS - SURGERY		NEW YORK CITY	NEW YORK	07/01/1980	06/30/1981
HOSPITAL FOR JOINT DISEASES ORTHOPAEDIC INSTITUTE	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		NEW YORK	NEW YORK	07/01/1981	06/30/1985

Academic Appointments

Graduate Medical Education

This practitioner has had the responsibility for graduate medical education within the last 10 years.

Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
CLINICAL PROFESSOR OF ORTHOPAEDIC SURGERY	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M	TAMPA	FLORIDA
CLINICAL PROFESSOR OF ORTHOPAEDIC SURGERY	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	NEW YORK CITY	NEW YORK

Specialty Certification

Specialty Certification

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board	Certification	Date Certified
AMERICAN BOARD OF ORTHOPAEDIC SURGERY	ORS - ORTHOPAEDIC SURGERY	

Financial Responsibility

Financial Responsibility

I have hospital staff privileges and I have professional liability coverage in an amount not less than $250,000 per claim, with a minimum annual aggregate of not less than $750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self insurance as provided in s.627 .357, F.S.

Proceedings and Actions

Proceedings & Actions

Criminal Offenses

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

Medicaid Sanctions and Terminations

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

The information below is self reported by the practitioner.

Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has *NEVER* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

Liability Claims Exceeding $100,000.00 Within last 10 years.

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click here.

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous

10 years.

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:
DIRECTOR-ORTHOPAEDIC TRAUMA SERVICE/TAMPA GENERAL HOSPITAL
CHIEF-DEPARMENT OF ORTHOPAEDICS/TAMPA GENERAL HOSPITAL
PRESIDENT & CEO/FLORIDA ORTHOPAEDIC INSTITUTE, TAMPA, FL
EDITOR IN CHIEF/JOURNAL OF ORTHOPAEDIC TRAUMA

Professional or Community Service Awards

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
INDUCTION 1975	PHI BETA KAPPA
INTERNATIONAL JACK MCDANIELS MEMORIAL AWARD, 1986	AO/ASIF
BEST PAPER AWARD, 1989 & 1990	EASTERN ORTHOPEDIC ASSOCIATION
BEST RESIDENT PAPER, 1990	FLORIDA ORTHOPEDIC SOCIETY
BEST OVERALL PAPER, 1991	INTERNATIONAL SOCIETY ORTHOPAEDIC SURGEONS & TRAUMATOLOGY
EDWARD BOVILL AWARD-BEST SCIENTIFIC PAPER, 1992 & 1993	ORTHOPEDIC TRAUMA ASSOCIATION

Publications

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
CLINICAL ASSESSMENT OF NONUNION VASCULARITY USING LASER	ORTHOP TRANS	01/01/1987
CORRELATION OF LASER DOPPLER FLOWMETRY WITH MICROSPHERE ES	FOURTH WORLD CONGRESS FOR MICROCIRCULATION	01/01/1987
THE USE OF LASER DOPPLER LOWMETRY TO EVALUATE MENISCAL	FOURTH WORLD CONGRESS FOR MICROCIRCULATION	01/01/1987
THE CLINICAL ASSESSMENT OF IN-VIVO VASCULARITY OF NONUNION	ORTHOP TRANS	01/01/1988
THE TREATMENT OF SUBTROCHANTERIC FEMUR FRACTURES USING THE	J ORTHOP TRAUMA	10/01/1989
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		

Professional Web Page

www.floridaortho.com

Languages Other Than English

This practitioner has indicated that the following languages other than English are used to communicate with patients, or that a translation service is available for patients, at his/her primary place of practice.
GERMAN

Other Affiliations

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation
AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS
AMERICAN ORTHOPAEDIC ASSOCIATION
AMERICAN ORTHOPAEDIC FOOT AND ANKLE SURGERY
FLORIDA ORTHOPAEDIC SOCIETY
ORTHOPAEDIC TRAUMA ASSOCIATION