

Today's

MEDICAL NEWS AND LIFESTYLES

# PHYSICIAN

MEMPHIS/MID-SOUTH | PREMIERE 2006



## Stern Cardiovascular Center

Dr. Frank McGrew Heads Renowned Research Group

Church Health Center

Saint Francis Hospital

Methodist University Hospital



# 4 Cover Story

## Stern Cardiovascular Center

Dr. Frank McGrew Heads Renowned Research Group  
 By Bill Eisenberg  
 Cover photograph by Alex Ginsburg PHOTOgraphics

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Barry Steinberg

Pop the corks; pour the champagne. Today's Physician Magazine of the Mid-South is delighted to be a new part of the medical community and your office. A national magazine, from coast to coast, our local publication will bring news and views from the local medical community.

What we hope to offer is a magazine that will introduce you to the physicians of the Mid-South, who offer the dedication in their profession and the drive for quality treatment and care to their patients.

We want to thank our advertisers, who have committed to participate in this new magazine. Without their support and dedication, our publication could not exist and we encourage you to support them.

We are pleased to feature, for our premiere edition, Dr. Frank McGrew, noted cardiologist at Stern Cardiovascular Clinic. Dr. McGrew's insight into the changing world of healthy heart care is good reading, and we hope you find value in the story.

Today's Physician encourages contributions from the medical community. Should you have a newsworthy story that you feel would bring value, please email us at [beisenberg@aol.com](mailto:beisenberg@aol.com) or [bsteinb210@aol.com](mailto:bsteinb210@aol.com).

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**Publisher**

Barry Steinberg  
[Bsteinb210@aol.com](mailto:Bsteinb210@aol.com)  
 901-628-6278

Bill Eisenberg  
[BEisenberg@aol.com](mailto:BEisenberg@aol.com)  
 901-550-8597

**Zone Manager**

Alan Niedenberger

**Design**

Michael Hancock  
 Brad Palmer  
 Jonathan Hull  
 Kevin Sheehan

**Publication Coordinator**

Jordan Hansen

**General Manager**

Kevin Burdge  
[kevinb@excelgraphics.com](mailto:kevinb@excelgraphics.com)

**Home Office**

201 East Bay Blvd.  
 Provo, Utah 84605  
 801-734-1516  
[kevinb@excelgraphics.com](mailto:kevinb@excelgraphics.com)

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**Contact Information**

Send press releases and all other information related to this local edition of Today's Physician to:  
 Today's Physician of the  
 Memphis/Mid-South Area  
 1393 Riverwood Cove  
 Germantown, TN 38138



# Stern Cardiovascular Center

## Dr. Frank McGrew Heads Renowned Research Group

Photography by Alex Ginsburg PHOTOgraphics By Bill Eisenberg

Dr. Frank McGrew, coordinator of clinical research for the Stern Cardio Group, is one of the most respected researchers with cardiovascular studies in the United States. Dr. McGrew heads up a talented group of researchers at the Stern's Memphis office.

Memphis, Tennessee is known as one of the largest medical research areas in the country. With the likes of St. Jude Children's Research Hospital, LeBonheur Children's Hospital, the University of Tennessee Medical Center and the future Bio-Tec Research complex being built at the site of the old Baptist Memorial Hospital, all located in the heart of Memphis near downtown, another type of research has been quietly working behind the scenes coming up with new medical techniques to save the lives of all Americans and people from all over the world.

The Stern Cardiovascular Center, founded in Memphis in 1920 by Dr. Neuton S. Stern and now headed by his son, Dr. Thomas N. Stern, is recognized as one of the

The Stern Cardiovascular Center headquarters and offices in Germantown, Tennessee.

leading cardiovascular research centers and treatment centers in the country.

Located in Germantown, Tennessee, The Stern Cardiovascular Center's coordinator of clinical research is Dr. Frank McGrew, who is also the group's clinical cardiologist. Dr. McGrew, works with Barbara Hamilton, R.N. who holds a masters degree, as well as a scientific affairs director, who handles the groups regulatory documents and up to six research nurses, who are responsible for new research studies with new drugs, techniques and devices.

"Research here has featured several different areas of focus," said Dr. McGrew. "In the area of congestive heart failure, research goes back to some of the pivotal studies of Dr. Tom Stern on Digitalis, a heart fail-

ure drug derived from a naturally occurring plant, the foxglove."

Dr. McGrew, a graduate of John Hopkins University and Case Western Reserve University Medical School is currently an assistant clinical professor of medicine at Duke University and on their board of directors and holds a fellowship with The American College of Cardiologists.

Since the 1950's four major areas of drug investigation have proved useful in the treatment of congestive heart failure. Early studies involving the ACE inhibitors, beta blockers and aldosterone antagonists were all conducted at the Stern Group and involved multi-center studies that eventually lead to the FDA approval of each of these three categories of medications.

Part of Dr. McGrew's recent studies have looked into the issue of ethnicity and whether different racial groups respond better to certain drugs or drug combinations.

"A recent study, A-Heft, showed that a combination of old medications,



From left to right: Leigh Etters, RN, BSN-Research Coordinator, Nika Dawson, Dr. Frank McGrew's secretary and Amy Ervin, Nurse Practitioner.

Hydralazine and nitrates, dramatically reduced death and hospitalization rates in African-Americans with a diagnosis of heart failure already treated with maximum therapy," Dr. McGrew said. "Other studies that involved ethnic sub-categories and therefore probably leading to further elucidation of the specific drug beneficial mechanisms, involved specific beta blockers and various antihypertensive therapy," continued Dr. McGrew. "These were all conducted as part of our multi-center study commitment. Future studies involving specific gene abnormalities in African-Americans are under evaluation."

Continued studies by Dr. McGrew and his research team, have dramatically reduced the death rate in patients with severe congestive heart failures. His research led to the development of pacemakers that have sensors which measure body activity and increase pacing rates accordingly. In addition, newer "three lead" pacemakers causing resynchronization of weak heart muscles were performed and lead to the Federal Drug Association's approval of these types of pacemakers, either with or without combination of defibrillators.

One of the newer studies deal with cardiomyoplasty, where skeletal muscle from the back is surgically wrapped around the heart and electrically converted into cardiac muscle by a special type of pacemaker. This produced dramatic effects in patients with

refractory congestive heart failure. These studies have lead to further evaluation of how ordinary skeletal muscles can be transformed into cardiac muscle providing additional heart muscle strength.

Dr. McGrew's interest in medicine began when his father, a chemist, introduced him to the world of science and played "Mr. Wizard" type science projects with him while still in school. As a result of his early introduction to science projects, Dr. McGrew won several science fairs while in high school, including being named one of the Westinghouse Science Fair talent search winner.

His interest in becoming a cardiologist and to work heart disease research surfaced after his father was diagnosed with heart disease when he was still a young man and he visited with his father's family doctor on a regular basis and learned more about his father's condition.

Dr. McGrew's early introduction to heart disease research was inspired and aided by Dr. Melvin Calvin, a Nobel Laureate from the University of California, Berkeley and who also worked on the Manhattan Project. He later worked with Nobel laureates Dr. Kenneth Robbins, who received a Nobel Prize for the discovery of the growth of polio growth virus in culture and was Dr. McGrew's dean at Case Western Reserve Medical School. Later he gained invaluable experience working with Dr Joseph

Goldstein at the National Heart Institute in Bethesda, Maryland. Dr. Goldstein received Nobel Prize for the identification of cholesterol receptors leading the way to the modern treatment of hyperlipidemia.

While at the National Heart Institute, one of Dr. McGrew's responsibilities was to coordinate research with sudden deaths in relation to heart attacks and to help coordinate multi-center research studies around the country. He also received a grant for heart related research from Duke University.

Dr. McGrew started his medical practice after joining the Stern Cardiovascular Group, then known as The Cardiology Group of Memphis, in 1970 and initiated many of the research projects that are still handled by his team of researchers.

Much of Dr. McGrew's research work has resulted in changes in the way congestive heart failure is treated today. Their works over two decades ago lead to the development of Lovastatin, which was the first statin drug to be marketed for the treatment of high cholesterol.

"Atherosclerosis, or hardening of the arteries, is the most common form of heart disease and these statin drugs have been virtually a miracle drug in the treatment of lipids and have dramatically improved patients outlook" said Dr. McGrew. "Other non-absorbable cholesterol lowering medicines have been studied and have proved to be useful cholesterol reduction adjuncts."

Some of Dr. McGrew's current studies involve the use of statin drugs to reduce inflammation of the blood in patients who have only mild cholesterol abnormalities and hopefully will reduce future heart attacks, as well as two new cutting edge areas of investigation in lipid metabolism.

One of these studies involve intravenously introducing a synthetic cholesterol modifying protein (HDL) to act as a "drano" to remove plaque from vessels with existing atherosclerosis. Another form of cholesterol protein modification involves the use of an oral medication to shift cholesterol within the blood stream from the bad to the good carrying protein and thus to permit more beneficial removal of cholesterol from the body before it can be deposited in the arteries. While another ongoing study involves a medicine that modifies cholesterol metabolism in patients after an acute heart attack,



(Above) Dr. Frank McGrew sits at his desk talking with a patient concerning his recent test results.

hopefully reducing cholesterol penetration in the blood vessel walls.

“Other areas of investigation we are working in involves special types of pacemakers,” says Dr. McGrew. “Our experience with the activity responsive pacemaker formed the analysis that led to the FDA approval of this type of pacemaker.”

“Prior to that, we implanted the first dual chamber pacemaker in the Mid-South and later the first dual chamber that had the ability to regulate itself based on the body’s intrinsic rhythm,” Dr. Grew continued. “Newer studies in pacemakers have involved the ability to measure over the telephone a patient’s blood pressure, heart rate and body fluid parameters to aid in the early detection of cardiac abnormalities and thus reducing the need for subsequent hospitalization.”

Future areas of research involve the ability to rapidly cool patients undergoing cardiac arrest and thus preserve brain function while the heart circulation is being re-established. While still more studies will involve heart valve repair using techniques similar to cardiac catheterization without involving the need for cardiac surgery.

“Although cardiac treatments have improved dramatically in the past three decades, there still is an intolerable rate of cardiac events that need to be further improved,” Dr. McGrew says. “Participation in controlled clinical trials will offer patients

(Above right) Barbara Hamilton, RN, MSN, CCRC works with a new type of pacemaker that increases heart muscle force, rather than heart rate alone.



(Right) Dr. Frank McGrew with two of his top aids, Tammy West, LPN (left) and Nika Dawson, Dr. McGrew’s assistant.



the ability to make these treatments available early in their course.”

Through the studies conducted at the Stern Cardiovascular Center, patients on controlled clinical trials receive benefit, even if they are in the control group and not actively receiving the new medication or therapy. These trials have improved patient attitude, compliance with standard medications and increased contact with the medical system in general.

Under Dr. McGrew’s leadership, the research staff at the Stern Cardiovascular Center will continue to be on the cutting edge of cardiovascular technology, bringing new techniques to prevent congestive heart failure and to continue saving hundreds of lives in the Mid South.

Several new physicians have recently joined the Stern Cardio Group to work with

Dr. McGrew, to learn from his decades of cardiovascular research experience and to continue his work for years to come.

Joining the group is Dr. Jason Infeld, a graduate of the Albert Einstein College of Medicine and is certified in both Internal Medicine and Cardiovascular Disease and Echocardiography, as well as Dr. Arie Szatkowski, a graduate of Cornell University Medical School, who is certified by the American Board of Internal Medicine in both Internal Medicine and Cardiovascular Disease and Dr. Jennifer Morrow, a graduate of the University of Tennessee at Memphis Medical School and certified in Internal Medicine and Cardiology. ■



# Memphis Heart Clinic Launches PACE System™ Tailored Specifically for Cardiology Patients

The physicians of Memphis Heart Clinic (MHC) have initiated a new form of information technology known as The PACE System™ to enhance patient care and improve patients' quality of life. MHC partnered with The West Clinic and Guidant Corporation on a research grant to develop this technology specifically for cardiology practices. PACE stands for Patient Assessment, Care and Education. MHC is the only cardiology practice in the country offering this valuable patient service.

The PACE System™ utilizes wireless, touch screen, electronic tablets (e/Tables) which are given to patients as soon as they enter the clinic. With e/Tables, patients can easily give and receive information pertinent to their condition and treatment at any time during their visit by simply touching the e/Tablet's screen.

The PACE System™ allows patients to begin their appointment moments after they enter the practice from anywhere within the clinic. Rather than thumbing through old magazines, patients take an active role in providing information about their condition via e/Tables.

The Patient Care Monitor™ delivers a standardized set of questions that ensure a comprehensive assessment of the patient's symptoms for each visit. While answering these questions by simply tapping on the

e/Tablet screen, the patient is reminded of troubling symptoms which might otherwise be forgotten and not mentioned to the physician. By addressing these symptoms every visit, physicians at Memphis Heart Clinic can dramatically improve the quality of life for a patient with cardiac disease.

The Patient Care Monitor™ generates a report based upon the patient's responses for the clinician to review before seeing the patient. The report graphically highlights the patient's most troubling symptoms and compares them to patient's responses from previous visits. This information enables the physician to quickly ascertain patterns in the patient's condition. As a result, interactions between the physician and patient become more meaningful as the clinician can focus on actual problem areas the patient is facing without having to ask unnecessary questions.

Dr. Joseph Samaha, a cardiologist at Memphis Heart Clinic said "The Memphis Heart Clinic prides itself on actively pursuing technological and treatment advances vital to the constant improvement of patient care."

"We are confident the PACE System™, in conjunction with the EMR we currently utilize, will help us improve the level of care we give and our patients' quality of life."

The value of The PACE System™ for symptom assessment and quality of life

improvement has been clinically proven through scientific clinical trials with findings presented in major medical publications and at conferences both in the United States and abroad.

Supportive Oncology Services, Inc., headquartered in Memphis, TN, developed and distributes The PACE System™.

Founded in 1998, the Memphis Heart Clinic is a full-service cardiology clinic with offices in East Memphis and Covington, Tennessee, and Southaven, Mississippi. Memphis Heart Clinic DeSoto offers consultative vascular and cardiac care including electrophysiologic and invasive procedures and in-office diagnostic testing. ■

# Church Health Center caring for people cut from TennCare Center has 20 percent rise in new patients seen since cuts began

By Marvin Stockwell

For almost a year, the Church Health Center has been preparing to care for people who would lose TennCare coverage, and now the wait is over – people are attending patient orientation sessions in record numbers and hundreds of new patients are now receiving care.

Forty-one-year-old Jeffrey Blankenship, who was waiting for a Getting Started orientation to begin, said he lost his TennCare coverage halfway through neurological treatment for a broken back and neck. He appealed the decision but was denied. He is also bipolar and, at the time of his orientation, had been without his lithium for 10 days and had no way to pay for it.

“They were going to have me undergo a follow-up procedure at the neuroclinic, but they won’t see me anymore because I don’t have TennCare,” he said. “It makes me mad. I’ve been working since I was 16, paying Social Security and taxes, and I’ve never gotten anything from the government in all these years – not a nickel, not unemployment, nothing – and as soon as I need some help, it’s not there. Now I’m kind of stuck between a rock and a hard spot.”

Blankenship was referred to the Church Health Center by another agency, and when he called he first spoke to one of our patient assistance representatives, Ramona. He said she instantly put him at ease and made him feel accepted.

“She was very nice. We swapped stories and just clicked right away. It was like I was talking to my mother almost,” he said. “She recommended I come to this orientation, so I just prayed about it, contemplated it, and thought, ‘I’ll give it a try and see.’”

A 45-year-old diabetic woman, who asked not to be identified, said she lost TennCare coverage in August, just a few months after getting on the program.

“I’m on insulin and I have to have it to live,” she said. “It’s a blessing and an encouragement to me to know that somebody’s here to help me. Faith is about helping others and I thank God you all are here.”

Fellow diabetic Ernestine Ford was cut

from TennCare in July and became a Church Health Center patient in October. She said losing her TennCare coverage made her feel “dispossessed” and “disenfranchised.”

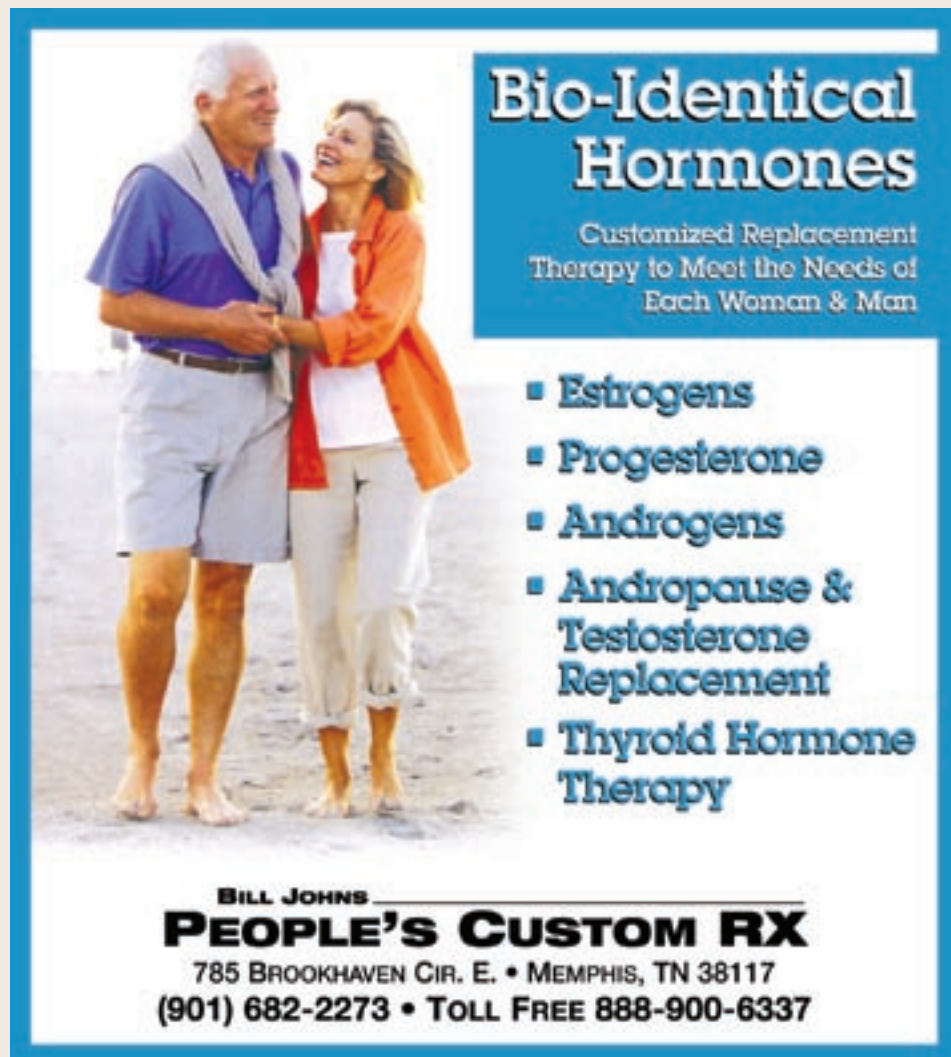
“Once they started talking about these major cuts on TV, I knew the Church Health Center would be overrun,” she said, adding that at first she didn’t know how to respond to losing coverage. “I knew I had to watch my diet, get more exercise and stay hopeful.”

Around the same time, Ford’s daughter lost her insurance when her new job did not offer coverage. She became a Clinic patient in August and started telling her mother about the caring people she had experienced at the Church Health Center. It was her

daughter’s positive experience at the Clinic that convinced Ford to come to the Church Health Center for care.

Ford was seen by Dr. Morris who prescribed medicine for her diabetes, but also recommended that she attend a four-week diabetes wellness class at Hope & Healing.

“Knowing the Church Health Center is here makes me feel wonderful, because I know the Gospel works. I thank God for the people here who really have the spirit of God on the inside and live Christ-like lives,” Ford said. “Now I feel hopeful. I feel like I can make it to tomorrow. I can live a healthy life even though my income is small and my health benefits were taken away.” ■



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Dr. Scott Morris founded the Church Health Center in 1987 to provide quality, compassionate and affordable medical care for the working uninsured, their families and the homeless.

For more information about becoming a volunteer doctor with the Church Health Center, call (901) 272-7170. For other information about the Church Health Center, call the number above or visit [www.church-healthcenter.org](http://www.church-healthcenter.org).



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# Self-Employment Tax Issues

By Bruce S. Newman  
Newman, DeCoster & Co.  
Bruce S. Newman,  
Attorney at Law, CPA



**S**elf-employment tax is a Social Security and Medicare tax primarily for individuals who work for themselves. It is similar to the Social Security and Medicare taxes withheld from the pay of most wage-earners. Self-employed professionals in the medical field are clearly a group that should be aware of this expensive tax because it is not withheld by an employer and payment is the responsibility of the self-employed individual in figuring how and when it is to be remitted to the Internal Revenue Service.

You figure SE tax yourself using Schedule SE (Form 1040). You can deduct half of your SE tax in figuring your adjusted gross income (wage earners cannot deduct Social Security and Medicare taxes). The self-employment tax rate is 15.3 percent. The rate consists of two parts: 12.4 percent for Social Security (old-age, survivors and disability insurance) and 2.9 percent for Medicare (hospital insurance).

**Maximum earning subject to SE tax.** Only the first \$94,200 of your combined wages, tips and net earnings in 2006 is subject to any combination of the 12.4 percent Social Security part of SE tax, Social Security tax or railroad retirement (tier 1) tax.

**Fiscal year filer.** If you use a tax year other than the calendar year, you must use the tax rate and maximum earnings limit in effect at the beginning of your tax year. Even if the tax rate or maximum earnings limit changes during your tax year, continue to use the same rate and limit throughout your tax year.

**Self-employment tax deduction.** You can deduct half of your SE tax in figuring your adjusted gross income. This deduction only affects your income tax. It does not affect either your net earnings from self-employment or your SE tax.

## How to pay self-employment tax

To pay SE tax, you must have a Social Security number (SSN) or an individual taxpayer identification number (ITIN).

Obtain an ITIN if you are a self-employed medical• professional.

Pay your SE tax using estimated tax Form 1040ES. •

To apply for an ITIN, file Form W-7, Application for IRS Individual Taxpayer Identification Number.

## Estimated taxes

Federal income tax is a pay-as-you-go tax. You must pay the tax as you earn or receive income during the year. You generally have to make estimated tax payments if you expect to owe tax, including SE tax, of \$1,000 or more when you file your return. There are two ways to pay as you go: withholding and estimated taxes. If you are a self-employed individual and do not have income tax withheld, you must make estimated tax payments.

## Who must pay self-employment tax?

You must pay SE tax and file Schedule SE (Form 1040) if your net earnings from self-employment were \$400 or more. Your net earnings from self-employment are based on your earnings subject to SE tax. Most earnings from self-employment are subject to SE tax. Some earnings from employment (certain earnings that are not subject to Social Security and Medicare taxes) are subject to SE tax.

If you have earnings subject to SE tax, use Schedule SE to figure your net earnings from self-employment. Before you figure your net earnings, you generally need to figure your total earnings subject to SE tax.

**Note:** The SE tax rules apply no matter how old you are and even if you are already receiving social Security or Medicare.

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## Are you self-employed?

You are self-employed if any of the following apply to you:

You carry on a trade or business as a sole• proprietor or an independent contractor.

You are a member of a• partnership that carries on a trade or business.

### You are otherwise in• business for yourself.

Trade or business. A trade or business is generally an activity carried on for a livelihood or in good faith to make a profit. The facts and circumstances of each case determine whether or not an activity is a trade or business. The regularity of activities and transactions and the production of income are important elements. You do

not need to actually make a profit to be in a trade or business as long as you have a profit motive. You do need, however, to make ongoing efforts to further the interests of your business.

**Part-time business.** You do not have to carry on regular full-time business activities to be self-employed. Having a part-time business in addition to your regular job or business also may be considered self-employment. Example: You are a part-time medical consultant and are also employed at another job.

**Sole proprietor.** You are a sole proprietor if you own an unincorporated business by yourself, in most cases. However, if you are the sole member of a domestic limited liability company (LLC), you are not a sole proprietor if you elect to treat the LLC as a corporation. For more information on this election and the tax treatment of a foreign LLC, see Form 8832, Entity Classification Election.

**Independent contractor.** People such as doctors, dentists, veterinarians and other medical professionals who are in an independent trade, business or profession in which they offer their services to the general public are generally independent contractors.

However, whether these people are independent contractors or employees depends on the facts in each case. The general rule is that an individual is an independent contractor if the taxpayer has the right to control or direct only the result of the work and not what will be done and how it will be done. The earnings of a person who is working as an independent contractor are subject to SE tax.

You are not an independent contractor if you perform services that can be controlled by an employer (what will be done and how it will be done). This applies even if you are given freedom of action. What matters is that the employer has the legal right to control the details of how the services are performed.

If an employer-employee relationship exists (regardless of what the relationship is called), you are not an independent contractor and your earnings are generally not subject to SE tax. ■

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[www.familycancercenter.com](http://www.familycancercenter.com)

# Saint Francis Hospital

## Bartlett Opens New Cardiac Catheterization Lab. Cath lab will enhance hospital's cardiac services.

By Derek Venckus

Saint Francis Hospital-Bartlett has unveiled a new cardiac catheterization lab. A cardiac catheterization is a non-surgical procedure in which a thin plastic tube is introduced through an artery in the arm or leg. The tube is then advanced into the coronary arteries or heart for diagnostic and/or therapeutic purposes.

"We are committed to meeting the needs of our patients and physicians," said Saint Francis Hospital-Bartlett CEO David Wilson. "This cath lab represents the next step in meeting those needs. This enhancement to our cardiac services will provide us with

effective diagnostic capabilities for the heart."

Services available at Saint Francis Hospital-Bartlett's new cath lab will include diagnostic cardiac catheterization as well as diagnostic and interventional peripheral studies and procedures.

Saint Francis Hospital-Bartlett, part of Tenet Tennessee, is a 100 bed full-service community hospital in Bartlett, Tenn. The hospital, located at 2986 Kate Bond Road, opened on June 1, 2004 and is the first full-service medical center in its community. Saint Francis Hospital-Bartlett features a wide range of medical and health

care services, including emergency care, an intensive care unit, a family birthing center, cardiology, oncology and diabetes care. The hospital is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations, the nation's oldest and largest hospital accreditation agency. To learn more about Saint Francis Hospital-Bartlett, visit [www.saintfrancisbartlett.com](http://www.saintfrancisbartlett.com). ■



# Methodist University Hospital Advances Care for Epilepsy

## Epilepsy Monitoring Unit gains Level IV designation

Methodist University Hospital is now the home of a Level IV epilepsy center providing patients with the most comprehensive care available anywhere in the country. A Level IV is the highest designation given by the National Association of Epilepsy Centers. The Epilepsy Monitoring Unit is part of Methodist Healthcare's Neuroscience Institute and is the only center of its kind in a 62-county area and one of only three in the state of Tennessee. One of the other two centers is located at one of our other sites, Le Bonheur's Children Medical Center. There are fewer than 100 programs across the United States.

"We are very pleased to have a Level IV epilepsy center at Methodist University Hospital," said Tulio Bertorini, M.D., medical director of the Epilepsy Monitoring Center and neurologist at Wesley Neurology. "This designation elevates Methodist Healthcare's Neuroscience Institute, and the Level IV designation allows us to offer our patients the highest level and most sophisticated care you can find as well as providing us with opportunities for research to further advance the care of epilepsy."

The Epilepsy Monitoring Unit specializes in neurological and neurosurgical evaluation and treatment and houses the continuous seizure monitoring unit. The unit is devoted to epilepsy detection and treatment and specializes in long-term monitoring. The unit can simultaneously accommodate up to four patients, doubling the capacity. Patients admitted to these rooms are monitored 24-hours a day. A technologist applies 24 small recording discs to a patient's head and one to the chest. These recording discs record brain activity and heart rate.

Each room also has a microphone and a camera to assist doctors in evaluating seizures. An electroencephalogram (EEG) which detects abnormalities in the electrical activity of the brain, along with digital data and audio are collected in the control room.

This information is chronologically synchronized from each patient over typically four days. Physicians then review the collected data allowing for a more precise evaluation of seizure type, quality and quantity.

Once doctors determine if a patient is having seizures and what type of seizures a patient is having, they create a treatment plan. That plan can include medication, vagus nerve stimulation with a pacemaker or surgery. About one-third of patients who have epilepsy outgrow this neurological disorder. After a patient has been seizure-free for five years, doctors can take the patient off their medication to determine if they have outgrown their seizures.

Epilepsy affects more than 2.5 million Americans. The majority of people who have epilepsy are under 10 or 60 and older. ■

*Mary Alice Taylor*  
 March 7, 2006  
 Communications Specialist  
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Rob Burns, Epilepsy Monitoring Unit (EMU) technologist, monitors patients' brain activity in the Epilepsy Monitoring Unit at Methodist University Hospital in Memphis, Tennessee.

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Dr. G. Scott Morris  
 Founder and Executive  
 Director of the Church  
 Health Center

# As I See It

When I was in medical school, I was taught (as are most physicians) to not get too close to my patients. I was told that getting “personal” with patients would cloud my ability to be objective about their diagnosis and treatment. A fine example of this happened while on rounds as a third year student. A colleague began her presentation by discussing the patient’s family and love of his grandchildren. Half way through her presentation the Attending interrupted her by saying, “What does any of this have to do with your care of this patient?” At the time I realized her presentation was not succinct: I now know how thoroughly wrong the Attending was in his criticism.

People don’t need to be taught how to keep their distance and be objective when relating to another person. That comes naturally. What needs to be taught is how to grow closer to someone else in order to be helpful in a time of need.

We’re moving to an electronic-health-records system in my own practice, and in my first few days of working with the computer, I felt like a slave to the machine. I was so focused on getting the data entered correctly, that I became disconnected from my patients.

Medicine today is so focused on technology that we often lose sight of the fact that we are caring for real human beings. The purpose of our care is to help patients be healthy enough to live with hope and possibility – to be better able to enjoy their grandchildren. Yet sometimes technology seems to be an end in itself, and we lose sight that our calling must always be about the patient. The newest CT scanners certainly give us a prettier picture, but are they really leading us to better health care?

Because of Hurricane Katrina we are seeing many patients at the Church Health Center who are both under tremendous stress and also have urgent medical needs.

One patient I saw, Margaret, had symptoms that I mostly attributed to the psychological trauma she experienced. Yet as I tried to be compassionate and listen to her story, I was not satisfied with just treating her anxiety and depression. I arranged for her to see a counselor, but I also got an MRI of her head. Unfortunately, her MRI is compatible with Multiple Sclerosis. Because I took the time to focus on her life situation though, I learned something else was wrong – a serious condition I otherwise would’ve missed.

Medicine is truly a unique profession. Sure, it’s based on science and requires technology, but at its heart it remains a helping profession, grounded in compassion. Objectivity continues to be critical to

being a good doctor. But we cannot really be effective physicians without the interpersonal skills that draw us close enough to our patients to know what makes their hearts hurt and what brings them joy and love. ■

*Dr. G. Scott Morris is the founder and executive director of the Church Health Center in Memphis. The Center’s ministries provide healthcare for the working uninsured and promote healthy bodies and spirits for all. For more information about the Church Health Center, call (901) 272-7170 or visit [www.churchhealthcenter.org](http://www.churchhealthcenter.org).*

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# Saint Francis Hospital Medical Staff Welcomes New Members

Saint Francis Hospital in Memphis is welcoming a number of new members to its Medical Staff. They include Valentine Ozoigbo, MD, Family Practice; Geza Remak, MD, Gastroenterology; Andrew Liman, MD, Hematology Oncology; Emmanuel Agapos, MD, Internal Medicine; Madhurita Bakshi, MD, Internal Medicine; Glen Dougherty, MD, Chest Pain Emergency Cardiology; Karen Blessey, MD, Internal Medicine; John Doty, MD, Pulmonary Critical Care; Robert McEachern, MD, Pulmonary Critical Care; Angie Brown, MD, Emergency Medicine; Loren Crown, MD, Family Practice; Dwight Dishmon, MD, Chest Pain ER; Brian Zagol, MD, Chest Pain ER; Rajneesh Nath, MD, Hematology Oncology; Matthew Mabie,

MD, Pulmonary Critical Care; Abubakar Naida, MD, Pediatrics Neonatology; Marc Eichler, MD, Surgery Neurosurgery; Tyrone Davis, DPM, Surgery Podiatry; Robert N. Aguiard, MD, Pulmonary/Critical Care; Shadwan F. Alsafwah, MD, Chest Pain/ER; Ahmad Altabbaa, MD, Emergency Medicine; Mounir A. Shazly, MD, Anesthesia; Sonia M. Benn, MD, Hematology/Oncology; Paul R. Deaton, MD, Pulmonary/Critical Care; Lisa Kennedy, MD, Pulmonary/Critical Care; Mounir A. Shazly, MD, Anesthesia; John M. Stallings, MD, Emergency Medicine; and Charles Hunt, II, MD, Surgery Thoracic/CV. "We are honored that these physicians have chosen Saint Francis," said Delores Voigt, Vice President for Managed Care

and Medical Staff, "and we look forward to a mutually beneficial association." The hospital's medical staff currently includes more than 900 physicians.

## ABOUT SAINT FRANCIS HOSPITAL

Saint Francis Hospital, part of Tenet Tennessee, is a 519-bed full service hospital located at 5959 Park Avenue in Memphis, Tenn. Saint Francis Hospital is a leading medical center that has been serving the Memphis and Mid-South area for more than 30 years. The hospital provides a broad-spectrum of quality medical services, including a Cardiac Care Center, Diabetes Care Center, Family Birthing Center, Chest Pain and Stroke Emergency Center and Women's Center. Adjacent to the hospital is a 197-bed Nursing Home that provides Senior and Long-Term Care Services. The hospital is accredited by the Joint Commission on the Accreditation of Healthcare Organizations, the nation's oldest and largest hospital accreditation agency. To learn more about Saint Francis Hospital, visit [www.saintfrancishosp.com](http://www.saintfrancishosp.com). ■

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## Goings on in the Memphis/Mid-South



Baptist Memorial Health Care was named among the top integrated health care networks in the nation in a recent survey published by the Modern Healthcare and conducted by Verispan. Baptist placed 45th nationally in the 2006 Verispan IHN 100—a nationwide study of nearly 600 integrated health care networks, which includes some of the most prestigious health care systems in the country. Baptist is the highest ranked health care system in the Mid-South region of Arkansas, Mississippi and Tennessee.

All of the health care networks on the list this year are not-for-profit health care systems. The list totaled 101 this year because of a tie in the overall score at the No. 100.

Baptist Memorial Hospital Union County (New Albany, MS) recently purchased the Health Trax Family Wellness Center and are offering an expanded fitness rehabilitation and health education activities for area residents. The facility, now called the Baptist HealthPlex, will continue to offer a variety of fitness equipment and classes, as well as outpatient rehabilitation. The center will also offer health education classes on topics such as diabetes and nutrition. Baptist Union County will update the facility and when complete, it will measure almost 34,000 square feet. ■



Allen Sills, M.D., neurosurgeon, Methodist University Hospital and Semmes-Murphey Neurologic & Spine Institute and assistant professor, Department of Neurosurgery with the University of Tennessee Health Science Center, was recently invited to speak to physicians during grand rounds at John Hopkins Hospital. He discussed Changing Concepts in the Management of Brain Metastases.

William Pulsinelli, M.D., Ph.D.,



Allen Sills, M.D.



William Pulsinelli, M.D., Ph.D.

neurosurgeon, Methodist University Hospital and Semmes-Murphey Neurologic & Spine Institute and assistant professor and chair, Department of Neurosurgery with the University of Tennessee Health Science Center, was recently invited to speak to physicians at the Neurology Rounds at Weill College of Cornell University, affiliated with New York-Presbyterian Hospital.

James Wang, M.D., director of the stroke center at Methodist University Hospital, president of Wesley Neurology and assistant clinical professor in the department of neurology at the University of Tennessee Health Science Center is leading several clinical trials aimed at learning more about strokes and advancing treatment of stroke patients. One of the trials will examine the effect snake venom has when given within six hours of an acute ischemic stroke, where blood flow is restricted to of the body. Another study will evaluate inflammatory enzyme changes after an acute stroke and help determine if those enzyme changes can predict whether or not a patient is going to have a stroke.

Joseph Ketcherside, M.D., has joined Methodist LeBonheur Healthcare as the chief medical information officer (CMIO). He will be responsible for refining clinical information systems to effectively support clinicians in delivery of patient care.

Sherrye Crone has been named administrator of Solus, a division of Methodist Affiliated Services. Solus is the management company for Methodist Surgery Center-Germantown, Methodist Surgery Centre-North, Wolf River Surgery Center and LeBonheur East Surgery Center. ■



David L. Archer, President and CEO of Saint Francis Hospital in Memphis, Tennessee was recognized for his outstanding work in the field of hospital administration by being named as the recipient of the prestigious Tennessee Hospital Association's (THA) 2005 Meritorious Service Award for Chief Executive Officer. The award was presented at the THA annual meeting in Nashville, Tennessee. Archer was honored for his commitment and dedication to quality in health care, visionary leadership and contributions to his hospital, his community and THA.

Archer has been at Saint Francis Hospital since May 1997. Under his leadership, the hospital has opened several excellent centers, including the Cardiac Care Center; the Center for Surgical Weight Loss; Total Care, an innovative diagnostic center; the Saint Francis Sleep Center; and three community-based Sports Medicine and Rehabilitation Centers. Archer's leadership has been instrumental in the planning, construction and opening of the freestanding Saint Francis Surgery Center and the 100-bed full-service Saint Francis Hospital-Bartlett.

Archer is Past Chairman of the Board of THA and serves or has served on many other community boards including the Church Health Center Board where Saint Francis Hospital has committed to provide care for 5,000 participants. During Archer's tenure,



David L. Archer



Saint Francis Hospital has become a major supporter of community organizations, such as Junior Achievement's Exchange City, the National Civil Rights Museum, Habitat for Humanity, Memphis Food Bank, Leadership Memphis, the Boys and Girls Club and St. Peter Villa. These are just a few of the organizations that have benefited from his commitment to give back to Memphis and the Mid-South.

Saint Francis Hospital's Radiation Oncology Department has added Intensity Modulated Radiation Therapy (IMRT) to its battery of cancer treatment options. This advanced treatment method allows precision delivery of high dose radiation to cancer cells. Saint Francis physicians use the IMRT system to "paint" tumors with a precise radiation beam. By conforming to a tumor's shape, the beam spares surrounding healthy tissues.

The IMRT system is supported by a powerful Eclipse computer system. Its three-dimensional imaging allows the merging of data from CT, MRI and PET scans. Combining IMRT and the Eclipse computer with a linear accelerator equipped with a digital portal imaging system makes sophisticated treatment possible. "IMRT gives our physicians the ability to irradiate tumors that might have been considered untreatable with conventional techniques," said Adrian Newson, MS, RT(R)(T), Director of Radiation Oncology.

The department's staff includes 2 board certified Radiation Oncologists.

IMRT is an exciting cancer treatment option. For scheduling or for more information, call 901-765-2050. ■



St. Jude Children's Research Hospital helped observe World Cancer Day, which was February 4, by helping educate parents and the public about childhood cancer. St. Jude partner sites in Venezuela, Honduras and Morocco were among 14 organiza-

tions awarded funding through the Union International Contre le Cancer/International Union Against Cancer's (UICC) "My Child Matters" campaign. Award recipients will receive funding for programs to improve the early diagnosis treatment, care and support of children with cancer. ■

## Goings on in Washington



A recent study released by the U.S. Department of Health and Human Services Agency for Healthcare Research and Quality (AHRQ) found that four common noninvasive tests for breast cancer are not accurate enough to routinely replace biopsies for women who receive abnormal findings from a mammogram or physical examination. The report finds that each of the four tests—magnetic resonance imaging, ultrasonography, positron emission tomography scanning and scintimammography would miss a significant number of cases of cancer, compared with immediate biopsy for women at high-enough risk to warrant evaluation for breast cancer. Mammography and physical examination are both used to detect the possibility of breast cancer. A woman receiving an abnormal mammogram or physical examination needs further confirmation to determine whether cancer is present. Currently, confirmation is recommended through a tissue biopsy, either by surgical excision or needle sampling.

Quality of health care for Americans has continued to improve at a modest pace, and health care disparities are narrowing overall for many minority Americans. But for Hispanics, disparities have widened in both quality of care and access to care, according to reports by AHRQ. The findings are contained in the 2005 National Healthcare Quality Report and its companion document, the 2005 National Healthcare Disparities Report. These reports, issued annually, mea-

sure quality and disparities in four major areas of health care: effectiveness, patient safety, timeliness and patient centeredness.

Taking dietary supplements containing omega-3 fatty acids or regularly consuming fish does not appear to reduce a person's risk of developing cancer, according to the findings of an in-depth analysis of large-scale U.S. and foreign population studies. The results of the analysis, which was supported by AHRQ and the National Institutes of Health's Office of Dietary Supplements, are published in the January 25, 2006 issue of the Journal of the American Medical Association. Although some of lines of research had suggested that people who consume diets high in omega-3 fatty acids are less likely to develop some types of cancer, researchers from the AHRQ-supported Southern California Evidence-based Practice Center in Santa Monica found very little evidence that omega-3 fatty acids reduce any one of 11 different types of cancer. These researchers analyzed findings from a large body of literature spanning numerous groups from many countries and with different demographic characteristics for the effects of omega-3 fatty acids on 11 different types of cancer—breast, colorectal, prostate, ovarian, lung, pancreatic, stomach, skin and bladder cancer, as well as aerodigestive cancer and lymphoma.

In addition, these researchers evaluated the literature on the possible effect of omega-3 fatty acids in cancer treatment but did not find a significant association between omega-3 fatty acids and clinical outcomes after tumor surgery. Dr. Carolyn Clancy, AHRQ Director, added that the new study is part of a larger project supported by AHRQ and the Office of Dietary Supplements which reviewed the scientific evidence of the human benefits of omega-3 fatty acids and found that taking these supplements or eating fish has been shown to help protect against heart disease. ■

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### January

Clinical- New Developments in Medicine  
Lifestyle- Keep up the resolutions

### February

Clinical – American Heart Month  
Lifestyle- Antiques and Collectors

### March

Clinical- Small Town Doctors  
Lifestyle – Unique Businesses

### April

Clinical- Mental Health Month  
Lifestyle- Golf Courses

### May

Clinical- Women's Health Month  
Lifestyle- Family Vacation Spots

### June

Clinical- Nursing  
Lifestyle- Boating

### July

Clinical- Medical Therapy/Iron Disorder  
Lifestyle- Retreats/spa's

### August

Clinical- Sleep Disorder Month  
Lifestyle- Adventures in Service –  
International Medical Agencies

### September

Clinical- National Aging Month  
Lifestyle- Being a grandparent

### October

Clinical – National Cancer month  
Lifestyle- New Autos for 2007

### November

Clinical – National Hospice month  
Lifestyle- Energy Efficiency

### December

Clinical – Children's Hospitals  
Lifestyle- Charities, Giving

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