Bulletin

Editor: John W. Snead, M.D.
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LEE COUNTY MEDICAL SOCIETY

Physicians Caring for our Community

LEE COUNTY MEDICAL SOCIETY INC

Bulletin

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The Lee County Medical Society Bulletin is published monthly with the June and August editions omitted.

Lee County Medical Society Mission Statement & Disclosure Policy

The purpose of the LCMS is to unite the medical profession of Lee County, FL, into one compact organization; extend medical knowledge and advance medical science; elevate the standards of medical education; strive for the enactment, preservation and endorsement of just medical and public health laws; promote friendly relations among doctors of medicine and guard and foster their legitimate interests; enlighten and alert the public, and merit its respect and confidence.

All LCMS Board of Governors and Committee meetings minutes are available for all members to review.

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21st Century Welcomes Dr. Arie Dosoretz

About the Cover: Photo by Dr. Peter Sidell, McGee Creek, Eastern Sierra Mountains, Oct. 2014
Photo on Page 11 by Dr. Peter Sidell, Aspen Trees of Sierra Mountains, Oct. 2014

Calendar of Events

Friday, October 16, 2015 at 7pm
Evening with Hilary Hemingway, niece of Ernest Hemingway
The Heights Center, 15570 Hagie Drive Fort Myers, FL 33908

Tuesday, October 20, 2015 at 11:30am
Retiree Lunch and Learn
Regions Bank, 15051 S. Tamiami Trail, Fort Myers, FL 33908

Save the Dates!

Saturday, November 7, 2015, 6-10pm
Alliance Potluck in Paradise

November 19, 2015
General Membership Meeting at Paseo
CME on Medical Errors, Presented by The Doctor's Company

December 14, 2015
Holiday Party at Gulf Harbour Yacht and County Club

January 29, 2016
Annual Medical Service Awards and Board Installation Dinner

June 2016
LCMS Hosting CME trip to Lake Tahoe, NV

Member News

NEW MEMBERS

Maged M. Bakr, MD
Digestive Health Physicians
7152 Coca Sabal Lane
Fort Myers, FL 33908
Tel: 239-939-9939 Fax: 239-931-5060
Board Certified: Gastroenterology

Jonathan Brisson, DO
Lee Physician Group
16271 Bass Road
Fort Myers, FL 33908
Tel: 239-343-7100 Fax: 239-343-7190
Board Certified: Family Medicine

Orlando Castillo, MD
Florida Radiology Consultants
8791 Conference Drive
Fort Myers, FL 33919
Tel: 239-938-3515 Fax: 239-938-3555
Board Certified: Radiology

Ernesto Del Valle Hernandez, MD
Pediatric Orthopedics of SWFL
15821 Hollyfern
Fort Myers, FL 33908
Tel: 239-432-5100 Fax: 239-432-0629
Board Certified: Pediatric Orthopedics

Stephen Helgemo, Jr., MD
Florida Hand Center
13710 Metropolis Avenue, Ste 103
Fort Myers, FL 33912
Tel: 239-434-8910 Fax: 941-629-6415
Board Certified: Orthopaedic Surgery

Daanish Kazi, DO
Surgical Healing Arts Center
6150 Diamond Centre Ct., #1301
Fort Myers, FL 33912
Tel: 239-344-9786 Fax: 239-344-9215
Board Certified: General Surgery

Thomas La Porta, MD
A. Kagan Orthopedics & Sports Medicine
8710 College Parkway
Fort Myers, FL 33919
Tel: 239-482-8788 Fax: 239-482-6019
Board Certified: Orthopedic Surgery
Correction: ***Picture omitted from Pictorial Directory***

Stanley Litvak, MD
Radiology Regional Center
3680 Broadway
Fort Myers, FL 33901
Tel: 239-936-2316 Fax: 239-425-4798
Board Certified: Radiology

Michael Lee, MD
Riverchase Dermatology
7331 Gladiolus Drive
Fort Myers, FL 33908
Tel: 239-437-8810 Fax: 239-437-8875
Board Certified: Dermatology

Shannon O'Hara, MD
Physicians Primary Care of SWFL
1265 Viscaya Parkway
Cape Coral, FL 33990
Tel: 239-574-2229 Fax: 239-574-2762
Board Eligible: Obstetrics & Gynecology

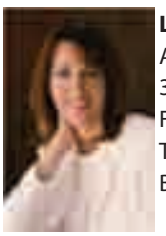
Ivan Olarte, MD
Florida Hand Center
13710 Metropolis Avenue, Ste 103
Fort Myers, FL 33912
Tel: 239-434-8910 Fax: 941-629-6415
Board Certified: General Surgery

Brian Rajca, MD
Associates in Digestive health
625 Del Prado Blvd S
Cape Coral, FL 33990
Tel: 239-772-3636 Fax: 239-772-3836
Board Certified: Internal Medicine, Gastroenterology

Jasmine Reese, MD
Physicians Primary Care of SWFL
9350 Camelot Drive
Fort Myers, FL 33919
Tel: 239-481-5437 Fax: 239-481-0570
Board Certified: Pediatrics

Sara Satloff, MD
LMHS Emergency Physicians
2776 Cleveland Avenue
Fort Myers, FL 33901
Tel: 239-343-2006 Fax: 239-343-3695
Board Certified: Emergency Medicine

REACTIVATED



Lorraine Golosow, MD
Associates in Cosmetic Surgery
3700 Central Avenue, Ste 1
Fort Myers, FL 33901
Tel: 239-939-5233 Fax: 239-939-9225
Board Certified: Plastic Surgery

MEMBERSHIP CHANGES

New Location
Ellen Hoefer-Hoft, MD
Lee Physicians Group
2441 Surfside Blvd.
Cape Coral, FL 33914
Tel: 239-541-7500
Fax: 239-541-7501

New Location
H. Scott Harris, MD
Associates in Digestive Health
625 Del Prado Blvd S
Cape Coral, FL 33990-2667
Tel: 239-772-3636
Fax: 239-772-5073

Retired
Shahid Sultan, MD

Relocated
Kristin Miller, MD
Lynne Einbinder, MD

Closed Practice
Charles (Gene) Cox, MD

Deceased
Dean W. Larson, MD
LCMS Member since 1991

Phone Number Update
Edward LaMotta, MD
1699 Periwinkle Way
Sanibel, FL 33957
Tel: 239-395-2434
Fax: 239-395-2494

Address Update
Scott Caesar, MD
University Urology
2721 Del Prado Blvd S.
Ste. 230-B
Cape Coral, FL 33904
Tel: 239-458-1196
Fax: 239-458-1345

CORRECTIONS
Incorrect Picture Labeled in 2015 Pictorial Directory:
David H. Brown
Physicians Primary Care
9021 Park Royal Drive
Fort Myers, FL 33908

President's Message

By Andrew Oakes-Lottridge, M.D.

Kinesiology Tape for Athletes, Fact or Fiction?

While it's been around for many years, kinesiology tape really made it big after the 2008 Beijing Olympics, when it was consistently seen on beach volleyball Gold medal winner Kerri Walsh. But if you look closely, you'll see this brightly colored and oddly shaped tape on many athletes from Beijing to London, from the Olympics to the U.S. Open. I first addressed this subject a few years ago and was not impressed by the literature supporting the use of kinesiology tape. Lately, it's been a common sight on my daughter and many of her Fort Myers High School cross-country teammates (2nd in the state last year, go Green Wave!!!!). Admittedly, while initially skeptical, there may be some method and reason to this colorful and fashionable practice.

While I am not entirely a believer, this is one common explanation from the pro-kinesiology practitioners: kinesiology tape is supposed to pull the upper layers of skin, creating more space between the deep skin and the muscle. The supposed space created relieves pressure on the lymph channels between the muscle and the skin, creating more space for lymph flow and better lymph drainage through the affected area. When the space between the skin and the muscle is compressed, such as during an injury, the compressed nerve receptors can send information to the brain regarding touch, cold, heat, and pressure. Kinesiology tape alters the information that these receptors send to the brain and causes a less reactive response in the body, allowing the body to work in a more normal manner and possibly reducing some of the inflammation or injury responses that can slow down the healing process. The space created by the tension of the tape also supposedly allows greater muscle contractility and pushes more fluid through the muscle, resulting in better performance. The end results are believed to be reduced muscle fatigue, an increase in range of motion, and better quality of muscle contraction. Kinesiology tape has even been used to improve joint alignment.

So what does the evidence say? The bottom line is that the research is at best conflicting regarding the affect kinesiology taping has on muscle activity. It may improve lymph vessel flow, but that effect was only seen in one study of cancer patients after surgery, and may not be significant enough in non-surgical sports injuries. It may be helpful in pain control after knee surgery in the short term, but only in combination with other treatments, and many other studies showed no general improvement in pain. One study I found showed encouraging improvements in strength, pain control, and range of motion in shoulder impingement patients…another showed less pain in knee arthritis patients. Unfortunately, there are even more studies that demonstrated no significant improvements with taping for shoulder impingement, knee pain, or even neck and lower back pain. I'm happy to share the references if anyone is interested.

On the upside, kinesiology tape is relatively inexpensive, safe, easy to apply, looks really cool, and patients can even apply it themselves after they've been trained. However, there is not enough data regarding how it works or its effectiveness to use it to the exclusion of other treatments such as physical therapy, stretching, exercise, compressive wrapping, and anti-inflammatory medications.

Leadership Academy

LCMS has given me the incredible opportunity of being a student with the Greater Fort Myers Chamber of Business's Leadership Academy. The Chamber's goal is to encourage us 18 students to strengthen our community involvement, broaden our knowledge of Lee County and heighten our leadership skills. I wasn't sure that this would be the best use of my time as it involves a full 8-hour day once a week for 11 weeks and *no cell phone usage*!

I am only 3 weeks into this class, and have found all 3 classes to be greatly enlightening and exciting. The first week was an introduction to each other, identification of our leadership styles and team building activities. Most of our team were soaked by the end of the activities as the last activity had us trying to plug up a pipe full of holes in order to achieve our goal of seeing a bobber!

The second week was a trip back in time for me, as we visited United Way and The Heights Center where I used to work for the past few years! There is a great need in Lee County and I am proud of the organizations that make it their mission to make Lee County and it's inhabitants better.

THIS past week, we toured the News-Press and Waterman Broadcasting. Being an engineer's daughter, it brought back good memories as we walked by the stacks of huge rolls of paper at The News-Press, ready to be printed on. On from there we toured Waterman Broadcasting and the ABC-7 and NBC-2 desks. We were taught the techniques of being interviewed. I learned that when being interviewed, don't wear black as it is morbid, don't wear white as it washes you out, and never say "no comment" as it implies that you have something to hide. It was a great adventure but it also reassured me that media is definitely not my passion!! You as our members are!

If you have any questions or comments, please don't hesitate to contact me.....although it might be hard on Wednesdays; good thing for email! Call 936-1645 or email at julie@lcmsfl.org

Boost Patient Safety:
How Doctors Can Reduce Risks with Vaccinations

With the recent outbreak of measles leading to proposed changes in vaccination laws across the country, including passage of new legislation in California, vaccinations remain a hot topic. Physicians should always be attentive to the importance of timely vaccines against infectious diseases for patients of all ages.

Vaccine administration is usually regarded as a simple office procedure, often performed without the direct supervision of the physician or a licensed professional. Although vaccinations are a routine procedure, physicians and staff should remain vigilant about patient safety considerations. As with any medical intervention, the risks, benefits, and alternatives of the vaccination must be discussed and documented in the medical record, as well as ensuring that safety protocols are followed.

Take these steps to reduce liability risks and promote patient safety in your practice:

- Ensure that immunization tracking is up to date and well documented in the medical record so that patients remain on schedule. Obtain copies of vaccination records from previous providers or state registries. Create easy-to-read office forms for documenting administration.
- Educate patients and parents regarding vaccination schedules.
- Designate a staff member to monitor for revisions/new recommendations of FDA/CDC vaccination schedules (http://www.cdc.gov/vaccines/schedules/hcp/index.html) . Ensure that new vaccination schedules are incorporated with office procedures and are included on office vaccination forms.
- Provide accurate information to patients. Conduct and document a thorough informed consent discussion; use Vaccine Information Statements http: (//www.immunize.org/vis/) prior to vaccine administration.
- Obtain patient or parent signatures on an informed consent form that includes potential side effects and complications.
- Document the discussion in the progress notes when the immunization is refused. Consider using an informed refusal form (http://tinyurl.com/qhh687g) , which includes the patient or parent signature.
- Check state laws (http://www2a.cdc.gov/vaccines/statevaccsApp/default.asp) regarding exemptions and educate patients. Be aware that religious and philosophical exemptions vary by state.
- Monitor patients closely post-administration for anaphylaxis, vasovagal response, and reaction at the injection site. Document any reactions, suspected side effects, and complications in the medical record.
- Educate staff and conduct skills verification on accepted procedures, new standards, and risk prevention methods. Document these efforts in administrative training files.
- Store and handle vaccinations in accordance with Vaccines for Children/CDC guidelines (http://www.cdc.gov/vaccines/recs/storage/), Monitor these practices with staff—don't just assume they are being followed correctly.
- Follow basic medication administration safety protocols for vaccine administration. Be aware of the most common vaccine-related errors by reviewing "Confusion Abounds! 2-Year Summary of the ISMP National Vaccine Errors Reporting Program" Part I (http://tinyurl.com/qhh687g) and Part II (http://tinyurl.com/prgpxxp).
- Be responsive to patients who express concerns about reactions from their vaccines. Document these discussions in the medical record.
- Report errors or hazards (anonymously) to the ISMP National Vaccine Errors Reporting Program

Contributed by The Doctors Company.
For more patient safety articles and practice tips, visit www.thedoctors.com/patientsafety (http://tinyurl.com/n97vm23).

In Memoriam

DEAN W LARSON, M.D.

07/15/1956 - 09/03/2015

Dean W. Larson, M.D. passed away suddenly Thursday, September 3, 2015. He was 59 years old.

He was born on July 15, 1956 in Kennebec, South Dakota. Dr. Larson was Board Certified in Ophthalmology. Dr. Larson had a successful practice in eyelid plastic surgery.

Dean is survived by his parents and his three children.

The Lee County Medical Society expresses our deepest sympathy to his family. Dr. Larson was a member of the Medical Society since 1991.

Maternal Methadone Treatment & Neonatal Abstinence Syndrome

by William F. Liu, MD et al

Objective: This article aims to describe neonatal outcomes, clinical correlates, and the rate for neonatal abstinence syndrome (NAS) for women on methadone maintenance therapy.

Methods: This study is a retrospective review, which includes 119 mothers and 120 live newborns.

Results: Methadone mothers tends to be white, single, on government insurance, with increased tobacco use (73%) and hepatitis C (11%). Prematurity increased (28%), and the term infant had higher risk for admission for respiratory symptoms (22, 7%, $p < 0.001$). Overall, 78% newborns developed NAS, with the onset of symptoms 4.3 $\pm$ 2.9 days, and average length of stay of 36.7 $\pm$ 26.4 days. There was a decreased overall gestational age for those infants who did not have NAS (36, 38 weeks, $p = 0.04$). Overall, 56% had possible illicit drug supplementation. Self-reporting had a 59% negative predictive value with a positive drug screen. No difference in maternal methadone dosage and newborns with and without NAS. Increasing gestational age will increase the odds for NAS.

Conclusion: Newborns are at higher risk for prematurity and admission for respirator symptoms. Utilizing a 7-day observation period, 78% of newborns are diagnosed with NAS with a mean onset of symptoms of 4.3 days. There was no difference in methadone dosage between babies with and without NAS. Increasing gestational age increases the risk for NAS.

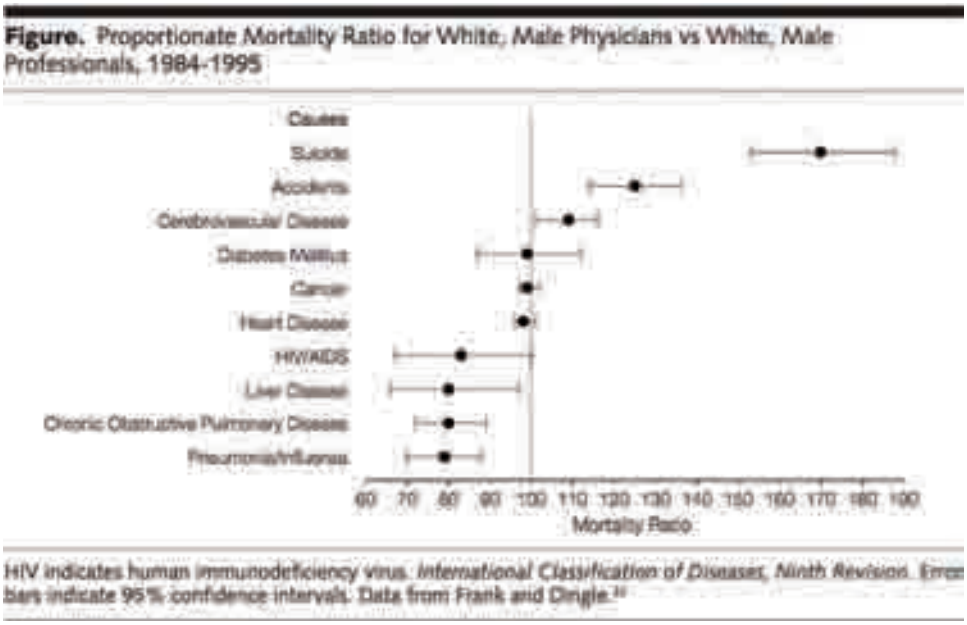
The continuation of this article and references can be found online at: www.lcmsfl.org under News & Events

Originally published in the American Journal of Perinatology Vol 32. No. 11/2015

Physician Suicide

by Steve Machlin, MD and David Barrow

In light of the recent tragic loss of one of our own physicians, it is imperative that we address a serious problem that can affect anyone in the health care profession. Countless studies and meta-analyses have shown that the rate of suicide among physicians is significantly larger than that among the general population. It has been estimated that around 300-400 physicians take their own lives every year in the U.S. Physician suicide rates range from 1-1.5 times higher in males, and 2-4 times higher in females as compared to the general population. However, the rate of all-cause mortality is lower among physicians than among other professionals. So even though physicians are healthier than the general population, they are more prone to committing suicide.



These unfortunate findings are not only bound to practicing physicians, higher rates of depression and suicide are even found in medical students, residents, and interns. In one of the largest med student depression studies executed to date, it was found that around 21% of medical trainees had some form of clinical depression (12% major depression, 9% mild-moderate depression), as opposed to the 8-15% found among other graduate students. Medical student suicide ideation was about 6% or roughly 2 times that of the general population, however the actual figure is likely higher considering 18% of students omitted responses to questions regarding suicide.

So how and why is this happening in the healthcare profession? All current research explains physician suicide as a multifaceted problem, including individual factors, training environment, and the culture of medicine. One of the largest influences on physician suicide rate is the unwillingness of physicians to seek treatment or help. Medical residents and students report delaying self-care due to the fear of weakening academic performance, peer judgment, and the lack of true confidentiality. This goes for mental care and primary care. Physicians report the fear of being seen as less capable or less respected. Other common excuses for avoiding care are punitive in nature, such as the hindrance of professional advancement, repercussions by licensing boards, and loss of certain professional privileges.

There are, of course certain risk factors that may be useful for predicting who is more susceptible to depression and suicidal behavior. Two major risk factors are the presence of a mental disorder (typically depression), and the presence of a substance use disorder (typically regarding alcohol). Over 90% of physicians who commit suicide fall into at least one of these categories. Other factors include increased stress, heavy workload, impulsivity, financial problems, perception of having made major medical errors, and relationship issues at home, which may be secondary to long hours of work. Victims tend to be single, divorced, separated, or having marital disputes. They tend to have little social support available and access to lethal medication. Overdose and firearms are the most common method of suicide. They often use self-prescribed medications, such as barbiturates, benzodiazepines, and antipsychotics; however, they are less likely than the general population to be on an antidepressant. This ability to self-medicate enables and promotes the hesitance to seek outside help. An interesting figure to look at is the rate of suicide and suicide attempts in female physicians vs. the general population. The rate of suicide attempts is actually lower in female physicians, but the rate of suicide completion is upwards of 400% higher than the general population. This is often explained by physicians' greater knowledge of toxicology and access to lethal drugs. One study showed that anesthesiologists and psychiatrists have increased risk for suicide compared to other specialties, however said study contained a few methodological errors.

Cont'd on page 9

Unfortunately not much has been done about this pressing matter. Many researchers have advocated systematic changes. These include: teaching medical students how to recognize depression in themselves and in their peers, prevention through regular healthcare and stress evaluations, and routine screening of all primary care patients for depression as recommended by the US Preventive Services Task Force. There also has to be a shift in the mindset of health care workers. The stigma associated with physicians having depression needs to go away entirely. Physicians should not feel scared to seek help. They are trained to be super human, learning the importance of self-sacrifice and the utilization of emotional suppression. For this reason they are often though of as being immune from any ailment. The fact of the matter is that doctors are no more immune than the general population, because just like everyone else they are only human.

I have been treating physicians for 20 years now and have noticed changes for the better. Physicians are less embarrassed about treatment. They don't have to enter through the back door of the office and are more open to both medications and psychotherapy. Psychiatrists are still in short supply; if you are feeling depressed and no psychiatrist is immediately available, you can start with a primary care doctor and a good therapist. The main point is to ask for help by a professional. If you would like to learn more about this topic, the American Foundation for Suicide Prevention offers an education and prevention program for "Physician and Medical Student Depression and Suicide" on their website, https://www.afsp.org/preventing-suicide/our-education-and-prevention-programs/programs-for-professionals/physician-and-medical-student-depression-and-suicide.

References:

Center C, Davis M, Detre T, Ford DE, Hansbrough W, Hendin H, et al. Confronting depression and suicide in physicians. Journal of the American Medical Association 2003; 289:3161–66.

Firth-Cozens J. Individual and organizational predictors of depression in general practitioners. The British Journal of General Practice. 1998; 48(435):1647-1651.

Goebert D, Thompson D, Takeshita J, Beach C, Bryson P, Ephgrave K, et al.
Depression symptoms in medical students and residents: A multischool study. Academic Medicine 2009; 84:236–41.

Jodie Eckleberry-Hunt & David Lick. Physician Depression and Suicide: A Shared Responsibility. Teaching and Learning in Medicine: An International Journal 2015; 27:3, 341-345, DOI: 10.1080/10401334.2015.1044751

Schernhammer ES, Colditz GA. Suicide rates among physicians: A qualitative and gender assessment (meta-analysis). American Journal of Psychiatry 2004; 161:2295–302.

OPERATION HALLWAY TO HOME

BY MARK COLLUM, PHARM.D.

Operation Hallway to Home Streamlines Patient Discharge During High Patient Population

During the last past year, Lee Memorial Health System has experienced unprecedented growth in patient population. The four emergency departments of LMHS experienced between 7-10% higher volumes, impacting wait times for treatment, and for inpatient beds. Though usually slower in summer months, the emergency rooms have even experienced spikes of patient population even in June and July.

These occurrences are not unique to the hospital setting; private practices have worked very hard this past season to accommodate patients in both the inpatient and outpatient settings. To better manage patient flow, a pilot program, "Operation Hallway to Home," was launched in April at Lee Memorial Hospital. This new initiative embeds Patient Access Schedulers in the emergency departments who book needed outpatient appointments and testing to allow the patient to be safely discharged from the ED.

The success of the pilot spurred expansion of the program to include HealthPark Medical Center in June. Medical leadership and staff at all four acute care hospitals in the Lee Memorial Health System are working together to have the program in place in all emergency departments by October 1, 2015.

A goal of the program is to be inclusive of all physicians wherever possible; protocols for scheduling visits with the independent physician community are currently being developed in anticipation of the coming season. All patients who have an existing primary care physician (PCP) will be reconnected with their existing PCP.

Leadership at the four emergency departments include: Jim Gostigian, MD, Lee Memorial Hospital; Rich Macchiaroli, MD, HealthPark Medical Center; Larry Hobbs, MD, Gulf Coast Medical Center, and Michael Schultz, Department Chair, Cape Coral Hospital.

For more information, contact Mark Collum, System Director of Operations for Lee Physician Group, at (239) 343-6549, or mark.collum@leememorial.org.

Life As A Resident

by Alim Karim, M.D., Resident, FSU/LMHS Medical Residency Program

In my short time thus far in the Florida State University College of Medicine Family Medicine Residency Program at Lee Memorial Health System, I have had a smooth transition from being a medical student to an intern (first year resident). Becoming a physician and having a lot more independence and expectations placed upon me can be very stressful, but I found that the faculty, residents, and staff helped make that process a lot more manageable.

After finding out that I matched in this residency program on March 20, 2015, I was eager to start the process of completing all the formal paperwork. Coming from Canada, I needed to fill out a lot of extra forms for the residency program and to obtain a visa in order be eligible to train in the USA. The program coordinator and other Canadian residents helped greatly by getting me the required forms that I needed to complete in a timely manner. They even went to the trouble of sending one of the documents overnight since it was so important! When I came to Fort Myers a few months before residency to look for a place to live, one of the faculty member's wives donated her time to make suggestions and help me find an apartment. I felt like everyone in the program was going above and beyond to help me get settled in.

When late June rolled around and I officially moved to Fort Myers, it was time to begin day one as an intern on June 23, 2015. The program had an excellent set up which allowed us to have the first month to get oriented to the in's and out's of how the hospital worked, get certified in emergency protocols, and get a glimpse of what life as an intern would be like before we officially hit the floors as "Doctors". I found this to be especially helpful because it allowed us to get acquainted with the residents, faculty, and learn our responsibilities and expectations. It was the first time our residency program had all three years filled with residents, so it was a historic time for the entire program.

A few of things that drew me to the program were the fact that it is unopposed, meaning that there are no other residency programs at our hospital. This was important as it allows us the opportunity to get very hands-on training and get extra experience that may not be available at other residency programs. We also work directly with attending physicians in other specialties, and get to learn from all their years of experience. Finally, I was very excited to be at a program that was teaching-based. The faculty is dedicated to teaching and helping the residents make the most of their training, and making sure we are competent and proficient when we graduate. In my short two months so far, I would say that the program is living up to the billing, and I can't wait to see how I further develop as a physician and a person.

Classified Ads

Medical Practice for Sale
Location: 15550 McGregor Blvd. Fort Myers, FL 33908
$70,000.00 or best offer.
Includes all medical and business equipment
Interested parties CAN CONTACT- Jeff Olson at (239) 482-3573

IT'S THAT TIME OF YEAR AGAIN!!!
2016 MEMBERSHIP BILLING HAS BEEN MAILED
YOUR PROMPT ATTENTION IS APPRECIATED
payments are accepted online at
www.lcmsfl.org/en/join-lcms

Classified Ads $20 per line and are published after editorial approval. The ads printed do not represent sponsorship or endorsement by the Lee County Medical Society nor necessarily imply the accuracy or reliability of any advertisement displayed in this publication. Call Valerie at 239-936-1645 or email Valerie@lcmsfl.org with your AD.

Dr. Jon Burdzy and Dr. Staci Van Winkle

Dr. Jon Burdzy and family

Kids having fun!

Dr. Craig Sweet and wife Vicki Sweet

Cute little shoes!

Dr. James Johnson and wife Jean Johnson

Jesse and Grace Ramirez

LEE COUNTY MEDICAL SOCIETY

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Fort Myers, FL 33912

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CHANGE SERVICE REQUESTED

Together We Are Stronger