

GINSBURG DERMATOLOGY CENTER 972 MONTCLAIR ROAD BIRMINGHAM, AL 35213 CALL FOR YOUR CONSULTATION. 205-592-4880

Ginsburg Dermatology Center

972 Montclair Rd, Birmingham AL 35213

205-592-4880

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My mission is simple and sincere. It is to administer exceptional health care, to practice and inspire the fine art of well being, to appeal to the imagination and values of our clients and to unveil the unique expression of self the human body owes to art and nature. I try to be not only your dermatologist but to help manage your health in any way I am capable.

In keeping with my reputation as being one of the foremost dermatological practices in the South, I will work

I am committed to guiding you in making the most sensible decisions for your overall health and appearance while giving you sensitive attention to your goals for life enhancement. diligently to stay abreast of the latest techniques and procedures in anticipation of patients evolving needs. Men and women may feel vulnerable about cosmetic and medical decisions. I am committed to guiding you in making the most sensible decisions for your overall health and appearance while giving you sensitive attention to your goals for life enhancement.

My practice is committed to providing comprehensive care for all conditions of the skin, hair and nails. I also provide advanced care for the more severe problems

such as skin cancer.

I use Moh's technique when indicated to achieve the highest cure rates attainable.

My aesthetic clinic has evolved into a state of the art facility, utilizing the latest lasers and technology to deliver the aesthetic treatments most suited to meet your wants, needs and expectations.

I am happy to bring you the second edition of BG. In this issue i have included the important articles from the first magazine and also wrote an in depth discussion on two other very important diseases. Psoriasis and Atopic Dermatitis.. I have also included QR codes so you can view current updates on your cell phones..

Many patients loved my first magazine. My original intention was for it to be a resource on the procedures i perform and the conditions I treat, BUT it was the section about my background and family that people loved the most. Because of this I included many more pictures with captions to help you know me better. I hope you enjoy looking at these pictures as much as I enjoyed picking them out..

I hope readers enjoy this magazine and will communicate with us by emailing info@ginsburgderm.com.

My practice is growing and I hope to explore new horizons and offer more services as your needs change.

-Dr. Barry Ginsburg, M.D.

Where I came from. Where I am.

WHERE I'M HEADED

A history of Dr. Barry Ginsburg





I was born in Long Beach, Long Island New York in 1949. My dad manufactured ladies lingerie. His company, Ginsburg manufacturing Company was founded by his father Benjamin when my dad was a teen. My father, Jesse, later joined his father and broadened the business and hired seamstresses to make their own lingerie in Manhattan. They were able to rent space in a building in Manhattan, in an area that is now SOHO. This enabled my father to go to college at the City college of New York. When he graduated he and his brothers and dad were able to expand their business to the point that it became a major manufacturer and supplier of lingerie.

They eventually were able to buy their own building in New York. They purchased thread from DuPont, wove the tread into fabric in Tuscumbia Alabama and shipped their fabric to Stroudsburg Pennsylvania. There the fabric was dyed and then sent to New York where it was made into gowns and robes. At the height of their success they

manufactured lingerie, sold their products to stores like JC Penny, Woolworth, and K mart. They also owned 18 retail outlets in NYC. Ginger form Gilligan's Island and Jane Mansfield modeled their lingerie. Unfortunately, hard times befell them, and in 1982 they were forced to close their operations.

It was the Tuscumbia connection that brought me to the University of Alabama where I attended medical school and graduated in 1974. I always wanted to care for children and I did my internship at Children's Hospital in Birmingham, Alabama. I soon discovered that taking care of sick children was too much to bear. I love taking care of kids, but seeing children suffer from conditions like Leukemia and Cystic Fibrosis was too traumatic for me personally. I was fortunate that I was able to enter a residency in dermatology at UAB after I completed my pediatric internship, but I still had my love for pediatrics.

It was a dream to live in Colorado, so after completing my residency in Dermatology in 1979, I moved to Denver. I was hired by a dermatologist in Wheatridge Colorado and purchased a home in Evergreen, a small foothills community about 20 miles away. I stayed there for a little over a year but greatly missed my family and friends. I decided to move back to Birmingham which I felt was my real home. I got married and started a family.

I opened a practice at 924 Montclair road in 1979 and supervised the pediatric dermatology clinic at Children's Hospital. I was head of Pediatric Dermatology for 20 years and trained many of Birmingham's pediatricians and dermatologists that are practicing today.

My wife gave birth to Stephanie, the first of my 3 daughters in 1981. Alexis followed in 1984 and Lila in 1988. Each is successful in her own way.

Stephanie is a tennis coach and trains many juniors to become tournament and

college tennis players at Birmingham Tennis Academy at Lakeshore Hospital. Alexis completed culinary school in Austin Tx. And is a pastry and wedding cake chef at Gia's pastry boutique in Crestline Village.

Lila graduated from SMU as an acting major and lives in Hollywood California and is pursuing her dream of acting and singing.

I can remember when I first opened my practice; my mom and dad would sit in the waiting room so it would look busy. It did not take long until I was able to fill the waiting room on my own. This was the location of Skin Dynamics which I opened in 1982. Skin Dynamics was one of the first medical spa and acne treatment centers in the country. I opened it because I understood the need for a specialized center for acne. I considered acne to be the most important condition I treated.

My practice grew and I moved to my present location, 972 Montclair Road in 1992. At one point I employed 3 other physician and had offices in Bessemer and Brookwood Hospital. I opened the Aesthetic Surgical Center in 1996.

The beautiful oil paintings in the exam rooms are works of my mom who passed away last year. Her father's brother, Joseph Margulies was a world renowned painter and painted portraits of presidents and other dignitaries. He can be found in Whos Who in Amerian Art. Her dad Jacob, founded Zipper Service. His office was across from the empire state building. His business was the first to repair zippers. He also installed zippers in shoes and boots in the ice skates for the skaters in the Ice Capades. Prior to zippers all we had was hook and eye.

My other great uncle was a head engineer for Otis and was one of the inventors of the escalator. Prior to his invention there was a moving platform that took you up and down. He had to change his name to Sam Margles because he would not have been hired if they knew he was lewish.

I believe my mom passed her artistic





























eye on to me but I express the talent thru a different medium.

After getting a divorce in 2005, I remarried in 2009 to Elizabeth who is a general practice attorney in Clanton, Alabama. I am now blessed with two step children. Katie is a junior at the University of Alabama and is a crimsonette. She is "the blond" on the 50 yard line. She has taken being an Alabama fan to another level. What a thrill to be part of the Crimson tide family.

James is a high school junior at Chilton County High School and is on the football team. He hopes to play at a Division 1 school when he graduates.

The blending of families was at first a challenge, but the joy it brings now every day is wonderful.

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In the mid 1980's I began my practice of cosmetic surgery with injectable Collagen. I was also one of the first doctors to perform spider vein treatments.

My practice of aesthetic surgery grew. In 1996 I began to perform liposuction under local anesthesia. At that time, there was only one other doctor in Alabama performing this procedure. My liposuction practice grew and I have since performed several thousand procedures.

My most recent technological upgrade was the triplex laser liposuction and Cellulaze. By using this laser i am able to deliver more heat under the skin, giving better skin retraction and improving my ability to body sculpt, utilizing my artistic eye to achieve optimum results.

I now perform a wide variety of cosmetic procedures including chemical peels, fractional laser resurfacing, injectable fillers such as restylane and the use of botulism toxin in the form of dysport and botox. In the medical spa we also have laser hair removal, vascular lasers and a variety of lasers for skin tightening and peeling. I enjoy facial restoration using a combination of techniques and will discuss each in greater depth. I elected to down size a few years ago but kept the office in Bessemer professional office building open one day a week.

Although I am the only physician in the practice, my success depends heavily on my assistants.















what is PSORIASIS?

Psoriasis is a common skin disease triggered by a faulty immune response. This causes the skin to grow too quickly resulting in localized or generalized areas of skin redness and thickening. The most commonly affected areas are the scalp, elbows and knees although the lesions can occur anywhere. It can occur at any age but occurs more commonly in adults than children. It is not contagious

No one knows exactly what causes psoriasis, but you are more likely to have psoriasis if other family members are affected.

What are the symptoms?

The symptoms are rough, dry scaly areas of skin. Often the skin is red. Itching is usually absent but can be mild moderate or severe..

Most psoriasis occurs in patches or plaques. Sometimes small drop like lesions can develop rapidly. This is called acute guttate psoriasis.

It can also affect the fingernails or toe nails causing them to have small pits and dents or get thick and misshapen.

Some patients develop joint pains and arthritis.

Generally psoriasis improves in the

summer with sun exposure and worsens in the winter when it is dry and cold.

What triggers psoriasis?

Many people say their psoriasis began after a stressful event, a sore throat or some medications like lithium or antimalarials.

Psoriasis can worsen when you injure the skin such as a cut, burn or bite or if your skin is exposed to constant friction from work or

clothing.

Moderate alcohol consumption can worsen psoriasis.

How is it diagnosed?

In general the skin findings are typical enough for a dermatologist to be able to make the diagnosis after an examination of your skin and nails.. Occasionally a small sample of skin, called a biopsy, can be taken to confirm the diagnosis

Tips for management

Education is power. Learning about the disease will help you make

informed decisions about treatment and life style changes necessary to control the disease.

Some good resources are the American Academy of Dermatology, AAD.ORG Psoriasis.net and the National Psoriasis Foundation.

Take good care of yourself.

Smoking, drinking, and overeating not only worsen psoriasis, but also make treatment less effective...

Psoriatics are also more prone to hypertension, heart disease and diabetes. This is called Metabolic Syndrome. It is very important that your primary physican is aware of this association..

Be aware of your joints.

Between 10% and 30% of psoriatics have arthritis.. This can be mild to severe.. There

are excellent treatments available.

Many psoriatics experience depression.

Joining a support group or seeing a mental health professional can improve your outlook which will also improve your psoriasis.

Learn the treatments that are available for psoriasis.

In recent years new treatment have been developed which can clear psoriasis in a high percentage of cases. If you can not afford the treatment, many pharmaceutical companies offer patient assistant programs..

Do not stop treatment without supervision from your dermatologist. This can lead to severe worsening..

Specific therapies

It is very important that you enter into an intelligent dialog with your dermatologist.. All treatments can cause side effects and the more severe forms of psoriasis can be treated with oral or injectable medications that can have significant side effects.

The degree to which psoriasis affects your quality of life will affect which treatment you choose. Some people are not bothered much by their rash and would choose a therapeutic regimen with few if any side effects. Others experience severe anxiety and depression and are willing to be exposed to a higher risk. Weighing the risk benefit ratio of any treatment is of utmost importance when trying to decide which treatment is best for you

Today, all patients with psoriasis can be helped, most can be cleared 75-100%. Don't give up if you don't see the improvement you are expecting with the first treatment you try.

Steroid ointments and creams are the most commonly prescribe treatment.. If your rash is confined to a small area, this is often the first medication used.

Tar preparations such as bath oils, creams or shampoos can be used with topical steroids.

Vitamin D like creams (calcipotriene) can be alternated with steroids to lessen steroid side effects such as thinning skin and. stretch marks



If large areas of your body are affected, steroid creams become less practical, and can be absorbed in significant amounts. If used for extended periods of time this can cause systemic side effects such as diabetes and immune suppression.. For this reason you should use the medications exactly as prescribed and be monitored on a regular basis

The oldest and least expensive treatment for psoriasis is natural or artificial sunlight. When combined with tar preparations, The Goekerman regimen, this can lead to dramatic improvement.. Of course UV exposure can increase your risk of skin cancer. This risk should be discussed with your dermatologist..

PUVA combines an oral medication called a psoralen with long wave UV light, UVA. The treatment is given only in a doctors office and carries the same risks of long term sun exposure..

Newer forms of UV light called narrow band UV are more effective and have less risk of skin cancer development.

There are also lasers which can be focused on small plagues of psoriasis.. This requires a series of treatments and is not practical for wide spread disease.

More severe psoriasis medications to suppress your body's immune response..

Examples are methotrexate, cyclosporine and IM Kenalog.. These medications can have significant side effects if not monitored properly

A new class of drugs called biologics has been developed. A few examples are Enbrel, Humira and Stellera.. Newer biologics are being developed.. These medications target a specific molecule in the body's immune response, leading to dramatic clearing in a high percentage of cases.

Retinoids such as soriatane and isotretinoin can also be used. Soriatane cannot be used in women who are or who can get pregnant since it is stored in the body and can cause birth defects... Topical retinoids like tazarotene are also available but can cause moderate inflammation and are used less commonly.

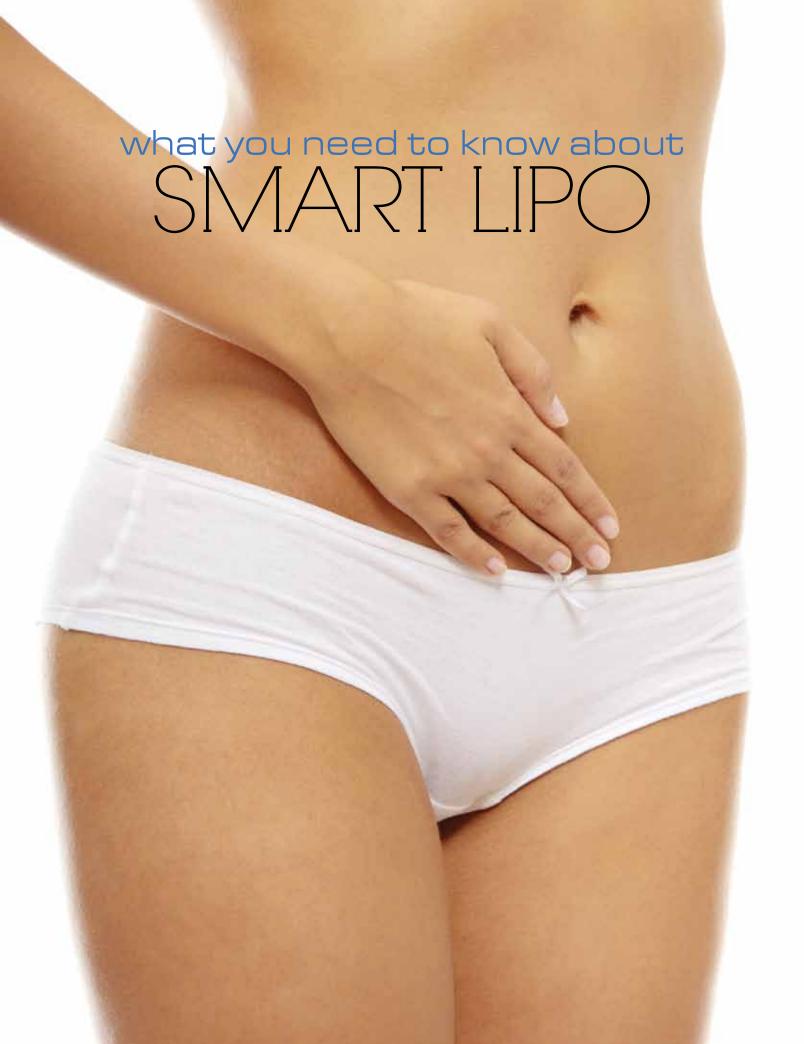
All treatments require education of risks and benefits..

How long will it last/is it curable

Psoriasis is a chronic disease. This means you will likely have to deal with it for the rest of your life. However this does not mean you will always have to suffer.. Early and aggressive treatment will often stop the problem from progressing and often put the disease in remission.

I encourage you to learn as much as you can from proper web sites... Not everything you read on the internet is factual and many have conflicts of interest, meaning they have financial gains if you follow their advise... The best web sites are the American Academy of Dermatology and National Psoriasis Foundation.

The more you learn about psoriasis the better chance you have of safely controlling it.



Triplex Laser Liposuction is a revolutionary, minimally invasive treatment that does something diet and exercise cannot do; eliminate unwanted fat with gentle, smooth results. Now it is possible to safely remove localized collections of fat and allow most people to return to work and exercise the next day.

The deposition of fat in adults is somewhat genetically determined. Woman, particularly after pregnancy, tend to accumulate fat in the hips and abdomen. Adult men get deposits in the waist or "love handles". Liposuction is often the only means of removing fat deposits.

Triplex Smart Lipo is performed using a tiny cannula (or tube) inserted into the skin. A laser fiber inside of the cannula delivers energy directly to fat cells, causing them to melt away as liquid. At the same time, tissue around the area is heated, which stimulates the production of collagen, resulting overall tighter skin an a greatly improved contour. The change in silhouette produced by liposuction is equivalent to focusing the effects of dieting on a specific area. Perfection is

an unrealistic expectation. We strive for "significant" improvement.

The most commonly treated areas in women are the abdomen, hips, thighs, knees and underneath the chin. The ideal candidate for liposuction is someone who is healthy and has a realistic expectation of their desired outcome. You are an excellent candidate if you are near your ideal weight, but you can achieve great results even if you are overweight. An overweight person whose weight is stable and has a few problem areas can still have tremendous improvement.

We exclusively use the Triplex Smartlipo System, which was FDA approved in 2006. Triplex Laser Liposuction is the safest and most precise method of liposuction, and it is the only technology that effectively addresses both fat and skin tightening in a single treatment. The laser reduces bleeding and bruising by coagulating blood vessels as it liquefies the fat. Following laser lipolysis, a very small suction cannula is inserted through multiple tiny nicks in the skin that do not require sutures to close. The liquefied fat is then removed by suction. There is usually no need for post-operative pain relievers, and you can return to work the next day.

Prior to the procedure, a mild sedative can be administered if you desire. If you do take a sedative, you can have a friend or relative drive you home. There is no limitation on activity after surgery, although we expect you to use common sense. Most people can resume normal work and activities in a day or two.

Triplex Laser Liposuction is safer than traditional liposuction because there is no need for general anesthesia. With the small size of the cannulas and the liquification of the fat, there is minimal trauma. The risk of serious complications is exceedingly small, although minor side effects such as bruising or swelling are common.

Although you should see an immediate difference, it will take several months to see the final results as the skin will continue to smooth and tighten.

Some examples of the many liposuction procedures that Dr. Ginsburg has performed over the years.









the

OSMETIC

hat bothers you the most? A cosmetic consultation begins with asking a patient what they would like to change or improve. Many patients ask me what they need. I cannot answer that question because cosmetic enhancement is not a need. They ask "Do I need to fix my frown line?" or "Do I need to tighten the skin on my neck?" My answer is simply that if it is bothersome enough, then you need to get it fixed.

Sometimes a consultation is simply having my patient look in a mirror, and then I will go over what treatments I can do to change various features, or aspects of their appearance that bother them. Sometimes patients come in with a specific issue, and I address the options in improving their problem.

When someone considers cosmetic improvement, cost and downtime may be the overriding factor that directs me. If someone has a very limited budget, it will narrow what can be done. If someone cannot take any down time, then that also limits their options.

First it must be decided whether we are going to try to rebuild the foundation. I can achieve this by either injecting deeply, which will restore the fullness of the face associated with youth, or simply treat the superficial wrinkles. Restoring the fullness (as is described in the photo below) is obviously the preferred way to begin, but the initial cost may be greater. Just treating the wrinkles will greatly improve one's appearance, but the results will not be as dramatic and not as long lasting. The analogy is if you have a leaky roof that is causing damage to your carpet you can repair the carpet, however the more permanent solution would be to patch the roof first, then repair the damage which will be more cost effective in the long run.

The most recent advances in cosmetic enhancement involve procedures that reguire little or no downtime. Facelifts, laser resurfacing, and deep chemical peels are much less popular today than they were twenty years ago. The use of cosmetic fillers to restore youthful volume and contour has become the latest trend. The fillers that are available today consist of synthetic particles or hyaluronic acid. Some fillers also restore volume by stimulating collagen production.



Before Sculptra/botulism toxin and Restylane

After

the E

What make a face attractive?

e all strive for beauty, and recognize it when we see it, but what is beauty? To me beauty is clarity, symmetry and harmony. It excels in grace, form and color. It delights the eye and gives pleasure to the senses.

We all know when someone is beautiful, but rarely do we analyze "why". One of my main responsibilities during a cosmetic consultation is knowing what would make someone look more attractive, what makes someone look older and what can be improved in a safe and predictable way. Although almost nothing in life is 100% predictable, my reputation as a cosmetic surgeon is based on my ability to deliver what I promise in a high percentage of the cases.

I think that most people would agree that the face pictured is youthful and attractive. The features are outlined here. Another aspect of beauty and attractiveness is what makes a face look masculine or feminine. The picture below shows an attractive male and female model.

Analysis of the beautiful face

In looking at the well proportioned face from the front we can see

- 1) The gentle curve of the jaw
- 2) The smoothness of the forehead
- 3) The shape and proportion of the lips with a prominent cupids bow
- 4) The smoothness and fullness as the cheek bones join the nose and lower eye lids
- 5) The lower eyelids are smooth with no bulge or depression
- 6) The roundness of the chin

In looking at the well proportioned face from the side we can see 1)The fullness of the brow

- 2) The elevation of the lateral brow
- 3) The prominent cheek bones which sweep gracefully up to the temples lateral to the eyes
- 4) A line drawn from the tip of the chin to the nose gently touches the lips
- 5) Fullness of the lips that extends all the way to the corner of the mouth
- 6)The fullness of the ear lobes



When looking at a beautiful face we can see that the position of the chin relative to the lips and nose is very important. A line drawn from the chin through the upper lip should gently touch the junction of the nose and the lip on the lateral view. If your chin is "weak", (meaning the line will go through the tip of the nose or not even touch the nose), the chin can be augmented by fillers injected on to the chin bone. If the chin protrudes too much, then surgical intervention would be necessary to correct the chin or nose.

The longevity depends on the characteristics of the filler and the amount of movement of the area injected. The effect will not last as long in dynamic lines, (the lines that are caused by muscle movement), like the nasolabial fold.

Expression lines are caused by muscle contraction, and when paralyzed, the lines can no longer form. The muscles that form the frown lines serve no other important purpose, so paralyzing them will have no effect on function. A more appropriate treatment for expression lines is botulism toxin in the form of Dysport and Botox. An injection of toxin will paralyze these muscles for several months. Botulism toxin can also be safely used for forehead lines and crow's feet. It cannot be used as often in the lower face because these muscles are also used in chewing and closing the mouth. These treatments are very safe as the amount of toxin injected is much less than the amount that can cause systemic effects.

A very important factor in facial beauty is symmetry. Most people are asymmetrical, but they do not realize this until they are analyzed. One side of the lip may be different than the other, one cheek bone may be fuller, and one nasolabial folds may be deeper. If I did a computer comparison of a face and compared two right sides of the face with two lefts, the resulting pictures would look similar, but not identical.

The picture in the center is the original. The picture on the right is reproduced from 2 left sides and the picture on the right is produced from two left sides. When I analyze a face I try to find the asymmetry and correct it when possible. Often injecting to make one cheek fuller will improve one's looks by making them more symmetrical.





- •A male has a square broad chin while a female has a more pointed chin.
- •There is more fullness on the lateral mandible.
- •The male eyebrow is lower over the orbital bone and is flatter,
- and less raised over the lateral brow.
- •The male hairline is flatter; the female hairline is more rounded.
- Male's ears show more from the front because their cheeks
- are less full laterally.
- •Male noses are generally broader at the base and tip.

The female nose is more petite.

Being more masculine will not necessarily make a man more attractive, and many studies have shown that a more feminine face can actually improve a man's appearance.

the importance of EACIAL SYMMETRY







what is the

When I inject fillers I try to correct the disproportions often using the PHI concept. A few examples of facial proportions are below. There are many more examples of PHI symmetry in architecture and nature and I encourage you to explore this on their site-www.goldennumber.net/index.htm. By appropriately adding volume or moving tissue with botulism toxin, we can give a face more attractive proportion. The golden number is 1.618 to one. PHI appears throughout life and the universe. The appearance of PHI in all we see creates a sense of balance, harmony and beauty in all we find in nature.

When looking at facial proportions I use the distance between the eyes as my starting point as this is the only measurement that does not change with age.

- •The height of the head is 1.61 times the width, with the eyes in the center of the height and width
- •The distance between the inner canthus of the eye is the same as the distance between the outer nostrils.
- •The distance from the center of the nose to the highest point of the cheek bone is 1.61 times the distance between the eyes (inner canthus)
- The face is divided in thirds: forehead, mid pupil to upper lip and upper lip to bottom of chin

- •The distance between the inner canthus is the same as the distance from the inner canthus to the highest lateral point of the eye brow.
- •The distance from the pupil to the far side of the nose is 1.61 times the width of the bridge of the nose
- •The distance from the tip of the philtrum (highest point of the lip under the nostril forms lateral aspects of cupids bow) to the lateral lip is 1.61 times the distance between the philtrum.

what is

The final component of facial analysis is the skin surface. As we age, the color, texture and tone of our skin changes. These changes are due more to environmental factors than

Smoking and sun damage greatly contribute to wrinkles and give the skin a sallow appearance. To improve the skin surface I perform an array of treatments ranging from light chemical peel to fractional laser resur-

What is the advantage of fractional resurfac-

over chemical Ing and peels traditional laser peels?

Laser resurfacing, laser peels and chemical peels all damage the entire skin surface. The most superficial procedures just damage the top layer of the skin, the epidermis, which peels or exfoliates off, allowing a younger looking epidermis to replace it. If you go deep below the epidermis into the dermis, you will create inflammation or destruction in the dermis stimulating repair giving you smoother appearing skin.

Fractional resurfacing produces the same epidermal and dermal damage, but it does so by making tiny holes in the skin, rather than destroying the entire epidermis and dermis. By leaving small microscopic islands of uninjured skin, the repair grows out from these normal islands in 2-4 days, compared to 1-2 weeks when the entire skin surface is treated. Think of it as aerating a golf green or front yard. When you want a thicker healthier lawn, you don't pull all the grass out by the roots and allow it to re-grow, you make holes evenly spaced and these holes fill in from the untouched adjacent grass.



most anywhere.

What areas can be treated?

Unlike traditional laser or chemical peels, almost any area of the body can be treated. Traditional CO2 and erbium peels can cause scarring in certain areas like the neck and chest hands and arms. This is due to of the wound healing properties of a specific area. Fractional resurfacing has dramatically decreased these risks allowing treatment of brown spots, sun damage and fine lines al-

How many treatments will it take to get my desired result?

This is a difficult question to answer since everyone's expectations are different and there is not one specific definable end point. However, in general, a well counseled patient will generally be happy in one to three treatments.

How long does the treatment take?

We would like you to arrive in the office one hour prior to your scheduled treatment time. At this time a topical anesthetic will be applied. The actual laser treatment takes between 10 and 60 minutes depending on how many areas you are having treated.

How often should I be treated?

A typical series of fractional treatments can be done monthly, however it can take up to three months to see maximum skin tightening from one session since the tightening is due to collagen production and that does not begin until about 4-6 weeks.

Can I get a lighter treatment or a deeper treatment?

Yes, I can accurately adjust the depth of your treatment and the amount of normal untouched skin. I can vary the depth so you can have a treatment as light as a microdermabrasion, apply make up and go back to work immediately.

Conversely, I can make the holes very close together, almost touching, and make them go deeper by applying more heat to each hole. This causes more dermal damage, and gives more tightening but lengthens your recovery time up to 10 days. Knowing your expectations and your willingness to have more down time will help me determine which parameters to use.

Are there any risks?

There is no procedure that is completely risk free, and the side effects will vary according to your age, skin type and the aggressiveness of the treatment.

If you smoke or are on certain medications like corticosteroids, your wound healing will be prolonged and may put you at higher risk for complications.

In a patient with a history of fever blisters, then reactivation of a latent fever blister may cause blisters to appear in the treated areas. This can be prevented essentially 100% of the time with pretreatment with oral antiviral medications. It is essential that you tell the

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physician if you have ever had a fever blisters on your lip or face.

The overwhelming majority of patients heal in 4 days allowing you to wear make up. You will likely still be pink but your skin can tolerate a light make up.

The most common complication would be a slightly longer recovery, time. some patients may remain pink and experience peeling for longer than estimated.

Another possible complication is irregular pigmentation. Patients who have brown eyes and dark skin may be more prone to heal with some irregularities in the pigmentation in the treated areas. This is almost always temporary, and can be treated with sun screens and bleaches.

The sun must be avoided after any re-

surfacing. Sun screens with a SPF over 60 and hats are essential. We can help you select those products.

Light fractional laser rarely produces any scarring. With more aggressive treatments, the risk goes up, but is still extremely rare.

Post operative discomfort is almost nonexistent. A very mild sting may be experienced. Mild swelling may occur in those arreas if the forehead or eyelids are treated.

What is my post operative care.?

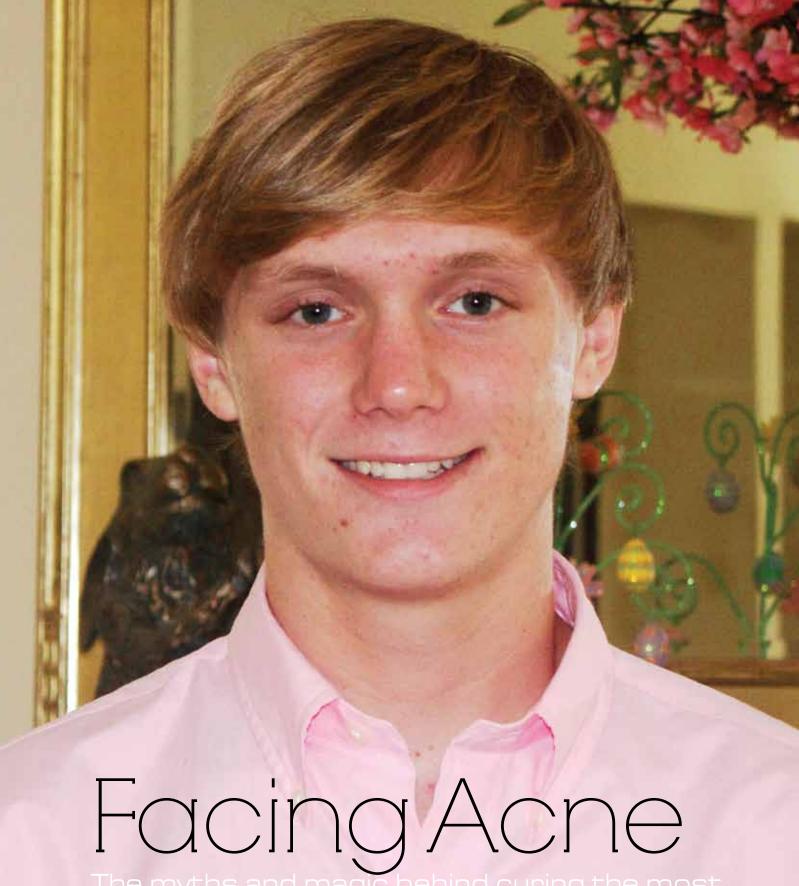
All you need to do is apply Vaseline frequently for about 4 days.

You can wash your hair with baby shampoo and let the shampoo gently drip over your face. You should not try to remove all the Vaseline. Just apply a little more.

How long will the results last.?

This is the most difficult question answer. It is like asking when, "Will I get old? or If I wash my car today, when will I need to wash it again?" Well, that depends if you keep it in the garage or if you drive it in the rain and dust.

Once you achieve your desired result, you will need to maintain your skin and your health. If you use sun screens, a topical retinoid, antioxidants and live a healthy life style with proper diet, exercise and no smoking, your results will be long lasting.



The myths and magic behind curing the most common of all skin conditions.

here is probably no single disease which causes more psychic trauma, more maladjustment between parents and children, more general insecurity and feeling of inferiority and greater sums of psychic suffering than does acne vulgaris." (Sulzberger)

The words of Marion Sulzberger, one of the great dermatologists of the past, expresses my feelings about acne. I feel that it is the most important disease that I treat and I particularly enjoy treating now because I know that I can clear up a patient's face 99.9% of the time.

There is nothing more gratifying than to see the emotional changes of an adolescent as their face begins to clear. Teens come to my office on their first visit, sullen, with there eyes on the floor. As their acne improves I see animation in their expressions, I see smiles on their faces and a bright self-confident look in their eyes.

Acne is a common skin condition that afflicts most people, to a varying degree, during the teen years. However, the disease is by no means restricted to this age group. Adults in their 20's to 40's may have acne. Do not think that because acne is common, treatment is unnecessary. Waiting to "outgrow" acne can be a serious mistake. Medical treatment can improve your appearance and self esteem, and prevent the development of lifelong scars.

Rising hormone levels during adolescence, cause enlargement and over activity of the oil glands in the skin. The canals that bring this oil to the surface become blocked with keratin (a protein that is part of the skin). When these oil glands are overactive and the canals are blocked, the bacteria and yeast that normally live on the skin and in the oil become trapped. They subsequently multiply, and cause inflammation and irritation.

Cleansing and Cosmetics.

Even though you may be told to wash frequently, acne is not a disease caused by improper cleansing. For example, the blackness of a blackhead is not dirt, but is due to the accumulation of the normal skin pigment in the oil glad ducts.

We will recommend a cleanser, or you can wash your face with a mild antibacterial soap twice a day. If one's skin is very oily, it

may be washed more often. Over washing or scrubbing tends to irritate the skin and will make acne worse. Therefore, do not use any abrasive cleaners or cleansing pads.

Shampooing is also important in acne therapy. The oilier your hair is, the more often you should shampoo it. Also, it is best to keep hair off the face as much as possible. Using a dandruff shampoo is helpful, particularly if you have fine bumps on the forehead. For covering blemishes, many preparations have been formulated to match skin color. These cosmetics should be water based. Most cosmetics and skin products that are safe to use on acne-prone skin will say "non-comedogenic", "oil free", or "won't clog pores". Look for these labels on your facial products. Greasy applications such as Vaseline, cocoa butter, cold cream and vitamin E oil should be avoided.

After your appointment, you will be escorted to our Medical Spa where you will be introduced to skin care lines and makeup that would best suit your skin type.

Could something in the modern diet be the culprit?

Some say yes, because eating the wrong things can cause the release of certain hormones, which can activate the oil glands in your face. High levels of hormones are present in cows milk. The idea that milk is an essential part of everyone's diet is probably wrong. You can easily get your calcium, vitamin D and protein from other foods, or from supplements. It may take 6 months off all dairy products before significant improvement can be seen, but many patients benefit from a dairy free diet. Another theory blames sugar and excess carbohydrates. These push your body to pump out insulin, which can effect other hormones as a result. Some over-weight women with acne have hormone imbalances and excess insulin. In these women bringing the insulin level down corrects the hormone levels and acne.

There is increasing evidence that sugar and carbohydrates can activate acne. Eating a healthy diet is a good idea for acne sufferers.

The importance of diet may vary between individuals, but the idea that diet plays no role in acne is probably on the way out.

Treating Acne

Acne need not be feared as something untreatable. In recent years many effec-

tive forms of therapy have been developed. I want to prevent scars. Years of untreated acne can leave a permanent imprint on a person's face causing irreversible emotional trauma. While acne may not be curable, it is usually controllable.

Since acne is affected by many things, I will design an individual approach for each patient. Thus, the course of therapy will vary according to such factors as age, sex, type of acne, its severity and extent, and the patient's day-to-day activities.

Mild acne is treated with one or a combination of topical medications. The purpose of this is not only to treat existing lesions, but to prevent new blemishes from forming. Therefore, these creams are applied to acne prone areas, not just directly on the pimples.

In some people these creams may cause the face to become a little dry, pink or feel taught. This is normal. If your face becomes too irritated or "raw" feeling, do not stop the creams, just decrease the frequency of application (i.e. apply every second of the third day).

Moderate and severe acne is usually treated by topical medicines with the addition of oral antibiotics. Since different combinations work better for some patients than others, you are usually evaluated every four to six weeks until the acne is well controlled. In addition to this conventional therapy, I may recommend one or more of the following treatments to speed healing and clearing of your acne.

Acne surgery: This procedure greatly speeds acne clearing and appearance by manually removing blackheads and whiteheads. A round loop extractor is used to apply uniform smooth pressure to dislodge the material. Inserting a pointed instrument to carefully expose the contents loosens lesions that offer resistance. This may be combined with microdermabrasion, which helps to remove dead skin on the face and open up smaller blocked pores. These procedures are performed in our medical spa and are not covered by insurance.

Chemical Peel: Irregular pigmentation of the skin is treated with this technique. A very mild acid is applied to the skin, which causes the outer layer to be removed. Different chemical concentrations are used, depending on ones skin color. In general the desired result is very mild peeling. The goal is not to remove pigment in one treatment. A light peel is used in addition to bleaches, retinoids and



sunscreens.

Intralesional Corticosteroid Therapy: If one or several painful acne cysts or large pimples develop, fast relief is available with this relatively painless procedure. Each cyst is given a single injection of a dilute cortisone solution, using a very tiny needle. This will give you overnight improvement in your appearance as well as decrease scarring and hyperpigmentation.

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Accutane is a very safe and effective drug. It will clear up acne virtually 100% of the time and side effects are minimal, usually dry skin and dry lips.

Hormonal Treatments: Since hormones dramatically affect acne, I often use birth control pills. Yaz and Yazmin are both approved for acne treatment. However, some oral contraceptives can worsen acne. If you are taking

on of these pills, then a switch often improves acne.

Spironolactone is a mild diuretic that blocks certain hormones that aggravate acne. I will often prescribe this to a woman with acne with or without an oral contraceptive. Unfortunately, males cannot take the hormonal treatments because of possible feminizing side effects.

Light Laser Treatments: There are several light and laser based treatments for acne that can be used instead of or in addition to the previously mentioned treatments. Unfortunately, insurance will not cover these services.

Acne Scaring

Treatment of Acne Scaring

Prior to correcting acne scaring, it is advisable to wait until acne activity has been low or absent for several months. Scars improve with time as the body softens their appearance. The color contrast is often the most troublesome aspect of resolving acne blemishes, leaving a flat or depressed red area that is so obvious, patients mistake the mark for an active lesion. This will fade and approach normal skin tones in 4 to 12 months. Many patients are self-conscious about the pitted and crater like scars that do not fade. These remain as a permanent record of previous severe acne. There are a variety of procedures available to you to remove or revise these marks.

Filler Injection: Patients with a few soft depressed scars with smooth edges respond well to injection of various fillers. There are several fillers available and the choice of filler will be discussed with you.

Treatment of acne is a continuing process if the disorder is to be controlled successfully. You must follow our instructions, since you are the only one who can accomplish the necessary daily care.

If you are willing to spend the time and effort, you can expect a pleasing result.

Fractional Laser Resurfacing

This is the latest technology in scar treatment. A full discussion is included earlier in this publication.

ATOPIC DERMATITIS

The (Wet) Wrap-Up

Atopic dermatitis is a common, chronic, relapsing type of eczema. The cause of this skin disorder is unknown, but more than 70 percent of all patients have either a personal or family history of atopic dermatitis, asthma, or allergic rhinitis. In fact, atopic refers to a hereditary predisposition to developing some form of allergy. Atopic dermatitis affects 3 to 5 percent of the US population, usually beginning in infants aged two to six months.

Early, mild skin changes, including redness and swelling, often are accompanied by itching. The skin then becomes increasingly dry, sensitive, itchy, and easily irritated because its barrier function is impaired.

Microscopic cracks that let water out, and irritants and allergen in, lead to further drying and cracking. This, in turn, causes more itching. Rubbing and scratching to relieve the itch are actually responsible for many of the clinical changes that are seen.

The rash develops in a characteristic distribution on the body, depending on the age of the patient. In infancy, the red, oozing crusting rash (frequently called infantile eczema) is of the acute type. It appears primarily on the face and scalp, but it can occur on other areas, especially the extensor surfaces of the arms and legs. The rash is extremely itchy and the infant is often restless and attempts to scratch with his hands or with pillows, sheets, or anything he can reach.

Fortunately, in over half the infants and toddlers with atopic dermatitis, the problem clears up by the time they are two and the disease does not recur.

In those infants who continue to have the disease beyond the age of two, the skin tends to show the chronic form of dermatitis. Their skin develops a thickened dry texture, a brownish-gray color, and a scale forms. In older children, the rash tends to be found mainly on their elbow bends, the backs of their knees, their necks, the sides of their faces, on eyelids and the backs of their hands and feet.

The condition will resolve almost completely by adolescence in about half of those with the chronic problem. For the remaining chronic sufferers, however, atopic dermatitis is likely to persist through





adulthood.

No "magic cure" exists for atopic dermatitis, but the eruptions and itching can be relieved and aggravating factors may be identified and controlled. The goal of therapy is to break the inflammatory cycles that cause excessive drying and cracking, as well as the itching and scratching.

Hydration is the Key

Some patients may be advised to avoid water or to use "the dry method for cleansing the skin" rather than hydration. This recommendation may be made because the correct method of applying occlusives immediately after hydration is not clearly understood, or because occlusion sometimes results in increased itching or skin infections. Infection can be avoided by the proper choice of occlusive substance or by the use of a systemic antibiotic.

In fact, the skin is dry not because it lacks oil, but because it lacks water and needs to be hydrated. One way for the patient to hydrate the skin is to soak the affected area for 15 to 20 minutes in warm – not hot – water and then immediately to apply an occlusive preparation to retain the absorbed water. This is the first step in alleviating the dryness.

After the bath, the patient should pat to remove excess water and then immediately apply the occlusive preparation that has been recommended. (This may be any of a variety of substances, such as vegetable shortening, petroleum jelly, or a corticosteroid ointment.) Applying the occlusive preparation to the damp skin immediately after soaking is the most important step to enhance water absorption and seal in moisture, since water begins to evaporate from the skin within three to five minutes. This routine soaking and the use of an occlusive preparation helps reestablish the skin's important barrier function. When the dermatitis is under optimal control, bathing at least once a day and using occlusives or moisturizers helps maintain this control.

Substances such as oatmeal (Aveeno) or starch added to the bath water may be soothing, but they do not increase water absorption. Bath oils are not recommended, as they give the patient a false sense of lubrication and make the bathtub dangerously slippery. Adding a half cup of Chlorox to a tub of water will kill surface bactueria and decrease skin infections.

Wet wraps also can be used on severely affected or persistent areas of dermatitis to optimize hydration and topical therapy. Applying wraps immediately after soaking and applying topical to the skin increases drug absorption. The wraps also cool the skin as the water gradually evaporates. This gradual cooling has an anti inflammatory effect and reduces itching.

Simplifying Wet Wraps

A total body wrap can be accomplished by having the patient put on a pair of wet pajamas or long underwear, followed by dry pajamas or a dry or plastic sweatsuit. Cover the hands and feet with wet tube socks, followed by dry tube socks. Any extremity can be covered by wet Kerlix gauze and then wrapped with Ace bandages to seal the moisture. For the face, wrap with two layers of wet Kerlix, followed by two layers of dry Kerlix, and hold all in place with a tubular bandage retainers (SurgiNet, Spandage), cutting out holes for eyes, nose, and mouth. Be sure the room is warm so the patient does not become chilled.

Sleep Sauna is and occlusive garment that can be purchased on line.

Choosing the Right Preparation

Occlusive substances, moisturizers, corticosteroids, and tar preparation can all be used topically to control atopic dermatitis. The condition of the patient's skin, his tolerance for and willingness to use a given preparation, and the physical environment (dry or humid) will determine which topical is appropriate.

Occlusives such as petroleum jelly (Vaseline) or vegetable shortening (Crisco) are very effective in dry environments because they allow less evaporation. Eucerin cream may be better in humid environments. Occlusives, however, are effective only when used with hydration, since they do not contain water and only keep water in the skin from evaporating.

Moisturizers, available as lotions or creams, help add moisture to the skin. Lotions contain more water than creams, and thus evaporate more quickly. Eucerin, Aquaphor, Cuterrol, Lubriderm, Vaseline, and Curel are some that contain water and oil, and should be applied at least three to four times per day.

RELIEF WITH TOPICAL STERIODS

Topical corticosteroids, available in a wide range of strengths, frequently are needed to control acute flare-ups of atopic dermatitis. They work by reducing inflammation of the skin and relieving itching.

Patients should know the strength and the possible side effects of the topical steroid they are given. Generally, the lowest-potency corticosteroid that is effective in reducing inflammation and relieving the itching should be used. Thinning of the skin is the most common side effect. In addition, white spots on the skin (hypopigmentation), secondary infections, acne, and permanent stretch marks may occur.

Increased side effects occur where the skin is thinnest and most sensitive, such as the face and in areas where skin touches skin (in the groin, armpits, under the breasts or fat folds). Only a low-potency corticosteroid, such as hydrocortisone, should be routinely used in these areas.

Topical steroids are available in a variety of bases including ointments, creams, gels, sprays, and lotions. Ointments are more occlusive, providing better drug delivery and preventing water loss from the skin. In some

cases, however, this occlusion may result in increased itching or a skin infection because of increased retention of heat, sweat, and/ or bacteria. In this situation or in a humid environment, creams are an alternative. Sprays and lotion are best used on the scalp or on any areas where hair growth is thick.

Applying the topical steroid evenly and sparingly one or two times daily to the affected areas can eliminate many potential problems. It rarely helps to apply it more than twice a day and additional use can dramatically increase the cost of therapy.

As the dermatitis improves, the frequency may be deceased, or a less potent corticosteroid may be prescribed. When the dermatitis is well controlled or disappears, a tar preparation and/or moisturizer may be substituted.

HOWTO USE COALTAR **PRODUCTS**

Prior to the development of topical steroids, extracts of crude coal tar were used to reduce skin inflammation. Tars do not begin to reduce inflammation as quickly as topical corticosteroids, but the effects last longer and side effects are fewer. Tar preparations; therefore, are recommended over topical corticosteroids for chronic maintenance of atopic dermatitis.

More recent coal tar products have managed to reduce the unpleasant odor and staining of clothes previously associated with this product. A tar preparation (Estar Gel, Psori Gel) may be used only once a day at bedtime and a moisturizer should be applied over it. The patient washes off the preparation in the morning, thus eliminating any concern about odor during the day and limiting the amount of staining to pajamas and bed sheets. Compliance is therefore enhanced.

Tar preparations should be used only when the dermatitis is under fairly good control, since they can cause burning and irritation if applied to acutely inflamed skin. When used routinely, tar shampoos (Ionil T Plus, T Gel, Sebutone) are often helpful for patients who have scalp involvement.

Side effects of tars include increased sensitivity to the sun and inflammation of hair follicles. These can be minimized by applying the product in long, even strokes that follow the direction of hair growth (usually downward).

TREATING IT SYSTEMICALLY

Antibiotics and antihistamines are also used to treat atopic dermatitis. Systemic corticosteroids (such as prednisone), however are not warranted in chronic, non-lifethreatening illness such as atopic dermatitis.

Antibiotics are required because both acute bacterial infection and chronic colonization of the skin may cause the skin disease to flare.

The vast majority of such infections are caused by Staphylococcus aureus. Suspect staphylococcal infection if honey colored crusting or weeping from cracked areas of the skin occurs. A culture and sensitivity confirm the presence of bacteria and reveal specific antibiotic sensitivity.

Antihistamines are often used to try to control itching, one of the most common symptoms of atopic dermatitis, and often the most poorly tolerated. If nighttime scratching is severe and continues despite antihistamine use, a sedative may offer temporary relief and allow adequate rest. Skin damage from scratching can also be minimized by having the patient keep his nails trimmed and having him wear cotton gloves or cotton socks on his hands at night.

TRACKING PROBLEMS TO THE SOURCE

It is important to attempt to identify and eliminate triggers that exacerbate the dermatitis. Irritants, allergens, the physical environment, and emotional stresses are some of the possible triggers. Irritants include chemicals, detergents, soaps, scratchy or occlusive clothing, heat, cold, and sunburn. Patients should wash all new clothes prior to wearing them to remove formaldehyde and other chemicals. Residual laundry detergent in clothing also may be irritating. While changing to a mild detergent may help, adding a second rinse cycle to ensure the soap is removed is often better. Open-weave, loose -fitting clothing is usually more comfortable than tight-fitting, densely woven garments. Patients intolerant of wool, stiff fabrics, or nvlon may find relief in cotton or cottonblend clothing.

Working and sleeping in comfortable surroundings at a fairly constant temperature (68 & 75 degrees F) and humidity (45-55 percent) may be reduced itching by minimizing sweating. Sunscreen should be used regularly to avoid sunburn. Swimming is often recommended. However, because pools are treated with chlorine or bromine, patients should always shower with a gentle soap immediately after leaving the pool to ensure removal of these chemicals. After showering, moisturizers or occlusives should be applied to the entire body.

ALLERGENS

Skin testing may show an important correlation between a patient's exposure to airborne allergens and flare-ups of dermatitis. In that case, patients should try to avoid the allergens. Using an electrostatic air purifier can help reduce exposure to them.

The role that diet plays in controlling dermatitis continues controversial. It is not known how significant food allergies are in the development of atopic dermatitis of what percentage of patients with atopic dermatitis also have food allergies.

The most common food allergens appear to be eggs, cows' milk, soy, wheat, nuts, and fish. As with airborne allergens, when controlled blind food challenges cause the dermatitis to flare up, the patient is advised to avoid the food. Care is needed to avoid malnutrition when any restrictive diets are

Emotional stress. Anger, frustration, anxiety, and body-image concerns are commonly experienced by patients with atopic dermatitis and often exacerbate the disorder. Skin flushing that accompanies anger can intensify the itching. Patients may also become less tolerant of itching while they are experiencing any type of emotional stress.

Sometimes scratching is used to express stress, since it will typically prompt an immediate response from those nearby. The disease may add dimensions of family hostility, rejection, and guilt that can damage the family structure. Individual and family counseling is often helpful when dealing with the frustrations of a chronic disease. Counseling is especially helpful to adolescents and young adults who consider the lesions disfiguring or unattractive.

Remember that each patient requires individualized therapy, because what works for one person may not work for another. Close, sustained communication with health care providers along with an optimistic attitude, helps patients maintain control over atopic dermatitis.

The People

My employees make your visit a comfortable and pleasant one.

Your encounter begins on the phone. Angie Cody and Candace Lewis have been answering my phone for several years. I have a firm commitment to have the phones answered by a person, and would never submit you to the insult of having you talk to a machine or pressing buttons.

Angie and Candace's knowledge about dermatology and insurance enables them to help patientswith scheduling, and can answer many of your questions.

Once you make your appointment and come to the office, you will be greeted by Amber. I think the first impression you get when you come for your appointment is very important. Amber will greet you with a smile and welcome you to the practice.

You will be escorted back for your appointment by Kristin. She has assisted me with patient care for almost ten years. They also assist in performing biopsies and instructing patients on their treatments. Their knowledge and experience is of tremendous value. They also manage patient "flow" so you can be seen promptly.

My newest medical assistant is Stephanie, my oldest daughter. When she is not running her tennis program and teaching junior tennis at Lakeshore Tennis Academy she assists me at the office. Her big smile and cheerful attitude make patients comfortable in the office.

Working behind the scenes is Angie. Angie was originally hired to manage my computer network when I had 3 offices, but as I downsizes to one main office her job description grew. There is not enough room in this magazine to list her responsibilities. Her main job now is marketing director and managing all the non-medical technology like phones, computers, printers etc. She does the layouts for all our printed materials including all advertisements, patient information

sheets, posters and brochures that she prints in the office

Amanda is the insurance manager. She is the one who does the complex job of collecting the money. As the rules change every minute of every day, it is her responsibility to keep up with insurance filing and collections. She is the one you talk to when you have questions about your bills. This is one of the most complex parts of a medical practice and we are very aware that the patients often do not understand their bills. She tries very hard to work with you on all billing issues.

Also behind the scenes is Qiana. After working for me as a medical assist for a few years, she moved to Atlanta. She moved back to Birmingham over a year ago and I was able to offer her a position. I am proud that she wanted to return to work for me again. With her knowledge of patient care and insurance, she is a very valuable asset.

Our medical spa has evolved over the years, although we have had the same staff for over 10 years. Jen performs all the treatments including laser hair removal and non-ablative laser treatments. Her experience and expertise insures you of a safe and effective treatment.

Jamie also works in the spa and runs our weight loss clinic. She is always smiling and energetic and motivates our patients to lose weight.

Beau, our Licensed Aesthetician is a makeup artist and brings a new level of skin care knowledge to my practice

When I remove a skin cancer, I use MOH's technique.. This requires processing the tissue so i can determine if the cancer is completely removed. Theresa is the histo technician who prepares the slides. This is a very important process and Theresa has been my tech for many years.

You may then be seen by Suzanne, my PA. She has been by my side since 2003. Thru hard

work and study, she has become an excellent diagnostician and surgical assistant and I trust her in patient management to make important therapeutic decisions.

My surgical assistant is Lynn. She has been with me since 1996 and has recently completed her nurse practitioner training. Skin cancer can be a frightening diagnosis. Lynn is able to calm even the most anxious patient and make their experience a positive one.

Julie Christensen is my primary liposuction nurse and has been administering the local anesthetic to lipo patients since 1996. Those that have had liposuction surgery have been able to enjoy her beautiful voice. Julie, in her spare time (when she isn't taking care of her 5 children) sings and performs at the Gadsden Community Theater. She has a voice that would be better suited to Broadway. I am proud she has decided to perform at Ginsburg Dermatology Center and liposuction patients are amazed when she belts out her show tunes from shows like *Phantom* and Les *Miserables*.

A very important support person for my practice is Sarah Masters. Sarah has worked here for more than 5 years and makes sure all charts are where they belong. She also makes sure that charts are re-filed and never lost.

Many of you have met Sam, My Brussels Griffon. She is a 7 pound ball of love. When she is not down stairs with Candace, she assists in the rooms by sitting on patients laps and gives kisses. Many frightened patients relax when Sam sits in their laps. Children who are terrified of the doctors office look forward to coming back to see Sam. She is always available to assist on special request by anyone.

After your medical visit is finished you will be checked out by Lydia. I can't remember a time when Lydia didn't work for me.. She graduated law school a few years ago and continues to perform the challenging position of check out.

Danny Dean joined me this year after working in the newspaper business for many years..His background in business and personnel management fulfilled a vital need for me. When we are not playing golf, he manages my very busy practice.

Having good dedicated and capable long term employees enables me to deliver the level of care that I am known for.















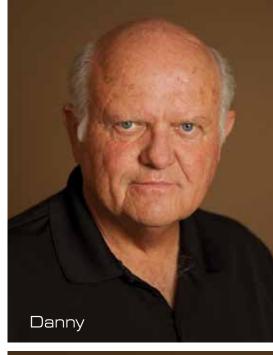
























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