



# WESTCHESTER PHYSICIAN

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## PRESIDENT'S MESSAGE

### DID I MISS SOMETHING IN MEDICAL SCHOOL OR RESIDENCY?

Every day in the office, I am asked a question about a topic which the patient assumes I am the expert. Of course, after four years of college, four years of medical school, and 6 years of training, I must have read some scientific article or had some class that taught me the answers. At the end of the day, though, I am just giving answers based on educated guesses and life experiences and anecdotal evidence. Somehow, giving these answers while wearing a white coat and speaking with an authoritative voice, it sounds like medically sound advice.

As an orthopedic surgeon and an expert on the spine, it is assumed that I am also an expert in workplace ergonomics, exercise, and weight lifting. I get asked all the time about what chair to buy? How high should I sit? Should I stand at work? Can you write me a prescription and fill out this 5 page form for me to get a standing desk? Can I do CrossFit? What aerobic exercise won't make my problem worse? To answer these questions, I use my knowledge of anatomy and personal experience and working out in the gym for the last 30+ years. Just like education about nutrition, learning about these topics is never broached in medical school or residency. There are no scientific studies from which I can base my opinion.

Should I use heat or ice? Which herbal supplement should I take and does it interact with any of my other medications? As far as Heat or Ice, the first question I ask is what feels better. If its an acute injury or post op, I recommend ice. For a muscle spasm or chronic pain, I recommend heat. I have done some reading about herbal supplements but there aren't many prospective studies comparing to placebo or to NSAIDS, etc. I listen to my patients who already take them and read that supplements like arnica and MSM are anti-inflammatory. I believe that Glucosamine/Chondroitin can help patients with large joint arthritis pain and won't help with back pain. Unfortunately believing is much different than actually knowing.

What kind of car is best for me to sit in? Which mattress should I buy? These are my favorite questions. I do like cars and I do like sleep but there is no source to get educated scientifically on these two issues either. I am sure many of my colleagues have lots of their own favorite questions and these all provide great dinnertime or water cooler conversation. If you see me in the hallway or want to shoot me an email, I would love to hear some funny stories and questions from your practice. By my career long non-scientific survey, my neurology colleagues seem to have the best ones.



*MARSHAL PERIS, MD  
President, WCMS*

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### UPCOMING EVENTS

**Telemedicine Seminar**  
Thursday, May 31, 2018  
Hilton Westchester  
Rye Town, NY

**Annual Meeting**  
Thursday, June 14, 2018  
Westchester Country Club  
Rye, NY

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***FROM THE EDITOR...***

**PETER J. ACKER, MD**  
**JOI DE M`EDECINE**



I think it is fair to say that the practice of medicine despite its many challenges provides most of us with a great deal of satisfaction. There is no question that the daily engagement with patients and their travails can be deeply moving. Yet there can be times when the quotidian nature of our days, when it seems we are doing the same thing over and over again, can lead to a mild ennui. We often yearn for the unusual and unexpected and from time to time we are rewarded for our patience when something truly remarkable happens, like making an obscure diagnosis or finding just the right words to comfort.

Last week I attended a very interesting grand rounds at Greenwich hospital. It featured Dr. Karen Santucci, Director of Pediatric Emergency Services at Yale New Haven, who presented a series of unusual cases, what we used to call "fasinomas". Of course, these true cases were accumulated over many years and certainly were not examples of a typical shift in the emergency room. Clearly we have to be well equipped to deal with the daily problems which we usually are by dint of repetition. It is a special challenge to keep the rare and subtle possibilities on our diagnostic radar without distracting our attention from the common. Every once in a while it really is a zebra making those hoof beats outside our window (perhaps an escape from a local zoo – hey it's possible) and we have to be nimble in our analysis of our differential diagnoses.

After her talk I found myself thinking of the occasional obscure things I've diagnosed and how invigorating and satisfying that is. Then my mind took a different turn and I began to think of the rare events that occasionally occur that are of no great diagnostic moment, but instead liven our days in entirely different ways. For example, I was once counseling a teenage girl who appeared quite depressed. I was talking to her alone while her mother waited outside. She entered the room with a mournful expression and sat down on the examining table. I was standing and talking with her and in an attempt to show empathy I maintained eye contact while backing up a few steps which caused me to misjudge where my stool was positioned behind me and I fell flat on my rear end. This elicited peals of laughter from my patient. Her mother hearing the commotion, burst in and when she saw me also started to laugh. Even my staff got into the gaiety. I have discovered the cure for adolescent depression, I thought, an accomplishment akin to Alexander Fleming's aha moment over a petri dish. Bit hard on my backside, but worth it nevertheless.

Here is another example: years ago I was administering an injection to a [added a] girl. Her younger brother who was about three years old

*(Continued on page 6)*

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## May's Healthy Recipe:

### Grilled Garlic and Herb Chicken and Veggies

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#### Ingredients:

- 1 1/2 lbs boneless, skinless thin sliced chicken cutlets
- 3 ounce package [Delallo garlic and herb veggie marinade](#)
- kosher salt
- 1 lb asparagus (1 bunch), tough ends removed
- 1 medium 8 ounce zucchini, sliced 1/4-inch thick
- 1 medium yellow squash, sliced 1/4-inch thick
- 1 red bell pepper, seeded and sliced into strips
- olive oil cooking spray



#### Preparation:

1. Shake marinade well. Season chicken with 1/2 teaspoon salt and 2 tablespoons of the veggie herb marinade at least 1 hour, or as long as overnight.
2. Marinate the veggies with the remaining marinade.
3. Heat a grill over medium-high, be sure grates are clean and well oiled to prevent sticking.
4. Put veggies on 1 large grill tray or 2 smaller trays (or cook in batches), season with 3/4 teaspoon salt and black pepper and cook, turning constantly until the edges are browned, about 8 minutes. Set aside on a platter.
5. Cook the chicken about 4 to 5 minutes on each side, until grill marks appear and the chicken is cooked through, transfer to a platter with the veggies and serve.

#### NUTRITION INFORMATION

Yield: 6 servings, Serving Size: 3 oz chicken, 1 cup veggies

- **Amount Per Serving:** - Calories: 290 calories—Total Fat: 16g—Saturated Fat: g—Cholesterol: 83mg - Sodium: 145mg—Carbohydrates: 8g—Fiber: 3g—Sugar: 3.5g—Protein: 28.5g

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**HEALTH & FITNESS: KULLMAN’S KORNER**

Spring has arrived and it’s time to be motivated. It seems that as my responsibilities increase, free time, including gym time, decreases. I’m always looking for more efficient ways to build strength and cardiovascular fitness. Combining the two in one workout is ideal.

With that in mind I suggest a workout I saw in Muscle and Fitness. I’ve done it. It’s tough. Welcome Dirty Diane:

Perform as a circuit:

- Deadlift 3 sets 21-15-9 reps (60% 1 Rep max)
- Dumbbell Z Press 3 sets 21-15-9  
(Seated, back straight, legs open, strict press)
- Wide grip pull up 3 sets 21-15-9
- Burpee 3 sets 21-15-9

Good luck!

Michael Kullman, MD Anesthesiologist



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FROM THE EDITOR...

**PETER J. ACKER, MD**

**JOI DE M`EDECINE**

*(Continued from page 2)*

hurled himself at my back, pounding me with his tiny fists, obviously outraged at what I was doing to his older sister. I saw him not too long ago, now a strapping 19 year old. As he entered the room I held my hands in a protective way and told him I was going very careful and not turn my back on him, lest I encourage another stealth attack. He laughed, "are you ever going to forget that?" No, some things are unforgettable.

Then there was the time I chased a preschooler who had bolted from my office in order to escape a shot. I caught him outside dashing towards the peril of the parking lot. I heaved a sigh of relief as I carried my wiggling charge back into my office. "Child hit by car while being chased by pediatrician" was the headline I was imagining – wouldn't be good for business!

And one more: after examining a child who had a common cold, the father asked me, "Doc do you mind looking at this rash on my leg?" Not an uncommon query in my experience. It so happened that this particular father was not any father, but was employed as an editorial writer for the New York Times. He pulled up his trouser leg and I leaned forward to peer at what was really a non-descript eczematoid eruption of no real consequence. I gave it a careful look and wondered, should I? - I may never have this opportunity again. Finally I lifted my head and intoned, "Sir, I believe this is creeping liberalism." He looked at me for a few seconds and then got the joke and burst into laughter. Indeed, in all the 25 years that have passed since then, I have yet to see another rash on the leg of an employee of that august institution.

It is experiences like this that enliven the often staid days of the primary care physician.

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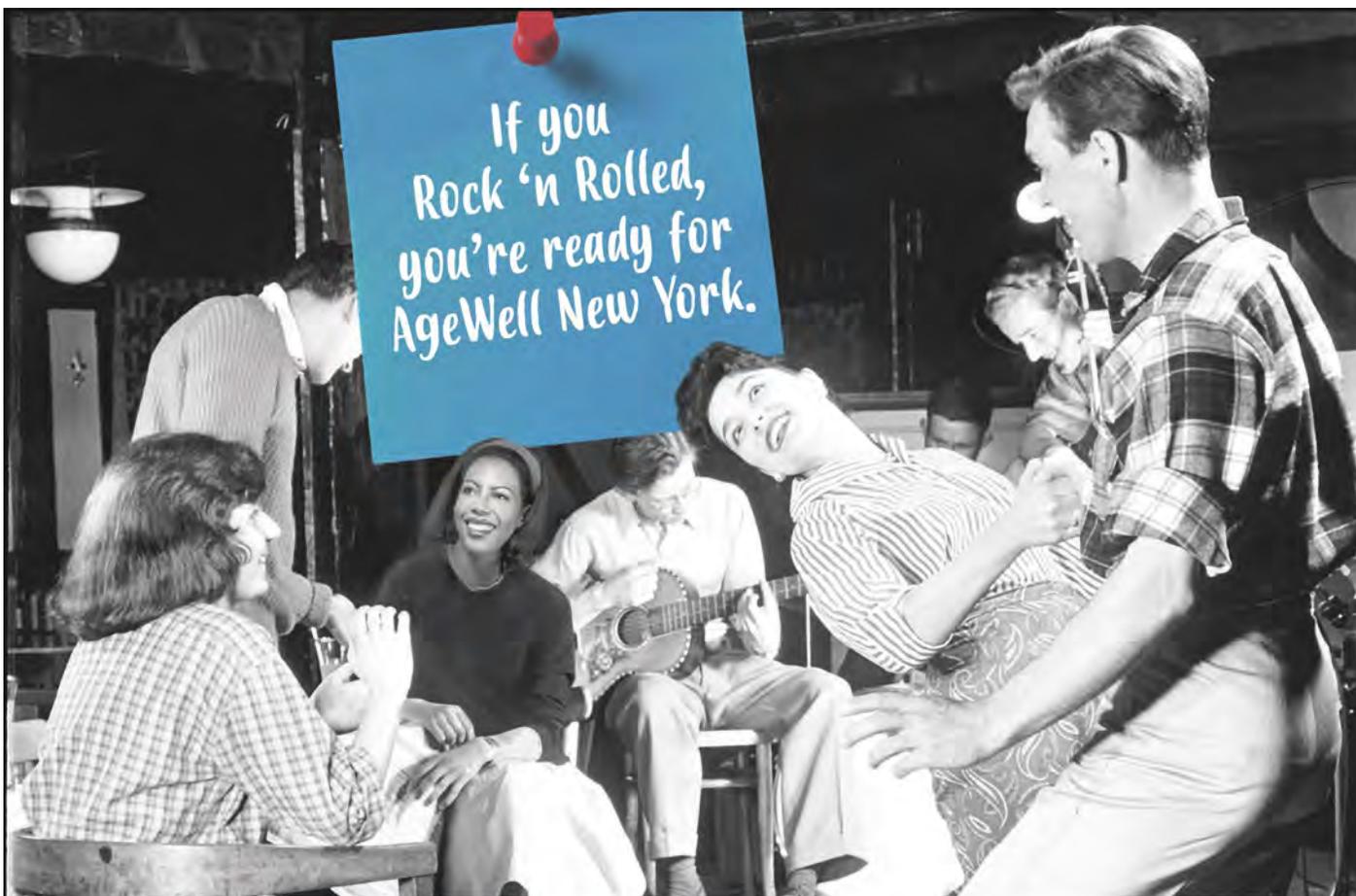
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## THE BUSINESS OF MEDICINE EARN MORE MONEY NOW

Rick Weinstein, MD, MBA  
Director of Westchester Sport & Spine @ White Plains  
Hospital Center

I have said this before, but it deserves repeating: the most valuable and limited resource in any doctor's office is the doctor's time. It is not your MRI machine or your EMR. Nothing generates income and makes patients better except the doctor's work. This asset needs to be protected and utilized to maximal benefit of patients and your business.

You need to be efficient in seeing patients. Part of your job as a doctor is collecting the HPI and getting this into the medical record. Using a scribe is one great solution. I enter the information as I get it from the patient right at that time we are first meeting. This needs to be done while paying full attention to the patient. You absolutely cannot turn your back on the patient or even turn away from the patient. This is best done by using a laptop placed between you and the patient but not blocking your line of sight. Try not to interrupt the patient when they first describe what the problem is, but if they get off topic then **immediately** get them back to addressing their medical issue. Make eye contact and demonstrate you are listening by nodding and making appropriate interested sounds. Really listen to what they are saying. Ask pointed questions and avoid open-ended questions that can lead to a painful soliloquy.

If you are entering the patient's past medical history, surgical history or review of systems into the EMR you are wasting everyone's time. Ideally, the patient should enter this data themselves and you need to simply verify it. Every EMR should allow the patient to enter their info into the system directly; if the EMR does not allow direct entry, find a way to do it or get a new EMR. If patients cannot enter it, then your medical assistant should enter it, but it should never be done by a doctor. I have heard it said that the patient should tell the doctor or MA the information and this other person should enter the information. This is like the children's game of telephone where as the data is passed on it is likely to be changed. The primary source entering the information has less chance of making an error than someone else translating what they are told.

In your office, if you frequently call for a medical assistant, nurse or tech, you need to have a way to alert them without running around trying to find them. I

use a flag system, but other offices use text messages and light alerts that work well also. It is silly to waste your time looking for someone in the office.

You should not be setting up tests or injections if you have MAs, nurses, or PAs working for you. When you walk into the room, it is not your job to get the equipment there; it should be waiting for you. Your staff needs to know to protect your time. They need to help however they can. Most of what every physician does is routine, so your staff needs to know your routines and anticipate what is required for that patient before you even enter the exam room. If you give a lot of injections, these should be drawn up in advance. If you use an ultrasound machine, this should be ready for you before you ask for it.

The efficiency of your staff will affect you as well. Everyone's time is valuable and no one should waste time. If there are forms such as consent that you use frequently, these should be pre-written out as much as possible. In my office we get consent for joint injections and having these pre-written saves everyone time. Preprinted forms will also be more legible than someone scribbling in a rush.

The office should be set up so things are where you need them. Every room should be set up the same so you don't have to think where things are located that you will need. Someone should be routinely checking your supplies and making sure you are never running low. It is absolutely not the doctor's job to check supplies.

An efficient practice demonstrates to patients you respect their time. Never rush your patients but never waste their time. If your patients have to wait more than 20 minutes to be seen, you may not mean to but you are disrespecting their time.

You and your staff must protect that most valuable asset - your time. Think about what you could do more efficiently and don't be afraid to make changes in your office that will benefit you, your patients and your financial success.



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## Westchester County Medical Society Telemedicine Workshop



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### ***Telemedicine: Changing the Paradigm of Access to Care***

Thursday, May 31, 2018—6:00pm

Hilton Westchester

699 Westchester Avenue

Rye Brook, NY 10573

#### **Presented by:**



**Rifat Latifi, M.D., FACS, FICS**

Professor of Surgery, New York Medical College

Director, Department of Surgery, Westchester Medical Center



**Barry B. Cepelewicz, M.D., J.D. &**

**Andrew Blustein, Esq.**

Attorneys at Garfunkel Wild, P.C.

Telemedicine: Changing the Paradigm of Access to Care - The Westchester County Medical Society invites you to learn more about how telemedicine is changing access to care, how it can affect your practice, and how to implement it. Dr. Rifat Latifi is a Professor of Surgery, Chief of General Surgery at Westchester Medical Center and a leading expert in telemedicine. Barry Ceplewicz, MD, JD and Andrew Blustein are attorneys with Garfunkel Wild, P.C. and can speak to the legal questions that come up when discussing implementing and using telemedicine within your practice.

Telemedicine and telehealth have an increasingly important role in patient care; practicing physicians need to understand and embrace these technologies. Their use is way beyond teleradiology, for which it gained early acceptance. As patients age and some live further away from their doctors, remote care is an enabler that helps to ensure effective and efficient care and compliance.

**Telemedicine is a tremendous tool to increase access to much needed medical advice and intervention. Setting it up correctly is an imperative, and this presentation by Professor of Surgery Rifat Latifi, M.D., FACS, will show you how to incorporate it into your practice -- effectively and efficiently.**

Health care providers must implement and integrate telemedicine as part of your strategic plan for growing and maintaining your practice. Many health plans today cover its use, and new services are included in the 2018 Medicare physician fee schedule.

***Telemedicine provides a competitive edge. Patient populations are increasingly using their smart phones; retain your patients and acquire new ones. The future is NOW.***

This event is free for WCMS/MSSNY members and \$50 for non-members.

**Please RSVP in advance to: Janine Miller [jmiller@wcms.org](mailto:jmiller@wcms.org)**

## Physician Networking Event Thursday, May 3, 2018 Captain Lawrence Brewery



Marshal Peris, MD; Bella Malits, MD; Daniel Gold, MD; & Keith Safian

On Thursday, May 3, 2018 the Westchester County Medical Society hosted our second annual “Referral Rounds” physician networking event. About 50 physicians from all around Westchester joined us at the Captain Lawrence Brewery in Elmsford, New York for a fun night of getting to know their colleagues, not to mention great food and beer! This event was open to all physicians in Westchester, not just members of WCMS. We were able to open this event to non-members through event sponsorships provided by : AgeWell New York; Castle Connolly; Citizens Bank; Garfunkel Wild, PC; Hospice & Palliative Care; MLMIC; Northwestern Mutual; TD Bank; and VNS of Westchester.

Thank you to all of our sponsors for being part of such a great event! Keep your eyes open for another networking event in the fall.



Andrew Blustein, Esq.; Barry Cepelewicz, MD, Esq & Rick Weinstein, MD



Omar Syed, MD; Daniel Levine, MD; Amie Davie, MD; MaryAnne Congi, RN & Jeffrey Vainshtein, MD

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**THURSDAY, JUNE 14, 2018**



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6:00 - 7:00 P.M.  
NETWORKING RECEPTION  
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*OUTGOING WCMS PRESIDENT*

***REMARKS OF OMAR SYED, MD***  
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The Westchester County Medical Society  
Annual Meeting honoring  
**President-elect, Omar Syed, M.D.**  
Thursday, June 14, 2018  
Westchester Country Club, Rye New York  
6:00 PM Cocktails - 7:00 PM Dinner – Biltmore Room

**2018 Souvenir Journal**

In recognition of:

**Omar Syed, MD** WCMS President-elect,  
**Marshal Peris, MD** our WCMS Outgoing-president; and our  
**"Friend of the Society" Awardee**  
**Edward C. Halperin, MD, MA, Chancellor & CEO**  
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**DEADLINE EXTENDED** – **May 31, 2017**

Provide via email the file using PDF, JPEG, TIF or Word format - Email to [jmiller@wcms.org](mailto:jmiller@wcms.org)

- Front Cover** – if available (color) - \$1,300
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- Black & White Full Page** \$300 - WCMS Member \$150
- Black & White Half Page** \$225 - WCMS Member \$125

Please call or email Janine Miller (914) 967-9100 [jmiller@wcms.org](mailto:jmiller@wcms.org) to inquire about taking an ad.

The journal will be distributed at our meeting and posted online on our website.

## New York's New Sexual Harassment Law

On April 12, 2018, New York State passed a new budget bill that includes measures designed to combat sexual harassment in the workplace.

Key highlights of the legislation applicable to employers are as follows:

- Effective October 9, 2018: Employers must implement a sexual harassment policy and provide employees with written copies. The New York State Department of Labor will create a model policy, which employers may adopt. Alternatively, employers may create their own comparable policies.
- Effective October 9, 2018: Employers must conduct annual anti-sexual harassment interactive training for employees. The New York State Department of Labor will create a model training program, which employers may adopt. Alternatively, employers may create their own comparable training program.
- Effective immediately: Employers may be liable to non-employees, e.g., contractors, vendors, consultants, with respect to sexual harassment in the workplace, where the employer knew or should have known of the harassment, but failed to take the appropriate corrective action.
- Effective July 11, 2018: Contractual provisions that mandate arbitration of sexual harassment claims are void.
- Effective July 11, 2018: Employers are restricted from using non-disclosure provisions in agreements that resolve sexual harassment claims. Such clauses may only be enforceable when they are added at the complainant's request.
- Effective January 1, 2019: a party seeking to submit a bid for services or work to a public entity must certify that it has implemented a written anti-sexual harassment policy and provides annual training addressing sexual harassment.

This legislation comes on the heels of a package of bills enacted by the New York City Council, collectively titled the "Stop Sexual Harassment in NYC Act." The Act, which has now been signed by the Mayor, similarly seeks to prevent sexual harassment in the workplace. This New York City legislation will impose the following requirements on private employers:

- The bill will create a training requirement similar to that imposed by the state. It clarifies that, where employers have fifteen or more employees, the annual training must be provided to interns. It also states that new hires must be trained 90 days after their initial hire. The bill further provides that if an employer is subject to training

## Garfunkel Wild Alert

requirements in multiple jurisdictions, it will be in compliance with the Act so long as its training program addresses the substantive requirements of the Act.

- The bill will increase the statute of limitations for filing gender-based harassment claims under New York City Human Rights Law from one year to three years.
- The bill will amend New York City Human Rights law's current definition of "employer," – which currently only includes those who employ four or more persons – with regard to sexual harassment, to apply to all employers, regardless of the number of employees.
- The bill will clarify that sexual harassment is a form of discrimination under the New York City Human Rights Law.
- The bill will mandate that employers display a poster addressing employees' anti-sexual harassment rights and employers' anti-sexual harassment responsibilities, which will be created by the New York City Commission on Human Rights.
- The bill will also contain a resolution, asking the U.S. Congress to pass a federal law prohibiting pre-dispute arbitration agreements from requiring the arbitration of sex discrimination claims.

\* \* \* \* \*

For more information on the above legislation and bill, please contact an attorney in Garfunkel Wild's [Employment Law Group](#) or the [Garfunkel Wild attorney](#) with whom you usually work.

### Contact Information:

111 Great Neck Road Great Neck, NY 11021 516.393.2200	411 Hackensack Avenue Hackensack, NJ 07601 201.883.1030	350 Bedford Street Stamford, CT 06901 203.316.0483	677 Broadway Albany, NY 12207 518.242.7582
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### About the Firm:

Garfunkel Wild was founded over 38 years ago with a single purpose in mind – attend to the specific business and legal needs of our clients in the health care industry. With nearly 80 attorneys representing more than 60 hospitals plus health care systems and other health care facilities, organizations and practitioners, Garfunkel Wild has kept this focus. The firm has offices in New York, Connecticut, and New Jersey. For more information, visit [www.garfunkelwild.com](http://www.garfunkelwild.com)

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Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

**Medicaid Fee- for- Service Providers  
Dispense Brand Name Drug when Less Expensive than Generic Program**

**Effective 05/17/2018**, the following changes will be made to the Dispense Brand Name Drug when Less Expensive than Generic Program:

- **Edecrin and Emend Tripak** will be **REMOVED** from the program
- **Norvir tablets and Sustiva tablets** will be **ADDED** to the program.

In conformance with State Education Law which intends that patients receive the lower cost alternative, brand name drugs included in this program:

- **Do not require 'Dispense as Written' (DAW) or 'Brand Medically Necessary' on the prescription.**
- Have a generic copayment.
- Are paid at the Brand Name Drug reimbursement rate or usual and customary price, whichever is lower (SMAC/FUL are not applied).
- Do not require a new prescription if the drug is removed from this program.

**IMPORTANT BILLING INFORMATION**

Prescription claims submitted to the Medicaid program **do not require** the submission of Dispense as Written/Product Selection Code of '1'; **Pharmacies can submit any valid NCPDP field (408-D8) value.**

**List of Brand Name Drugs included in this program\* (Updated):04/30/2018**

Adderall XR	Fosrenol chew tablet	<b>Sustiva tablet</b>
Aggrenox	Gleevec	Tegretol suspension
Alphagan P 0.15%	Hepsera	Tobradex suspension
Butrans	Kapvay	Transderm-Scop
Catapres-TTS	Lexiva tablet	Trizivir
Cellcept suspension	<b>Norvir tablet</b>	Valcyte solution
Copaxone 20mg	Pataday	Voltaren Gel
Diastat	Protopic	Vigamox
Exelon Patch	Pulmicort respule 1mg	Xeloda
Focalin	Retin-A cream	Xenazine
Focalin XR	Reyataz	Zyflo CR

\*List is subject to change

**Please keep in mind that drugs in this program may be subject to prior authorization requirements of other pharmacy programs, promoting the use of the most cost-effective product.**

The MSSNYPAC Executive Committee  
Thomas J. Madejski, MD  
Joseph R. Sellers, MD  
Gregory Pinto, MD

*Cordially invite you to*

Physicians' Day at the Races

**Saturday, July 28, 2018**

**11:30am-6:30pm**

Saratoga Race Course  
"At The Rail Pavilion"  
Saratoga Springs, NY

\$500/physician, \$300/guest, \$250/guest under 21

Ticket price includes clubhouse admission, post parade programs, a gourmet buffet lunch at your own trackside table (11:30 am - 2:30 pm), unlimited open bar, private viewing of the horses as they bring them from the paddock and private betting windows with a 1:00 pm post time.

Saratoga Stakes Races: Jim Dandy, Alfred G. Vanderbilt, Bowling Green, Amsterdam are scheduled for this date.

<https://www.nyra.com/saratoga/racing/stakes-schedule/jim-dandy/>  
<https://www.saratogaracetrack.com/event/stakes-race-74892/>

*Dress: Neat casual attire. Gentlemen require collared shirts. Ladies require dresses, skirts or slacks outfits. Jeans, shorts, sneakers, flip-flops or abbreviated wear are not permitted at the venue.*

Visit [www.mssnypac.org/events](http://www.mssnypac.org/events) for further details.

Contact Jennifer Wilks at 518-465-8085 or mail in the response form to secure tickets.



# Yes, we plan to join you at Saratoga on July 28, 2018 in support of Physicians' Day at the Races

\_\_\_\_\_ Number of Physician Tickets @ \$500

\_\_\_\_\_ Number of Guest Tickets @ \$300

\_\_\_\_\_ Number of Guests Under 21 Tickets @ \$250

**Make checks payable and remit to:**

MSSNYPAC  
99 Washington Avenue, Suite 408  
Albany, NY 12210

**Or reserve your tickets by phone:**

518-465-8085  
Attention Jennifer Wilks

Card Type:  VISA  MASTERCARD  AMERICAN EXPRESS  DISCOVER

Funds Drawn Are:  PERSONAL  CORPORATE (PC)

NAME ON CARD CARD NUMBER EXPIRATION DATE (MM/YY) SECURITY CODE

VOTING ADDRESS CITY STATE ZIP

CELL PHONE EMAIL

SIGNATURE

Please leave a cell phone and email where we can reach you directly in the case of any date or venue changes.

POLITICAL CONTRIBUTIONS ARE VOLUNTARY AND NOT DEDUCTIBLE FOR INCOME TAX PURPOSES. THANK YOU.

