



# Stanford ACCESS



Paula J. Adams Hillard, MD and Judith A. Lacy, MD

## Stanford's Program for Pediatric and Adolescent Gynecology

**Pediatric and adolescent gynecologists treat young girls – and anxious parents**

Whether practicing “preventive obstetrics,” managing an adolescent bone marrow transplant patient’s menstrual flow, confirming a congenital anomaly of the female reproductive tract, or calming the anxious parent of a teenager, pediatric gynecologist Paula J. Adams Hillard, MD, has learned one thing:

“With an adolescent and certainly with a child, whether it’s a routine

visit or a subspecialty issue, there is always a three-way interaction. A parent or parent figure is always present, even with an older teen.”

Hillard, Chief of the Division of Gynecologic Specialties, joined the Stanford faculty in May and works with Judith A. Lacy, MD, who came to Stanford in September 2006 as one of the few fellowship-trained pediatric gynecologists in the nation. The subspecialty that they are helping to craft is rare. Centers of more than one or two practitioners are no closer to Stanford than St. Louis.

“Who is taking care of these kids?” Lacy asked when questions arose during her OB/GYN residency about

how to serve the gynecologic needs of infants, children and adolescents. The needs of these young females specifically require a skill set that the two pioneers in the subspecialty are eager to share with their colleagues.

Hillard invites her colleagues to consult the pair for rare anomalies or specialized issues such as helping a young cancer patient control or stop their menses prior to a bone marrow transplant. They’re available for routine care as well.

**Stanford’s Program for Pediatric and Adolescent Gynecology** currently offers a range of services (see sidebar), and works closely with Stanford Hospital & Clinics and Lucile Packard Children’s Hospital at Stanford to provide gynecologic care to children and adolescents.

Hillard and Lacy emphasize that their years of experience can often provide real value to the busy pediatrician, family practice specialist, or adult gynecologist both in terms of time savings and professional consultation.

“What’s uncommon for our colleagues may be common to us,” says Lacy. “That’s our context.”

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The Pediatric and Adolescent Gynecology Program offers a range of services for the evaluation, diagnosis, and treatment of children and adolescents with gynecologic disorders including, but not limited to:

### Abnormal Bleeding

- Frequent, irregular or heavy bleeding

### Adolescent Sexual Health and Contraception

- Adolescents with complex medical problems who require contraception or hormonal therapy
- New contraceptive options including implants and IUDs

### Breast Pathology

- Asymmetry
- Breast mass
- Galactorrhea

### Congenital Genital Anomalies

- Vaginal agenesis
- Uterine and vaginal anomalies
- External genitalia malformations
- Imperforate hymen
- Vaginal septa

### Genital Trauma

- Traumatic injuries
- Post assault injuries (after primary assault care completed)

### Menstrual Disorders

- Primary and secondary amenorrhea
- Oligomenorrhea
- Dysmenorrhea

### Pelvic Masses

- Ovarian cysts

### Pelvic Pain

- Acute pelvic pain
- Chronic pelvic pain
- Endometriosis

### Reproductive Endocrinology

- Hirsutism
- Acne
- Clitoromegaly
- Polycystic ovary syndrome (PCOS)

### Vulvar, Vaginal and Cervical Lesions or Conditions

- Vulvovaginitis
- Lichen sclerosus
- Condylomata/Genital warts
- Abnormal pap smears
- Bartholin's gland cysts or abscesses
- Vaginal foreign body

Both Hillard and Lacy say they've learned that seemingly routine problems often require a closer look. "Even the most experienced adult gynecologist may not see many prepubertal girls, so when issues such as redness in the vulva occur, we can look beyond a yeast infection – often the cause in an adult but almost never the cause of irritation in a young girl – to find answers to questions we have addressed over and over again," explains Hillard.

"If a girl's early menstrual periods are irregular or heavy, she will rarely complain. After all she has nothing directly to compare it to," explains Hillard. "We need to ascertain whether the irregularity or heavy bleeding is within normal limits. In most cases, "it's okay, she's just a teenager," is not the right answer.

Lacy and Hillard note that the American College of Obstetrics and Gynecology recommends a visit (not necessarily a gynecologic exam) with a gynecologist while a girl is between the ages of 13 and 15, usually for preventive guidance.

"Even if a young girl is perfectly comfortable with her lifelong pediatrician for most care, she may be quite uncomfortable telling that pediatrician that she is sexually active or asking why one breast is bigger than the other. In those instances, maybe we can help," says Hillard.

Working with parents and addressing concerns regarding confidentiality are part of the pantheon of psychosocial and psychosexual issues that the pediatric gynecologist confronts regularly.

"Adolescent girls deserve privacy but you also don't want to alienate the parent, who is legitimately concerned about the daughter's health," says Hillard.

Hillard explains that often the daughter isn't being as open about

*Stanford's Program for Pediatric and Adolescent Gynecology currently offers a comprehensive range of services, and works closely with Stanford Hospital & Clinics and Lucile Packard Children's Hospital at Stanford to offer a full range of clinical specialists, subspecialties, and research protocols.*

sexual matters as the parent thinks she is. "When you talk to the daughter alone you find she already needs contraception and she's at risk for STDs. She hasn't told mom this, even though mom says, 'My daughter tells me everything.' This happens over and over again."

"At the first visit, we encourage the daughter to discuss her contraceptive needs with her mother. We need to help draw that mom into the care, set the stage for daughter to talk to mom, but meanwhile you don't want the daughter to get pregnant. At that visit we may recommend birth control pills for menstrual cramps and irregular periods. We never leave out the family context, whether the family is a traditional mom or a state-sponsored guardian," Hillard says.

Mothers also need to understand that their own experiences are not necessarily parallel to what their daughters are going through. Hillard said a study she and her colleagues did while she was at the University of Cincinnati revealed that mothers suffering from PMS would assume – consistently incorrectly – that their daughters were experiencing the same thing.

Frequently the parent worries even before the daughter can possibly

know what's wrong. Lacy points to a 6-month-old infant's mother who understandably was upset after an ultrasound revealed an incidental

finding that her daughter appeared to have a uterine anomaly. "In this case the finding transcended the limits of ultrasound technology and was not

#### **PAULA J. ADAMS HILLARD, MD**

*Professor of Obstetrics and Gynecology*

*Chief of the Division of Gynecologic Specialties*

Paula Hillard obtained her medical degree from Stanford University School of Medicine and completed a residency in obstetrics and gynecology at the University of North Carolina, Chapel Hill. She then joined the faculty of the University of Virginia as Director of Ambulatory OB/GYN. Dr. Hillard was a member of the Department of OB/GYN at the University of Cincinnati from 1984-2007, and was the Director of Women's Health for the University of Cincinnati College of Medicine. She has also served as Chief of Gynecology and Obstetrics at Cincinnati Children's Hospital Medical Center, where she founded and directed the fellowship program in Pediatric and Adolescent Gynecology.

She has been active on a number of national medical committees, including chair of the American College of Obstetricians and Gynecologists' (ACOG) Committees on Patient Education, Adolescent Health, and Guidelines for Women's Health. She is a past president of the North American Society for Pediatric and Adolescent Gynecology. She is an active contributor to the literature in adolescent gynecology and contraception with over 100 journal articles and abstracts published. She speaks frequently at national and international meetings and postgraduate courses on topics in ambulatory obstetrics and gynecology, pediatric and adolescent gynecology, cervical cancer screening, interpersonal violence, and primary care. Her clinical work has earned the designation as one of the "Best Doctors for Women" from Good Housekeeping Magazine.

For consultation, Dr. Hillard can be reached at Paula.hillard@stanford.edu or (650) 725-5986.

#### **JUDITH A. LACY, MD**

*Clinical Instructor*

*Pediatric and Adolescent Gynecology*

*Division of Gynecologic Specialties*

*Department of Obstetrics and Gynecology*

After attending medical school at Oregon Health and Science University, Judith Lacy completed her OB/GYN residency at Duke University Medical Center. She then went on to complete a fellowship in pediatric and adolescent gynecology at the Hospital for Sick Children, affiliated with the University of Toronto.

Dr. Lacy's current interests include congenital anomalies of the female reproductive tract, ovarian preservation in adolescents and women undergoing chemotherapy, human papilloma virus and the HPV vaccine, polycystic ovarian syndrome, endometriosis in adolescents and adult women, management of menorrhagia in adolescents and adult women, and diagnosis and management of vulvovaginitis and vulvar dermatoses in the pediatric population.

Judy can be reached at (650) 725-0601 or jalacy@stanford.edu for consultations with colleagues.

*“Colleagues are invited to consult the pair for rare anomalies or specialized treatment issues such as helping a young cancer patient control or stop menses prior to bone marrow transplant”*

necessarily definitive,” Lacy notes, “but it illustrates the point that parents almost invariably ask, ‘What is my daughter’s childbearing potential?’ following any finding that presumably compromises fertility.”

“Beyond that, the girls themselves want information now. And fertility education as an adolescent is a lot better to receive than struggling with years of infertility as an adult,” Lacy adds.

A whole range of conditions, including polycystic ovarian syndrome, or endometriosis, often manifest in adolescents but aren’t diagnosed until much later – sometimes not until the woman tries to conceive and can’t. “That’s a strong argument for early diagnosis, treatment, and counseling,” Hillard says.

Because the field of pediatric gynecology is new, Hillard and Lacy say they had few role models when they entered their profession. During her first faculty appointment at the University of Virginia, Hillard said pediatricians channeled their gynecology patients to her as the OB/GYN department’s only woman gynecologist.

In 1982, she and other pediatric and adolescent gynecologists around the country founded the North American Society of Pediatric and Adolescent Gynecology.

Both Hillard and Lacy are available to accept referrals from their pediatric, family medicine, and gynecology

colleagues, and are available to consult with a colleague on a child’s care. Physicians may reach Lacy or Hillard via the physician referral hotline: (800) 756-5000, or email referral@stanfordmed.org. ■

## Women’s Heart Health at Stanford

Stanford is a nationally recognized center in cardiovascular medicine and has recently made a commitment to improving the cardiovascular health of women. The newly created outpatient clinic, **Women’s Heart Health at Stanford**, is designed to specifically address the needs of women with known or suspected cardiovascular disease (CVD).



While women have a proportionally lower prevalence of cardiovascular disease than men and tend to develop it later in life, it remains underappreciated that every year more women than men die of CVD, and that it is the eventual cause of death in one out of every two women in the United States. “What we know about CVD and how we treat it has grown out of a body of research focused primarily on men. We have assumed that we could take these findings and apply them to women, but the sex gap in outcomes would suggest otherwise,” says Dr. Jennifer Tremmel, Clinical Director of **Women’s Heart Health at Stanford**.

“There is a growing body of sex-based research in cardiology that is evolving into a new paradigm for how we might diagnose and treat women differently from how we diagnose and treat men. The hope is that if we apply this knowledge, and

**JENNIFER A. TREMMEL, MD, SM**  
*Instructor of Cardiovascular Medicine  
 Clinical Director, Women’s Heart  
 Health at Stanford  
 Director of Stanford’s Secondary Prevention Program*



Dr. Jennifer Tremmel received her medical degree from the University of Iowa, completed her internship

and residency at Dartmouth-Hitchcock Medical Center, earned a master’s degree in epidemiology from the Harvard School of Public Health, and completed fellowships in cardiovascular medicine and interventional cardiology at Stanford University Medical Center.

She is Clinical Director of a newly developed clinic, **Women’s Heart Health at Stanford**, designed to specifically address the needs of women with known or suspected cardiovascular disease.

Dr. Tremmel’s research interests include sex differences in coronary artery disease. She is currently evaluating the relative occurrence of endothelial dysfunction and microvascular disease in women compared with men to determine whether women have a unique coronary pathophysiology.

For appointments to **Women’s Heart Health at Stanford**, call Mary Nejedly, NP at (650) 736-0516. Dr. Tremmel can also be reached directly at (650) 704-4740 or jtremmel@cvmed.stanford.edu.

care for women in a sex-specific manner, that we will eventually improve their outcomes.”

**Women’s Heart Health at Stanford** is intended to do just that. The clinic offers evidence-based, sex-specific, personalized, and comprehensive care including primary and secondary prevention, diagnosis, and

*“We pay particular attention to risk factors known to be important in women such as a low HDL, high triglycerides, and excess weight contributing to insulin resistance and diabetes”*

treatment of cardiovascular disease. “Our experience so far is that women are becoming increasingly aware that they have unique issues when it comes to cardiovascular health, and they are seeking providers who are attuned to these sex-based differences.”

As a cardiovascular clinic, **Women’s Heart Health at Stanford** is aimed at those women with **known or suspected CVD**. “The presentations for heart disease that we have traditionally called ‘atypical’ are often very



typical for women. We hear them in our clinic all of the time.” The women’s clinic orders diagnostic tests that are felt to be most accurate in women and will perform coronary angiography when deemed appropriate. “Women are less likely than men to have obstructive coronary disease on angiography, but may be more likely to have vascular abnormalities such as endothelial dysfunction and

microvascular disease,” reports Dr. Tremmel. “We test for these abnormalities in the cath lab in symptomatic patients whose coronary arteries appear normal. Telling patients with angina-like symptoms and normal appearing coronary arteries that there’s nothing wrong with their heart may be very inaccurate.” It also leads to frustration in both the physician and patient when no other etiology can be found. Currently, invasive diagnostic vascular function studies are performed only at select hospitals around the country. Patients coming to Stanford are offered this state-of-the-art approach, which can be extremely helpful in guiding treatment when abnormalities are found.

All women coming to **Women’s Heart Health at Stanford** receive a comprehensive risk assessment and are counseled on lifestyle and risk factor modification. “We pay particular attention to risk factors known to be important in women such as a low HDL, high triglycerides, and excess weight contributing to insulin resistance and diabetes,” says Mary Nejedly, the clinic’s nurse practitioner. Helping women to understand their risk and getting them to be proactive in following a healthy diet and exercising regularly is a major focus. “We also address psychosocial issues such as stress, anxiety, and depression, which are often overlooked, and are

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***Reconstructive Surgery at Stanford: Craniofacial Update***

**November 3, 2007**

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***Electrophysiology in the West Summit***

**November 30-December 2, 2007**

La Playa Hotel, Carmel, California

***Hand Surgery at Tahoe***

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Hyatt Lake Tahoe, Incline Village, Nevada

***21st Annual Anesthesia Update***

**February 17-22, 2008**

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***Stanford Morbid Obesity Update***

**March 3-5, 2008**

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adamant about secondary prevention,” adds Dr. Tremmel. “Beyond diagnosing and treating their coronary artery disease, we make sure that they get to cardiac rehab and receive teaching about a heart-healthy diet and weight control.”

In addition to Dr. Tremmel and Mary Nejedly, **Women’s Heart Health at Stanford** has a network of providers who are committed to providing sex-specific cardiovascular care. Dr. Ingela Schnittger specializes in heart imaging, Dr. Hannah Valentine specializes in heart transplantation, and Dr. Paul Wang specializes in electrophysiology. Beyond that, an internal referral network has been established so that women continue to have sex-specific care once they become patients of the clinic. “Patients often need referrals to a dietician, a cardiothoracic surgeon, a psychologist, an endocrinologist, a gynecologist, and so on. We have a group of excellent Stanford physicians who keep current on sex-specific issues in their area of expertise and serve as great resources in the care of our women patients.”

For appointments to **Women’s Heart Health at Stanford**, call Mary Nejedly, NP at (650) 736-0516. Dr. Tremmel can be reached directly at (650) 704-4740 or [jtremmel@cvmed.stanford.edu](mailto:jtremmel@cvmed.stanford.edu).

Dr. Tremmel will be speaking on Women and Heart Disease at the *2nd Annual Cardiology for the Internist: Clinical Update*, a continuing medical education conference to be held October 27, 2007, at the Four Seasons Hotel-Silicon Valley at East Palo Alto, California. For more information, call (650) 724-9549, or visit [www.cme.stanfordhospital.com](http://www.cme.stanfordhospital.com). ■

## Stanford Interventional Radiology

### Stanford Interventional Radiology performs innovative treatments for acute and chronic deep venous thrombosis (DVT)

Most patients with acute DVT are prescribed anticoagulation therapy to prevent thrombus propagation. Thrombus dissolution is left to the patient’s natural fibrinolytic system. The literature suggests that despite anticoagulation therapy, in patients with acute proximal DVT, only 32% of people are clot-free after three months and 50-60% at six to 12 months. Recent prospective studies have found that 49%-60% of patients with proximal DVT will develop Post-Thrombotic Syndrome (PTS), a long term sequelae of DVT. Early DVT thrombolysis has demonstrated the benefit of a reduction in postthrombotic syndrome and early symptom relief.

Stanford Interventional Radiology is using a new state-of-the-art device that delivers a very low dose of tPA directly into the thrombus. The device then macerates the clot. An aspiration lumen is used at the end of the procedure to remove thrombus fragments. This technology, called “isolated thrombolysis,” enables safe and effective DVT thrombolysis in a single procedure and can even be done as an outpatient. The procedure is

minimally invasive, requiring only a band-aid when done.

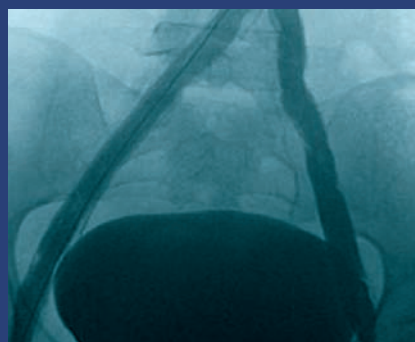
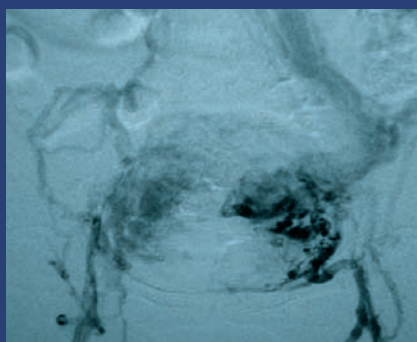
Appropriate patients are those with extensive thrombus causing significant pain and swelling as well as those patients with thrombus resistant to anticoagulation therapy. Ideal patients are those diagnosed within seven days. This would include outpatients on low-molecular weight heparin and coumadin. Upper

*Isolated thrombolysis enables safe and effective DVT thrombolysis in a single procedure and can even be done as an outpatient. The procedure is minimally invasive, requiring only a band-aid when done.*

extremity thrombosis patients can also be treated with this technique.

Stanford Interventional Radiology has also pioneered new techniques to treat patients with significant swelling and discomfort of the upper and lower extremities due to chronic DVT, known as Post-Thrombotic Syndrome (PTS). This technique does not involve the use of thrombolytic, but relies exclusively on opening the occluded vessels with the placement of stents. We have been successful in opening veins that have been occluded for up to 25 years,

*Bilateral lower extremity venogram shows complete occlusion of the iliac veins bilaterally with masive pelvic collaterals. Following stenting, reconstructed venous system demonstrates in-line flow from legs into inferior vena cava.*



providing dramatic relieve to the patient.

We are excited to offer DVT patients a therapy that provides immediate relief of symptoms and potentially a reduced risk of the long term sequellae. For consultation on any patient whom you believe may be a candidate for this procedure, please call (650) 575-8674. For evaluation in the clinic, call **650-72-IRDOC (650-724-7362)**. ■

## New Faculty Appointments

### **EMILIE V. CHEUNG, MD**

*Assistant Professor, Department of Orthopaedic Surgery*



Dr. Cheung specializes in reconstructive procedures of the shoulder and elbow, including fractures, joint

replacements, rotator cuff repair, cartilage and soft tissue injuries, and arthroscopic procedures.

She completed her orthopaedic surgery residency at Drexel University in Philadelphia, PA, and her fellowship in shoulder and elbow surgery at the Mayo Clinic.

Her research has focused on clinical outcomes following revision of total shoulder replacements, revision of total elbow replacements, anterior capsular stabilization for instability of the shoulder, and complications following shoulder and elbow reconstruction procedures.

Dr. Cheung's current research involves investigating localized osteoporosis in the upper extremity after arthroplasty. She can be reached at [evcheung@stanford.edu](mailto:evcheung@stanford.edu) or (650)

736-7804. For appointments, call (650) 498-7555.

### **JASON T. LEE, M.D.**

*Assistant Professor of Surgery, Division of Vascular Surgery  
Associate Program Director, Vascular Surgery Fellowship*



Jason Lee received his undergraduate degree from Caltech and graduated from medical school at UC San Diego.

He went on to complete his general surgery training at Harbor-UCLA Medical Center, and came to Stanford for his vascular and endovascular surgery fellowship. He joined the Stanford faculty as Assistant Professor of Surgery.

Dr. Lee's clinical interests include endovascular treatment of abdominal and thoracic aortic aneurysms, complex open vascular reconstructions, carotid angioplasty and stenting, percutaneous interventions for peripheral vascular disease, and thoracic outlet syndrome.

He currently serves as the Principle Investigator for several clinical trials involving next-generation stent-grafts for treatment of abdominal aortic aneurysms, carotid stenting, and atherectomy devices. He is developing a broad-based endovascular training curriculum within the newly opened Goodman Simulation Center that will serve to augment the education of future medical students, residents, fellows, and community surgeons.

Dr. Lee can be reached at (650) 724-8292 (office) or (650) 725-5227 (clinic). Clinical and research highlights can be found on <http://vascular.stanford.edu> or by emailing [jtlee@stanford.edu](mailto:jtlee@stanford.edu).

### **MARC R. SAFRAN, MD**

*Associate Director of Sports Medicine  
Director, Sports Medicine Fellowship  
Professor, Orthopaedic Surgery*



Marc Safran specializes in sports medicine including arthroscopic and ligament reconstructive surgery of the

shoulder, elbow, hip, and knee, and articular cartilage regeneration.

He completed medical school at Duke University, his orthopaedic surgery residency at UCLA, and his sports medicine and shoulder surgery fellowship at the University of Pittsburgh.

He has served as a team physician for various collegiate teams since 1993, and is actively involved with professional tennis and basketball. Prior to joining Stanford in the spring of 2007, Dr. Safran was the Chief of Sports Medicine at UCSF, where he also served as a team physician for UC Berkeley.

Dr. Safran can be reached at (650) 723-9815 or [msafran@stanford.edu](mailto:msafran@stanford.edu).

### **JEFFREY YAO, MD**

*Assistant Professor of the Robert A. Chase Hand & Upper Limb Center,  
Department of Orthopaedic Surgery*



Jeffrey Yao received his MD from Cornell University Medical College, completed his internship and residency in ortho-

paedic surgery at Albert Einstein College of Medicine, and did his hand and upper extremity fellowship at the Philadelphia Hand Center at Thomas Jefferson University Hospital.

His interests include performing and researching minimally invasive and arthroscopic treatment alternatives for common hand, wrist, elbow and shoulder disorders, treating sports-related, traumatic and degenerative conditions of the hand, wrist, forearm, elbow, and shoulder, and biologic augmentation of tendon repair strategies utilizing stem cells.

Contact Dr. Yao at [jjao@stanford.edu](mailto:jjao@stanford.edu), or (650) 723-6796.

#### WEI ZHOU, MD

Associate Professor of Surgery,  
Division of Vascular Surgery  
Vascular Surgery Section Chief,  
VAPAHCS



Dr. Zhou earned her undergraduate degree at the University of California-San Diego, her medical degree at New York Medical College, and her general surgery training at UC San Diego Medical Center. After completing a vascular surgery fellowship at the Baylor College of Medicine, Dr. Zhou joined the Baylor faculty as an Assis-

tant Professor of Surgery and as an Associate Program Director for the Vascular Surgery Fellowship. She joined the Stanford University Medical Center in July 2007.

Dr. Zhou's focus is on a variety of endovascular interventions including endovascular treatments of carotid diseases, complex aortic aneurysms, lower extremity occlusive diseases, and venous diseases.

In addition to her clinical responsibilities, Dr. Zhou will continue to pursue her research interests and serve as a Principal Investigator on several clinical trials examining new therapeutic strategies for management of cerebrovascular diseases, claudication and limb salvage, and treatment of aortic aneurysms.

Dr. Zhou can be reached at (650) 849-0507 or [weizhou@stanford.edu](mailto:weizhou@stanford.edu).

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