

The Journal of the American Board of Family Practice

CLASSIFIED ADVERTISING SECTION

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Please call (609) 768-9360 and ask for classified advertising rate information on various classified display ad sizes. Prepayment in full is required with all classified advertising.

Confidential reply boxes are an additional \$10.00 per insertion. Responses are sent directly every Tuesday and Thursday, and the box will remain open for three months.

Note: Our classified advertisements are all set in the same typeface and format. Italic, underlining or special typefaces are not available. All ads are listed by geographic location. Classified ad-

vertisements placed with JABFP are restricted to physician recruitment, faculty positions, CME courses, seminars, and practices for sale. All ads must relate to the medical field and are subject to approval.

Please refer to the schedule below for closing

Classified Advertising Deadlines

Issue Date	Closing Date
March-April	February 1
May-June	April 1
July-August	June 1
September-October	August 1
November-December	October 3

dates. All advertisements for employment must be nondiscriminatory and comply with all applicable laws and regulations. Ads that discriminate against applicants based on sex, age, race, religion, marital status or physical handicap will not be accepted.

Classified advertising orders, correspondence, and payments should be directed to:

M. J. Mrvica Associates, Inc.
155 South White Horse Pike
Berlin, NJ 08009

Tel (609) 768-9360

Fax (609) 753-0064

Northeast

SOUTHERN NEW JERSEY: Join busy two person Family Practice located one hour from Philadelphia and The shore. See new patients the first day with partnership offered in the practice. Very competitive salary, bonus and benefits including malpractice and relocation. Call

David Finney

Howe, Lawlor and Associates

800-238-7150 or

Fax: 610-975-0574

SUBURBAN PITTSBURGH - FAMILY PRACTICE FACULTY - An excellent opportunity exists for a BC Family Practitioner to become a member of a prestigious faculty group. This fully-accredited program, which currently consists of eighteen residents, is anticipating expansion. The program is sponsored by a progressive, mid-sized community hospital noted for its outstanding medical staff. Opportunity to live in a community which provides all of the benefits of a small town and an easy commute to a major metropolitan city. Enjoy award winning school districts, quality affordable housing and a vast array of cultural amenities. Excellent compensation/benefits. For more information please contact: Elaine Bolanis at Daniel Stern Associates, The Medical Center East, 211 North Whitfield Street, Pittsburgh, PA 15206. Call 800-438-2476 or fax 800-892-2781.

Southeast

NORTH CAROLINA - Outstanding opportunity for BC/BE FP to practice solo or join three BC associates in growing community of 34,000 draw area of 55,000. Call is 1:6 (shared with two solo FPs). Salaried house physician position may also exist. Strong industrial base with more Fortune 500 companies per population square mile than any other county in the state. Safe, family oriented community located just 35 minutes from golf resort of Pinehurst, two hours or less from the coasts and all four of North Carolina's largest cities. Progressive 124-bed hospital. Competitive compensation package. Melisa Ciarrocca, Scotland Memorial Hospital, (800) 764-7497. FAX (910) s91-7499.

CLINICAL DIRECTOR: Immediate opening for physician in Student Health Center of East Carolina University. Progressive university of 17,500+ students located near the coast of North Carolina. Responsible for all medical activities of a busy outpatient clinic. N.C. license required. Should be board eligible in a relevant specialty and have interest in health problems and wellness issues of young adults. Send resume to:

Kay VanNortwick

Director, Student Health Service

East Carolina University

Greenville, NC 27858-4353

Applications will be received until position filled. An equal opportunity/affirmative action University. Applications must comply with provisions of the Immigration Reform and Control Act.

ASSOCIATE DEAN, UNIVERSITY OF ALABAMA SCHOOL OF MEDICINE, HUNTSVILLE PROGRAM.

The University of Alabama School of Medicine is seeking nominations and applications for the position of Associate Dean for the Huntsville Program. The Huntsville Program is a branch campus of the medical school and as such is responsible for the medical education of third and fourth year medical students at that campus. The Huntsville Program maintains one of the state's largest family practice residency programs with 36 residents. In addition, there is an EMT training program. Full-time faculty in six academic disciplines support the academic mission of the program. The incumbent should have a terminal degree (MD or PhD or equivalent) and, if an MD, should be board certified in a specialty, preferably a primary care specialty. He or she should be committed to high quality medical education and related fields in a manner compatible with the aims, goals and mission statements of the medical school and university. He or she should have administrative experience in a medical school, preferably one with multiple campuses, and should have skills in managerial work in an evolving matrix organization. For further information or to make nominations or application, please send curriculum vitae to: Amy Thompson, Director Administrative Services, Medical Dean's Office-MEB 310, University of Alabama School of Medicine, Birmingham, AL 35294-3293, Telephone 205-934-1111, Fax 205-934-0333. The University of Alabama System is an Equal Opportunity/Affirmative Action Employer.

CHAIR, DEPARTMENT OF FAMILY MEDICINE - The West Virginia University School of Medicine is seeking a Chair of the Department of Family Medicine at the Robert C. Byrd Health Sciences Center. The position requires the leadership of a recognized family medicine physician with significant experience in academic medicine and administration, and a commitment to service, scholarship, and research. He/She must have a vision for the future of medical education in the context of a changing health care delivery system and experience in a managed care setting. Applicants should send a curriculum vitae and the names and addresses of three references. These materials should provide evidence of one's qualifications as noted above. Review of applications will begin after January 10, 1996. The position will remain open until filled. Applications should be direct to:

Mark Gibson, MD

Chairman, Family Medicine Search Committee

Chairman of Obstetrics & Gynecology

P. O. Box 9186

WVU School of Medicine

Morgantown, WV 26506-9186

WVU is an Equal Opportunity/Affirmative Action Employer.

FAMILY MEDICINE/INTERNAL MEDICINE: Board certified/Eligible for expanding group practice in beautiful waterfront east coast community. Competitive salary and benefits. Send resume to:

JABFP

Reply No. 1001

2 Greenwich Office Park

Greenwich, CT 06831

Midwest

115-PHYSICIAN, MIDWEST MULTISPECIALTY - BE/BC candidates for general family medicine practice with no OB required. FPs also sought for our ambulatory Urgent Care Center, 12 hour shifts, 8AM-8PM, seeing 50-60 pts. per day. Safe, thriving family community, Money Magazine Top 20, low unemployment, low crime. Purdue University offers academics, cultural events, sports.

Physician Recruitment,

Arnett Clinic, POB 5545,

Lafayette, ILN 47904.

800/899-8448

AHEC - FORT SMITH, ARKANSAS is recruiting a family physician for full time faculty position. Community based University administered 6-6-6 Program. Community of 75,000 in scenic Arkansas River Valley near Ozark and Quachita Mountains. Temperate climate with four seasons. Duties include teaching residents and medical students and direct patient care including OB. Competitive salary with excellent benefit package. Must be ABFPO certified and able to obtain an Arkansas license. Send to:

Larry L. Hanley, M.D.,
Program Director
612 So. 12th Street
Fort Smith, AR 72901-4702
(501) 785-2431

Southwest

NEEDED IN MOUNTAIN COMMUNITY close-in to major city MD Family Practice Physician BC/BE who wants to run own practice.

Vincent Botarelli
POB 1990
Tijeras, NM 87059
505-281-1177

INSTRUCTOR/ASSISTANT PROFESSOR (FULL TIME)- Wichita Falls Family Practice Residency Program, an affiliate of The University of Texas Southwestern Medical Center at Dallas. Must be board certified or have met the educational requirements to be certified by the American Board of Family Practice. Obstetrical training (or experience) desired. Duties may include teaching, direct patient care, and research. Send C.V., cover letter, and 3 letters of reference to:

D. Clifford Burross, M.D.
Wichita Falls Family Practice Residency Program
1301 Third Street
Wichita Falls, TX 76301
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FAMILY PRACTICE FACULTY position available in a community hospital of 354 beds affiliated with Penn State-Hershey. Join 6 full-time faculty in a well-established 18-resident program. Responsibilities include teaching residents and medical students, outpatient and inpatient care (including obstetrics), and specific time allotted for research and development of research curriculum. Applicant must be Board Certified in Family Practice with minimum of 7 years teaching and practice experience. Research fellowship considered a plus. Competitive salary and outstanding benefits include a clinical appointment at Penn State-Hershey Medical Center. Located in a small city offering abundant shopping, dining, culture, recreation, and high quality of life in the heart of the beautiful Allegheny Mountains. Send letter of intent and CV to:

Elissa J. Palmer, M.D., F.A.A.F.P.
Family Medicine Residency Program Director
Allegheny Family Physicians
501 Howard Avenue, Suite F2
Altoona, PA 16601
(814) 946-2020

Join Our Success Story

Natividad Medical Center is currently recruiting Family Practitioners to join our California success story. Our well-established, integrated health care services campus will soon feature a \$90 million replacement facility to modernize our current hospital and better respond to changing health care needs. These immediately available positions will play a key role in shaping the future of our family medicine practice. Join us today.

FAMILY PRACTITIONERS

We are seeking two Board Certified/Board Eligible Family Practitioners who will be assigned to a full scope clinical practice. Responsibilities will involve Obstetrics, Hospital Rounds and a 1 in 7 On-Call schedule with a delivery of care emphasis on wellness promotion. Clinical settings include Student Health, a Women's Health Center and Primary Care Clinics.

Along with challenging clinical opportunities and a competitive compensation program, our HPSA designation offers the potential for loan repayment. Our highly desirable Salinas location is just 17 miles inland from the Monterey Bay and presents a diverse community of 120,000 with moderate year-round weather. Come share our success! Send your CV with letter of interest to: Medical Staff Office, Natividad Medical Center, 1330 Natividad Road, P.O. Box 81611, Salinas, CA 93912-1611, or call (408) 755-4196. AA/EOE/M/F/H.



Friendly People, Family Medicine.

THE BEST BELONG AT BAYLOR

**BAYLOR HEALTH CARE SYSTEM
DALLAS/FT. WORTH, TX**

The Baylor Health Care System, a nationally renowned health care provider, is currently seeking highly qualified Family Practice physicians for its growing primary care network in Dallas/Ft. Worth, Texas. Comprised of a prestigious 1455-bed tertiary teaching facility and 7 owned/affiliated medical centers, Baylor has an array of premier practice opportunities that offer:

- *Prime Dallas/Ft. Worth metro, suburban and rural locations.
- *Multi-specialty and single specialty positions in private practice and employment settings.
- *Net income guarantee or salary arrangement with incentives and bonuses.
- *Comprehensive benefits including health, malpractice and relocation assistance for selected positions.

Dallas/Fort Worth, regarded as one of the top U.S. metropolitan cities, provides you and your family access to upscale amenities, educational excellence, unlimited recreational opportunities and a unique, family-oriented lifestyle.

If you are currently seeking a new Family Practice and would like additional information, please contact:

**WESLEY D. MILLICAN
1-800-887-8759**

**The answer to your
recruitment problems!**

**JABFP
CLASSIFIED ADS
DELIVER**



**The Journal of the
American Board of
Family Practice**

**Working With Us
Could Put You
In The Hospital**

Family Health Plan, a flourishing managed health care organization in Milwaukee, Wisconsin, is seeking well-qualified physicians to staff a newly-formed hospital service in two of Family Health Plan's affiliated hospitals on a full-time basis.

The successful candidates will have board certification in internal medicine or family practice. Our in-patient physicians will work with a team of other qualified physicians in the care of hospitalized medical and surgical patients. Extensive experience in the in-patient setting, including appropriate hospital utilization, is essential.

Our physicians enjoy highly competitive salaries and excellent benefits including:

- 4 weeks of paid vacation
- 7 1/2 paid holidays
- 3 personal days
- Malpractice insurance
- Health, dental, life and disability insurance
- 2 weeks of CME/ \$3,500 CME monies
- Payment of hospital dues
- Licensing and board (re)certification fees
- Generous retirement benefits



So, if you're looking for an opportunity to work in a hospital setting, we'd like to welcome you to the Family.

PLEASE CONTACT:
**Jeanne Dermody, Professional Staffing Manager
Family Health Plan
11524 W. Theo. Trecker Way, Milwaukee, WI 53214
OR CALL TOLL FREE: 1-800-236-3471**



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Dr. Brent James, Executive Director, IHC Institute for Health Care Delivery Research

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A PRACTICE THAT OFFERS THE WORLD

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You'll work in clinical settings in the United States and around the world with top professionals and state-of-the-art equipment and facilities. Through funded continuing education and specialty training, you'll have the opportunity to develop your full professional potential as well as the freedom to move from practice to research or teaching without losing seniority, salary level or retirement benefits.

You'll earn an excellent starting salary based on your credentials and years of experience, and federal law provides free

medical liability protection to Navy physicians. You may also be entitled to special pay in addition to your regular salary and allowances. Navy benefits include 30 days of paid vacation earned each year, free medical and dental care, tax-free housing and food allowance, an excellent retirement system and opportunities for free travel to some of the most exotic and beautiful places in the world.

For more information, contact your local Navy Medical Programs officer, or if you'd like to talk to a Navy physician, call 1-800-USA-NAVY. Ask for operator 10.

NAVY

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"Maybe it's
Panic Disorder."

Your patient talks about repeated episodes of racing heartbeat, shortness of breath, dizziness and feelings of overwhelming terror. But medical tests show nothing is wrong. Maybe it's time to consider Panic Disorder.

Three to six million Americans have Panic Disorder, and with appropriate treatment, 70 to 90 percent of them improve significantly. To learn more about Panic Disorder, its symptoms and treatment, call 1-800-64-PANIC.

Panic Disorder

It's real. It's treatable.

National Institute of Mental Health
National Institutes of Health

A public service message brought to you by this publication and the NIMH Panic Disorder Education Program.

Esgicplus™ tablets

Butalbital 50mg (Warning: May be habit forming)
/Acetaminophen 500mg/Caffeine 40mg

References: 1. Benson GD. Hepatotoxicity following the therapeutic use of antipyretic analgesics. *Am J Med* 1983;75(suppl 5A):85-93. 2. Jick H. Effects of aspirin and acetaminophen in gastro-intestinal hemorrhage. *Arch Intern Med* 1981;141:316-321. 3. Mielke CH Jr. Comparative effects of aspirin and acetaminophen on hemostasis. *Arch Intern Med* 1981;141:305-310. 4. Hansten PD. *Drug Interactions*. 5th ed. Philadelphia, PA: Lea & Febiger, 1985. p. 95. 5. Insel PA. Analgesic-antipyretics and antiinflammatory agents: drugs employed in the treatment of rheumatoid arthritis and gout. In: Gilman AG, Rall TW, Nies AS, Taylor P, eds. *The Pharmacological Basis of Therapeutics*. 8th ed. New York, NY: Pergamon Press; 1990:638-681.

ESGIC-PLUS™ Tablets

(Butalbital, Acetaminophen and Caffeine Tablets, USP)
50mg/500mg/40mg

Brief Prescribing Information: (Please see package insert for full prescribing information) Each Esgic-plus™ Tablet contains: Butalbital, USP 50 mg. **WARNING:** May be habit forming. Acetaminophen, USP 500 mg, Caffeine, USP 40 mg. In addition each tablet contains the following inactive ingredients: microcrystalline cellulose, croscarmellose sodium, colloidal silicon dioxide and stearic acid.

CONTRAINDICATIONS: This product is contraindicated under the following conditions: • Hypersensitivity or intolerance to any component of this product. • Patients with porphyria. **WARNINGS:** Butalbital is habit-forming and potentially abusable. Consequently, the extended use of this product is not recommended.

PRECAUTIONS: General: Esgic-plus™ Tablets should be prescribed with caution in certain special-risk patients, such as the elderly or debilitated, and those with severe impairment of renal or hepatic function, or acute abdominal conditions. **Information for Patients:** This product may impair mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery. Such tasks should be avoided while taking this product. Alcohol and other CNS depressants may produce an additive CNS depression, when taken with this combination product, and should be avoided. Butalbital may be habit-forming. Patients should take the drug only for as long as it is prescribed, in the amounts prescribed, and no more frequently than prescribed. **Laboratory Tests:** In patients with severe hepatic or renal disease, effects of therapy should be monitored with serial liver and/or renal function tests. **Drug Interactions:** The CNS effects of butalbital may be enhanced by monoamine oxidase (MAO) inhibitors. Esgic-plus™ Tablets may enhance the effects of: other narcotic analgesics, alcohol, general anesthetics, tranquilizers such as chlordiazepoxide, sedative-hypnotics, or other CNS depressants, causing increased CNS depression. **Drug/Laboratory Test Interactions:** Acetaminophen may produce false-positive test results for urinary 5-hydroxyindoleacetic acid. **Carcinogenesis, Mutagenesis, Impairment of Fertility:** No adequate studies have been conducted in animals to determine whether acetaminophen or butalbital have a potential for carcinogenesis, mutagenesis, or impairment of fertility. **Pregnancy: Teratogenic Effects:** Pregnancy Category C. Animal reproduction studies have not been conducted with this combination product. It is also not known whether Esgic-plus™ Tablets can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. This product should be given to a pregnant woman only when clearly needed. **Nonteratogenic Effects:** Withdrawal seizures were reported in a two-day-old male infant whose mother had taken a butalbital-containing drug during the last two months of pregnancy. Butalbital was found in the infant's serum. The infant was given phenobarbital 5 mg/kg, which was tapered without further seizure or other withdrawal symptoms. **Nursing Mothers:** Caffeine, barbiturates and acetaminophen are excreted in breast milk in small amounts, but the significance of their effects on nursing infants is not known. Because of potential for serious adverse reactions in nursing infants from Esgic-plus™ Tablets, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. **Pediatric Use:** Safety and effectiveness in children below the age of 12 have not been established.

ADVERSE REACTIONS: Frequently Observed: The most frequently reported adverse reactions are drowsiness, light-headedness, dizziness, sedation, shortness of breath, nausea, vomiting, abdominal pain, and intoxicated feeling. **Infrequently Observed:** All adverse events tabulated below are classified as infrequent. **Central Nervous:** headache, shakiness, tingling, agitation, fainting, fatigue, heavy eyelids, high energy, hot spells, numbness, sluggishness, seizure. Mental confusion, excitement or depression can also occur due to intolerance, particularly in elderly or debilitated patients, or due to overdosage of butalbital. **Autonomic Nervous:** dry mouth, hyperhidrosis. **Gastrointestinal:** difficulty swallowing, heartburn, flatulence, constipation. **Cardiovascular:** tachycardia. **Musculoskeletal:** leg pain, muscle fatigue. **Genitourinary:** diuresis. **Miscellaneous:** pruritus, fever, parache, nasal congestion, linitus, euphoria, allergic reactions. Several cases of dermatological reactions, including toxic epidermal necrolysis and erythema multiforme, have been reported. The following adverse drug events may be borne in mind as potential effects of the components of this product. Potential effects of high dosage are listed in the OVERDOSAGE section. **Acetaminophen:** allergic reactions, rash, thrombocytopenia, agranulocytosis. **Caffeine:** cardiac stimulation, irritability, tremor, dependence, nephrotoxicity, hyperglycemia.

DRUG ABUSE AND DEPENDENCE: Abuse and Dependence: Butalbital, Barbiturates may be habit-forming; Tolerance, psychological dependence, and physical dependence may occur especially following prolonged use of high doses of barbiturates. The average daily dose for the barbiturate addict is usually about 1500 mg. As tolerance to barbiturates develops, the amount needed to maintain the same level of intoxication increases; tolerance to a fatal dosage, however, does not increase more than two-fold. As this occurs, the margin between an intoxication dosage and fatal dosage becomes smaller. The lethal dose of a barbiturate is far less if alcohol is also ingested. Major withdrawal symptoms (convulsions and delirium) may occur within 16 hours and last up to 5 days after abrupt cessation of these drugs. Intensity of withdrawal symptoms gradually declines over a period of approximately 15 days. Treatment of barbiturate dependence consists of cautious and gradual withdrawal of the drug. Barbiturate-dependent patients can be withdrawn by using a number of different withdrawal regimens. One method involves initiating treatment at the patient's regular dosage level and gradually decreasing the daily dosage as tolerated by the patient.

OVERDOSAGE: Following an acute overdosage of Esgic-plus™ Tablets, toxicity may result from the barbiturate or the acetaminophen. Toxicity due to caffeine is less likely, due to the relatively small amounts in this formulation. **Signs and Symptoms:** Toxicity from barbiturate poisoning includes drowsiness, confusion, and coma, respiratory depression; hypotension; and hypovolemic shock. In acetaminophen overdosage: dose-dependent, potentially fatal hepatic necrosis is the most serious adverse effect. Renal tubular necrosis, hypoglycemic coma and thrombocytopenia may also occur. Early symptoms following a potentially hepatotoxic overdose may include: nausea, vomiting, diaphoresis and general malaise. Clinical and laboratory evidence of hepatic toxicity may not be apparent until 48 to 72 hours post-ingestion. In adults, hepatic toxicity has rarely been reported with acute overdoses of less than 10 grams, or fatalities with less than 15 grams. Acute caffeine poisoning may cause insomnia, restlessness, tremor, and delirium, tachycardia and extrasystoles. **Treatment:** A single or multiple overdose with this combination product is a potentially lethal polydrug overdose, and consultation with a regional poison control center is recommended. Immediate treatment includes support of cardiorespiratory function and measures to reduce drug absorption. Vomiting should be induced mechanically, or with syrup of ipecac, if the patient is alert (adequate pharyngeal and laryngeal reflexes). Oral activated charcoal (1 g/kg) should follow gastric emptying. The first dose should be accompanied by an appropriate cathartic. If repeated doses are used, the cathartic might be included with alternate doses as required. Hypotension is usually hypovolemic and should respond to fluids. Pressors should be avoided. A cuffed endotracheal tube should be inserted before gastric lavage of the unconscious patient and, when necessary, to provide assisted respiration. If renal function is normal, forced diuresis may aid in the elimination of the barbiturate. Alkalinization of the urine increases renal excretion of some barbiturates, especially phenobarbital. Meticulous attention should be given to maintaining adequate pulmonary ventilation. In severe cases of intoxication, peritoneal dialysis, or preferably hemodialysis may be considered. If hypoprothrombinemia occurs due to acetaminophen overdose, vitamin K should be administered intravenously, if the dose of acetaminophen may have exceeded 140 mg/kg, acetylcysteine should be administered as early as possible. Serum acetaminophen levels should be obtained, since levels four or more hours following ingestion help predict acetaminophen toxicity. Do not await acetaminophen assay results before initiating treatment. Hepatic enzymes should be obtained initially, and repeated at 24-hour intervals. Methemoglobinemia over 30% should be treated with methylene blue by slow intravenous administration.

Toxic Doses (for adults): Butalbital: toxic dose 1g (20 tablets); Acetaminophen: toxic dose 10g (20 tablets); Caffeine: toxic dose 1g (25 tablets). **CAUTION:** Federal law prohibits dispensing without prescription.

Manufactured by: MIKART, INC., Atlanta, GA 30318

Distributed by: FOREST PHARMACEUTICALS, INC., Subsidiary of Forest Laboratories, Inc., St. Louis, MO 63045

Revised 3/94

Code 374A00

 FOREST PHARMACEUTICALS, INC.
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St. Louis, Missouri 63045