

Baylor Study Compares Traditional Gait Training Methods to Locomotor Treadmill Training in Patients with Acute Stroke

CONVENTIONAL rehabilitation does not restore normal gait always for many survivors of stroke. Instead, their walk is often characterized by asymmetry, and it is frequently less than 50 percent of normal gait speed. Many survivors of stroke express the desire to improve their walking after their initial recovery.

However, more stroke survivors may achieve a smoother, faster gait if an ongoing study led by researchers at Baylor Institute for Rehabilitation (BIR) proves that treadmill training with partial body weight support is an effective intervention for acute stroke.

“The literature is clear that the optimum time for learning occurs right after a stroke. With this study, we’re using

that period of rapid learning to retrain the patients to walk the right way on a treadmill before they ever learn an improper pattern over ground,” says Karen McCain, physical therapist at BIR and principal investigator of the “Locomotor treadmill training with partial body weight support” study. “Our goal is to begin treadmill training within two weeks after onset of stroke.”

Several controlled clinical studies have shown treadmill therapy is a promising intervention, but none has determined the most effective protocol. “No one has defined when to use it, how long to use it, how fast should the treadmill go, if the patient should hold on to the treadmill, and other key parameters,” says McCain. “If treadmill training

proves to be an effective intervention for acute stroke, our goal is to establish a protocol on how the intervention needs to be applied.”

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Criteria for Inclusion in Locomotor Treadmill Training Study

Baylor researchers are enrolling patients in the Locomotor Treadmill Training Study at Baylor Institute for Rehabilitation and at Baylor Medical Center at Garland. Patients must meet the following inclusion criteria:

- recent CVA (less than 6 weeks post),
- 18 to 85 years of age and weigh 250 pounds or less,
- Able to sit unsupported on firm surface for a minimum of three minutes without assistance,
- Able to stand with or without assistance,
- Able to follow basic one- or two-part commands,
- No cerebellar, bilateral or stroke confined to the brain stem,
- No presence of severe cardiac problems.

Baylor Uses New System for Physician Communication of Critical Radiology Findings

Overview

- VoiceLink™ at Baylor lessens communication breakdowns that can impact patient safety.
- New system allows referring physicians to better manage their time and receive a fast, accurate report from reporting physicians.

RADIOLOGISTS on staff at Baylor University Medical Center at Dallas are using an innovative medical communication system to provide quick, accurate and verifiable communication of critical radiology findings to referring physicians. The new system has lessened the communication breakdowns that can often impact patient safety and physician productivity.

VoiceLink™, developed and maintained by Dallas-based Vocada, Inc., is a persistent voice mail system that can be accessed from any telephone and/or Internet-connected Web browser. It verifies message retrieval and archives the message for 10 years for documentation and tracking purposes.

“The VoiceLink alert system has cut down the average time it takes for me to notify a referring physician of a critical X-ray or MRI finding,” says Sam Cade, M.D., radiologist on the medical staff at Baylor Dallas.

“The referring physicians like the new system because it allows them to better manage their time and receive a fast, accurate report,” he says. “They

don’t have to interrupt their workflow to keep calling or have their staff call about a critical radiology report.”

Baylor Dallas began using the VoiceLink system in August 2005 as its solution for physician communication of critical radiology findings. To use VoiceLink, the radiologist calls the system, dials in a code and leaves a message about test results for an ordering physician. The communication system, in turn, sends a message alert to the ordering physician’s chosen communication devices—office phone, cell phone, fax, e-mail and beeper.

“As soon as I review an X-ray, they receive a message alert to their personal communication device,” says Dr. Cade. “When they retrieve the message, they can hear my original voice message, play it back and listen again so there’s less chance of miscommunication.”

Jean Plummer, manager of radiology informatics at Baylor Dallas, reminds referring physicians that to retrieve a message they must call the VoiceLink’s 1-800 number and key in the message’s unique PIN. “Until they call, the VoiceLink system will continue to send messages to the physician’s different communication devices,” she explains. If the communication is still not retrieved, VoiceLink automatically sends

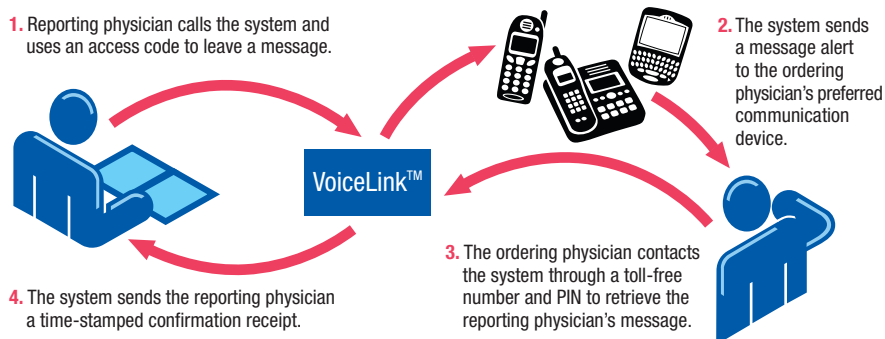
the notification to back-up or alternate contacts for the ordering physician. Once the ordering physician retrieves the message, VoiceLink provides the reporting physician with a time-stamped confirmation receipt.

Baylor Dallas pays a monthly service fee for VoiceLink and all physicians on the medical staff can use the Vocada system. “When new physicians join the medical staff, Vocada contacts them to set up their preferred contact information,” Jean says.

Quick and accurate communication of critical radiology findings between ordering physicians and reporting physicians is fundamental to patient safety. Studies have shown that communication failures are a large contributor to adverse clinical events and outcomes. This threat to patient safety posed by communication breakdowns has drawn the attention of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The JCAHO instituted a new, broader communications standard for “improving the effectiveness of communication among caregivers,” which took effect Jan. 1, 2004.

For more information about the VoiceLink system at Baylor, contact Baylor Radiology at (214) 820-3216.

VoiceLink Physician Communication System



Trial Studies Catheter-Based Mitral Valve Repair as Alternative to Open-Heart Surgery

Overview

- An estimated 4 million people in U.S. have significant mitral valve insufficiency and 50,000 of them each year undergo open-heart surgery, their only treatment option.
- Baylor is one of 30 centers participating in EVEREST II study, investigating a new non-surgical treatment for mitral valve regurgitation.

A PROSPECTIVE nationwide, randomized Phase II clinical trial studying the effectiveness of a percutaneous valve repair procedure may eventually lead to FDA (Food and Drug Administration) approval of a new non-surgical treatment for moderate-to-severe or severe mitral valve regurgitation (MR). Baylor University Medical Center at Dallas (Baylor Dallas) is one of approximately 30 medical centers in North America participating in the mitral valve repair study, called EVEREST II (Endovascular Valve Edge to Edge REpair STudy), and researchers are currently enrolling patients.

“Currently, open-heart surgery is the only treatment option for MR. With the EVEREST II study, we’re investigating a new clip device that offers the potential to repair certain patients with mitral valve regurgitation without a surgical approach,” says Paul Grayburn, M.D., director of cardiology research at Baylor Heart and Vascular Institute and a member of the medical staff at Baylor Dallas.

Azam Anwar, M.D., interventional cardiologist on the medical staff at Baylor Dallas, and Dr. Grayburn are the principal investigators for EVEREST II and perform the less invasive procedure in the cardiac catheterization laboratory at Baylor Jack and Jane Hamilton Heart and Vascular Hospital on the Baylor Dallas campus.

Under transesophageal echocardiogram (TEE) guidance by Dr. Grayburn, Dr. Anwar inserts a Steerable Guide Catheter into the femoral vein at the groin to access the mitral valve. He then deploys a metal clip device, called MitraClip™, to grasp and secure the anterior and posterior mitral leaflets to create a double orifice valve that opens on each side of the clip while reducing the amount of mitral regurgitation. The procedure is based on an established surgical procedure called the Alfieri or edge-to-edge stitch, which Italian surgeon Ottavio Alfieri pioneered in the early 1990s.

EVEREST II trial will enroll patients with Grade 3 (moderate to severe) or Grade 4 (severe) mitral regurgitation. In a two-to-one ratio, the participants are randomly assigned to either the Evalve® Percutaneous Mitral Repair procedure or to surgery performed by cardiothoracic surgeons on the medical staff at Baylor Dallas.

Dr. Grayburn says, “The main inclusion criteria are that patients need to have severe mitral regurgitation with an anatomy suitable for repair by the device. The patients’ MR has to originate from the A2 to P2 leaflet closure line and they must have a left ventricular ejection fraction of more than 25 percent.”

An estimated 4 million people in the United States have significant mitral valve insufficiency, with an annual incidence of 250,000 according to the American Heart Association.

Approximately 50,000 of these patients undergo cardiac surgery each year. Valve insufficiency, if left untreated, is associated with chronic volume overload, which ultimately leads to atrial fibrillation, heart muscle dysfunction, symptoms of congestive heart failure (CHF) and an increased risk of sudden death. Mitral valve regurgitation, the most common type of heart valve insufficiency, is a progressive disorder in which the mitral valve in the heart does not close properly, allowing blood to flow backward into the heart and causing fatigue and shortness of breath.

To learn more about being part of the EVEREST II clinical trial, contact Dr. Anwar’s office at (214) 841-2000 or Dr. Grayburn’s office at (214) 820-7712.



Cardiologists on staff at Baylor Dallas deploy an investigational clip device (MitraClip) to grasp and coapt the leaflets of the mitral valve for percutaneous repair of moderate-to-severe to severe MR. The new procedure creates a double orifice valve, which opens on each side of the clip while reducing regurgitation.

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New Technology for Diagnosis, Treatment of Small Intestine

Baylor is First Hospital in Texas to Offer Double-Balloon Endoscopy

Overview

- Baylor Dallas offers non-invasive surgical treatment for small-bowel pathology and obscure GI bleeding.
- New double-balloon endoscopy provides no incision, a shorter hospital stay and ideally a shorter recovery time.

CAPSULE ENDOSCOPY delivers detailed images of the small intestine's mucosal wall and allows gastroenterologists to evaluate small-bowel pathology and obscure gastrointestinal (GI) bleeding. However, treatment for such disorders has until now required patients to undergo complicated invasive surgery.

A new GI tract and small intestine enteroscopy system is making treatment without invasive surgery possible. The double-balloon endoscopy (DBE) is a minimally invasive procedure that allows for diagnosis, treatment and intervention throughout the entire small intestine. Currently, Baylor University Medical Center at Dallas (Baylor Dallas) is the only hospital in Texas to offer patients access to this advanced technology.

"Existing technology allows the gastroenterologist to view the small bowel and make a diagnosis, but while we were examining the area, we were technically unable to treat the area—until now," says Daniel DeMarco, M.D., medical

director of endoscopy and physician on the medical staff at Baylor Dallas.

"The double-balloon endoscopy removes that limitation and may reduce the number of surgeries required for patients," says Dr. DeMarco. "With the new scope, we can confirm observations made with capsule endoscopy, sample by biopsy and provide therapeutic interventions or treatment during the examination. We can be minimally invasive, which is good for the patient because there is no incision, a shorter hospital stay, and ideally a shorter recovery time."

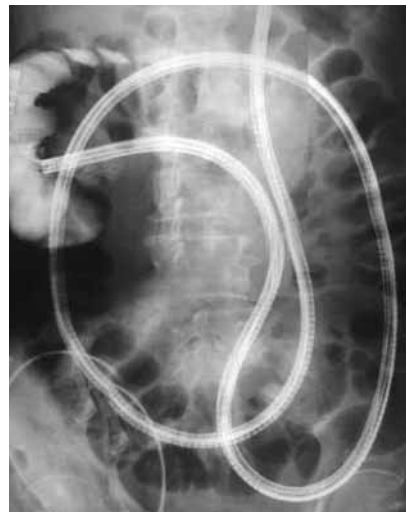
Double-balloon endoscopy technology uses an over-tube and balloon system that fits over an endoscope and is controlled by a specialized balloon pump. The pump controls inflation and deflation of the two balloons that effectively "pleat" or gather the small intestine onto the endoscope, allowing the physician to examine the bowel's entire

length. Because of its extraordinary length, the small intestine is the most difficult organ of the gastrointestinal tract to access by way of endoscopy. The double-balloon method allows for deep insertion of an endoscope through the small intestine.

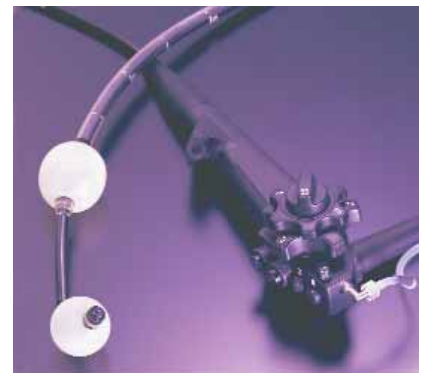
Capsule endoscopy, or the "camera in a pill," is still recommended for initial evaluation and diagnosis of small bowel disorders. "When physicians suspect small bowel pathology, they should use the capsule," says Dr. DeMarco. "When the capsule shows a lesion in the small bowel, then we can pursue treatment using the double-balloon endoscopy instead of surgery."

Double-balloon endoscopy is performed in Baylor Dallas' new Gastrointestinal Lab by three physicians on the medical staff: Daniel DeMarco, M.D., medical director of endoscopy and

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The new technology—only available at Baylor Dallas—employs an over-tube and balloon system that fits over an endoscope and is controlled by a specialized balloon pump.

With double-balloon endoscopy, gastroenterologists on staff at Baylor Dallas can examine and provide treatment to the small intestine's entire length to the ileocecal valve.

Local Control of Lung Tumors Using CyberKnife Technology

Overview

- Baylor Dallas offers non-invasive CyberKnife as treatment for early stage non-small cell lung cancers.
- More than 50 percent of all CyberKnife procedures are for extracranial tumors and the majority of those are for lung tumors.
- According to Accuray, the company behind CyberKnife technology, Baylor Radiosurgery Center ranks 7th in the world for highest volume of noncranial cases.

RADIOSURGERY specialists on the medical staff at Baylor University Medical Center at Dallas (Baylor Dallas) report promising results using CyberKnife® robotic radiosurgery for certain lung cancer therapy. The medical team at the Baylor Radiosurgery Center is using this non-invasive treatment when surgical resection is not medically possible or when the patient is unwilling to undergo surgery.

“We’re seeing very good results using the CyberKnife technology for early stage non-small cell lung carcinomas and pulmonary metastases that are inoperable and/or refractory to other lines of treatment like chemotherapy,” says Brian Berger, M.D., associate medical director of the Baylor Radiosurgery Center.

“The preliminary outcome data collected during the Baylor Radiosurgery Center’s first year show significant local

tumor control, or lack of tumor growth, for this patient population,” says Dr. Berger. It also shows low risk of treatment-related side effects for these patients. He says, “Acutely the side effects are very minimal, except for fatigue.”

The one-year Baylor data parallel current national and international Phase I and Phase II study results involving lung cancer therapy with this precisely focused radiation treatment, says Dr. Berger.

An open prospective multicenter protocol study with Stanford University Medical Center, University of Pittsburgh Medical Center and Georgetown University Medical Center on non-small cell lung cancer (NSCLC) is currently available through the Baylor Radiosurgery Center. The five-year study is measuring progression-free survival and overall survival, following CyberKnife radiosurgery for patients with Stage 1 NSCLC and solitary pulmonary metastases.

Baylor’s CyberKnife uses the Synchrony™ respiratory tracking system, which provides a more effective radiation treatment of tumors in the lung and other parts of the anatomy that move with respiration. Patients breathe normally throughout their treatment while the CyberKnife tracks, detects and corrects for tumor and patient movement to minimize damage to healthy tissue or critical structures.

Accuray Inc., the company behind the CyberKnife technology, recently reported that since the July 2004 introduction of the Synchrony™ Respiratory Tracking System, lung tumor treatments have increased threefold annually.

Extracranial tumor treatment now represents more than 50 percent of all procedures performed by the CyberKnife system in the United States, with the treatment of lung tumors outpacing all other tumor treatment in the body. More than 100 CyberKnife Systems have been



Baylor Dallas is one of only a few medical centers in the country to offer the Cyberknife, shown above, and the Gamma Knife in one single location.

purchased by leading medical centers worldwide.

Also, Accuray states that from October through December 2005, Baylor’s center ranked 7th in the world for highest volume of non-cranial cases. The Baylor Radiosurgery Center opened in Dec. 2004 and is the first center in Texas and one of a few in the world to house both the CyberKnife and Gamma Knife®. These two advanced stereotactic (3-D) radiosurgery systems, are used to treat tumors of the brain, spine and other organs. The center’s interdisciplinary radiosurgical team includes neurosurgeons, radiation oncologists, physicists, diagnostic radiologists, technicians and nurses. Neurosurgeon Cole A. Giller, M.D., Ph.D., a radiosurgery specialist on the medical staff at Baylor Dallas, is the medical director of the Baylor Radiosurgery Center.

To learn more about CyberKnife radiosurgery or information about the Baylor Radiosurgery Center, please contact the Center at **(214) 820-HOPE**.

GammaKnife and Leskell Gamma Knife are U.S. federally registered trademarks of Elekta Instruments, S.A., Geneva, Switzerland.

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Locomotor Treadmill Training Study

Qualified participants in the locomotor study are assigned to receive traditional gait training with double adjustable ankle bracing or to receive treadmill training with partial body weight and double adjustable ankle bracing. Patients in the treadmill training group are secured to an unweighting device that stands over a treadmill. They initially walk exclusively on the treadmill with the assistance of two trained people. Before over ground gait commences, the patients must meet criteria outlined in the protocol. Once over ground gait begins, McCain says patients do a combination of over ground and treadmill training to encourage carryover of the newly learned skills.

“The treadmill training creates two significant advantages—it helps those who are too weak to support their own weight and it alleviates patients’ fear of falling,” says McCain. “It also creates a

more symmetrical gait because it paces the patients and assists with limb advancement.”

Baylor researchers will follow the study participants for six months after enrollment. At six months, the patients will receive a full kinematic gait analysis at the Baylor Motion & Performance Center, located at the Baylor Tom Landry Health & Wellness Center on the Baylor University Medical Center at Dallas campus.

McCain says that so far those who have undergone this therapy as a part of the Locomotor study have had impressive outcomes. “If you saw any of them walking in public, you would not know they were recovering from stroke.”

To refer patients or for more information about the “Locomotor treadmill training with partial body weight support” study, contact Karen McCain, P.T., at (214) 820-9356.



Patients enrolled in the Locomotor Treadmill Training study wear a specially designed vest connected to an unweighting device to secure them over the treadmill without risk of falling.

Large-Scale Trial Evaluates Drug Intervention for Congestive Heart Failure

The Heart Failure Program at Baylor University Medical Center at Dallas is one of approximately 200 centers worldwide participating in a study to evaluate the efficacy and safety of Natrecor® (nesiritide) administered as serial infusions to heart failure patients in an outpatient setting. Baylor researchers are enrolling patients who meet the following inclusion criteria in the Fusion II Blinded Placebo Controlled Clinical Trial of Natrecor®.

- New York Heart Association (NYHA) Class IV or Class III with renal impairment; and
- At least two qualifying hospitalizations or hospitalization equivalents for heart failure (HF) in the past 12 months with the most recent hospitalization or hospitalization equivalent within the past 60 days.
- A qualifying hospitalization is defined as the patient was treated for acute decompensated HF with intravenous (IV) medications. Hospitalization equivalent can include an unscheduled outpatient treatment for acute decompensated HF with an IV vasoactive drug (e.g. dobutamine, dopamine, milrinone, nitroglycerine, or Natrecor) or three unscheduled treatments in a 60-day period with IV diuretics to treat acute decompensated HF.

To refer patients to the Fusion II study, call Arta Ethridge, R.N., at (214) 820-7342.

(Continued from page 4)

Double-Balloon Endoscopy

gastroenterologist; and gastroenterologists Damien Mallat, M.D., and J. Kent Hamilton, M.D.

The new 18,000-square-foot Gastrointestinal Lab was designed with patient comfort and convenience in mind; centralized admissions and a relaxing environment combined to create an efficient and pleasant patient visit.

The lab supports Baylor Dallas’ nationally recognized digestive disorders services, which were ranked 18th among the nation’s top 50 hospitals by *U.S. News & World Report* in 2005.

Physicians at Baylor Dallas annually perform more than 14,000 procedures for patients with gastrointestinal disorders or digestive diseases.

For more information about Double-Balloon Endoscopy, contact Dr. Daniel DeMarco’s office at (214) 820-2232.

Digestive Diseases and GI Services at Baylor University Medical Center at Dallas Present
Conquering New Frontiers in Advanced Endoscopy

Date

Saturday, June 17, 2006

Hours

7:30 a.m.–8:00 a.m. Registration
 Check-In and
 Continental
 Breakfast
 8:00 a.m.–5:00 p.m. Conference

Location

Beasley Auditorium
 George Truett Memorial Hospital
 Baylor University Medical Center
 3500 Gaston Avenue
 Dallas, Texas 75246

Registration Fees

Prior May 19, 2006

\$50 Physician
 \$40 Allied Health Professional

After May 19, 2006

\$60 Physician
 \$50 Allied Health Professional
 \$25 Baylor Health Care System Nurses

Early enrollment is recommended. Conference is limited to first 50 registrants. Registration includes conference, conference materials, continental breakfast and lunch.

Convenient visitor parking available across from Truett Hospital on Gaston Avenue.

Refunds less \$25 will be granted prior to May 19, 2006. After May 19, 2006, no refund will be guaranteed.

Brochures will be mailed in May. To request a brochure and registration form, please contact the A. Webb Roberts Center at pamelan@baylorhealth.edu or by telephone at (214) 820-2317.

Course Description

This conference, designed for physicians, is to update practicing gastroenterologists, endoscopists, internists and other interested health care professionals on the latest developments in diagnosis and treatment options for esophageal cancer, GERD, gastric fistulas after bypass sur-

gery and pancreatic cysts by EUS (Endoscopic Ultrasound-guided fine-needle aspiration). The conference includes live case presentations.

Program Chairman

Daniel DeMarco, M.D.

Faculty

Kent Hamilton, M.D.
 Damien Mallat, M.D.
 Isaac Rychman, M.D.
 Paul Tarnasky, M.D.

CME

The A. Webb Roberts Center for Continuing Medical Education of Baylor Health Care System, Dallas designates this educational activity for a maximum of 7.0 AMA PRA Category 1 credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The A. Webb Roberts Center for Continuing Medical Education of Baylor Health Care System, Dallas is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.



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**Baylor University Medical Center Welcomes
 New Physicians to the Medical Staff**

Name	Specialty	Telephone
Buckleair, Linda J., M.D.	Clinical Pathology Neuropathology	(214) 818-9100
Calderas-Nieves, Javier R., M.D.	Emergency Medicine	(214) 712-2000
Chandrakantan, Arun, M.D.	Internal Medicine	(214) 358-2300
Cramer, Andrea E., M.D.	Pediatrics	(972) 681-7700
Innes, Kristen N., M.D.	Obstetrics & Gynecology	(214) 821-9938
Jassin, Basem M., M.D.	Otolaryngology	(972) 875-9700
Kotamarti, Aparna R., M.D.	Internal Medicine MED Geriatric Medicine	(972) 279-7575
Phillips, Kelley J., M.D.	Emergency Medicine	(214) 712-2000

Referring a Patient to Baylor University Medical Center at Dallas

Physicians Have Convenient Access To Baylor Dallas Through 1-800-9BAYLOR

With one phone call to **1-800-9BAYLOR**, Baylor University Medical Center at Dallas' ConsultLines®, a physician can make a referral to a specialist, request a consult, or facilitate an inpatient transfer. Representatives at **1-800-9BAYLOR** also can help you or your staff reach specific Baylor physicians or departments for information, or obtain a Physicians and Services Directory from Baylor Dallas.

Direct/Inpatient Transfers: Call 1-800-9BAYLOR

Baylor University Medical Center at Dallas (Baylor Dallas) has dedicated a nurse to coordinate the transfer of inpatients for physicians in the region to Baylor Dallas or to Baylor Jack and Jane Hamilton Heart Hospital. This includes those transfers without an accepting physician. Inpatient transfers should be current acute inpatients who may require

a continuation of acute care, specialized care or a higher lever of care not available at your local hospital. The nurse will find an accepting physician, reserve a bed and work with Baylor's Access Service to verify insurance coverage.

All the referring physician needs to do is call **1-800-9BAYLOR** to contact the nurse coordinator and then give the clinical and financial data required to facilitate the transfer process. Baylor Access Service will need a facesheet faxed to **(214) 820-2411**.

Emergency Department Transfers: Call (214) 820-2505

An emergency transfer is a patient in the emergency department at your hospital who requires specialized care or a higher level of care not available in your community. In compliance with the requirements of state and federal law, the Baylor Dallas emergency department will work to accommodate your patient's needs, including appropriate transportation via ground or air ambulance, as deemed medically appropriate.

Clinical, demographic and insurance information is required.

Obstetrical Transfers: Call (214) 820-2126

Obstetrical transfers typically are high-risk maternity patients. Patients arrive via ground or air ambulance. If the patient is an emergency patient, the emergency transfers process should be followed. Otherwise, you may contact accepting maternal/fetal medicine physicians at the number above. Fax a facesheet to Baylor Access Services at **(214) 820-2411**.

Neonatal Transfers: Call 1-888-820-2806

Neonatology:

Call (214) 820-2806

Neonatal transfers are neonates who require a Level III Neonatal Intensive Care Unit. Baylor will provide a transportation team to accompany the neonate on the transfer, if deemed medically appropriate. Transfers occur via ground or air ambulance. Fax a facesheet to Baylor Access Services at **(214) 820-2411**.

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