



A PUBLICATION FOR REFERRING PHYSICIANS SPRING 2008

## After-School SPORT Program Helps Kids Gain Confidence, Control Weight

OVERWEIGHT-ONLY TEAMS INITIATED BY PACKARD CHILDREN'S CENTER FOR HEALTHY WEIGHT

After-school sports can be a fun and rewarding way for a child to work off steam following a day behind a desk. But children who stand to benefit the most from the increased exercise—those who are struggling with their weight—often avoid organized teams.

Now researchers at Lucile Packard Children's Hospital's Center for Healthy Weight have found that teams composed exclusively of overweight children can slow participants' weight gain. The teams can also foster a newfound love of sports and physical activity that may launch them into a life of regular exercise.

"Obesity is a challenging problem in this country," said lead researcher and Packard Children's pediatrician Dana Weintraub, MD. "Just telling these kids they need to exercise more isn't enough. They need positive, supportive opportunities to do so."

Packard Children's Center for Healthy Weight was created to consolidate and expand the hospital's services to families of children struggling with weight problems. Research projects are conducted within Stanford University's School of Medicine. The center offers a variety of interventions, from its Pediatric Weight Control Program—an ongoing family-based group weight control program that has helped more than 300 children and adolescents during the past decade—to its outpatient Pediatric Weight Clinic, to its renowned adolescent bariatric surgery program for those for whom all other weight control options have failed.

"We are absolutely committed to preventing and treating childhood obesity," said center director Thomas Robinson, MD. "Without help, these children are facing a lifetime of obesity-related health issues that can significantly impact or even shorten their lives." Robinson is the Irving Schulman, MD, Endowed Professor in Child Health at Stanford's School of Medicine.

In addition to providing direct patient care, the center actively advocates for changes in public policies, performs



Thomas Robinson, M.D., Director, Lucile Packard Children's Hospital Center for Healthy Weight

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research to identify the most effective ways to address pediatric obesity, provides educational programs for health professionals, and facilitates community-based programs aimed at mobilizing kids and encouraging them to develop and maintain healthy eating and exercise habits.

The Stanford Sports to Prevent Obesity Randomized Trial, or SPORT, is an example of how conducting a research trial within the community can bring about substantial changes. In fact, many of the children who participated in the six-month “overweight only” soccer program went on to join other “regular” school teams, from boxing to tennis to flag football and, of course, soccer. That’s a marked turnaround, considering the reluctance of some participants to take that first step out onto the field.

“Many of the kids who agreed to participate were hoping to be placed in the health-education arm of the trial, either because they were unfamiliar with organized sports or they had had a negative experience on a team in the past,” said Weintraub, a clinical instructor in pediatrics at the medical school. “We had to explain to them that the trial was randomized, and we couldn’t control which group they would end up in.”

The small pilot study was the first to investigate whether “overweight only” teams are a viable way to reduce weight gain. The trial pitted traditional class-

room-based learning about nutrition and exercise against active team participation that focused on building skills and positive reinforcement. The results were published in the March 3 issue of the *Archives of Pediatric and Adolescent Medicine*.

Weintraub and her colleagues devised the study after becoming frustrated with the increasing numbers of obese, physically inactive children they were seeing in

their clinics. Although the children and their families clearly realized that exercise is an important way to control or slow weight gain, they were unable to incorporate it into their daily lives.

Beginning in April 2005, Weintraub recruited 21 overweight fourth- and fifth-graders at Cesar Chavez Elementary School in East Palo Alto to participate in the six-

month study. The children all had body-mass indexes at or above the 85th percentile for their gender and age. Fourteen of the students had never before been on a sports team. They were randomly assigned either to a co-ed soccer team that met three days a week, or to a weekly health-education group that taught the importance of healthy nutrition and exercise.

Parents of the nine participants assigned to the soccer team reported that their children felt more confident, comfortable and safe when playing with children of similar weight. The kids reported having fun, making friends and—a first for many—enjoying the camaraderie of a team. All nine of the soccer players also reduced their age- and gender-adjusted body-mass index after six months on the team, but only five of the 12 health-education participants had done so. The differences between groups were statistically significant at three and six months. The soccer players also became significantly more physically active than the nutrition education group.

The results of the study suggest that after-school sports teams composed of overweight children may be a relatively easy way to teach new habits, control weight gain and encourage a lifelong interest in sports participation. Weintraub and her colleagues are now conducting a larger SPORT trial of nearly 100 children in Bay Area schools.

“SPORT allows us to help kids where they are: at school,” said Weintraub. She emphasized that weight-control programs at hospitals or clinics can be difficult for low-income families without a car or flexible work schedules. “It keeps them occupied during a time of day when many students are snacking in front of the television or computer, and it instills confidence and a love of team sports. Every kid should have this opportunity.”

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Although the current SPORT study is fully enrolled, Weintraub and Robinson encourage physicians concerned about a patient’s weight to investigate other services available at the Center for Healthy Weight. For more information about Packard Children’s Center for Healthy Weight, please call (650) 723-4130 or visit [healthyweight.lpch.org](http://healthyweight.lpch.org).

The Pediatric Weight Control Group is an ongoing, family-oriented weight management program available to kids ages 8 to 15. Groups are conducted in Spanish or English. For more information, visit [pediatricweightcontrol.lpch.org](http://pediatricweightcontrol.lpch.org) or call program director Cindy Zedeck at (650) 725-4424

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# Reproductive Health Services, HPV Vaccine Available at Center for Adolescent Health

The reproductive health needs of adolescents are often unmet. Clinicians may not ask about menstrual function or gynecologic complaints, and families or girls themselves do not always know what is normal. Children generally go to pediatricians for medical care until they turn 18, which is when many girls first see a gynecologist. But until that time, gynecologic problems, including sexually transmitted infections, can go unrecognized and untreated.

For example, a recent study indicated that 25 percent of girls aged 14 to 19 are infected with either human papillomavirus, chlamydia, genital herpes or trichomoniasis, and 15 percent are infected with more than one of these diseases.

“A large percentage of adolescents are sexually active and at risk for sexually transmitted infections,” said Neville Golden, MD, the director for Packard Children’s Center for Adolescent Health. “The good news is that we now have noninvasive screening tests and a vaccine to prevent cervical cancer caused by HPV infection, which is the most common STI.”

The American Academy of Pediatrics recommends that this vaccine be given to girls between the ages of 11 and 12.

“Adolescents should be asked about sexual activity and STIs in privacy,” said Golden. The center provides reproductive health

care for teens in a confidential, age-appropriate setting, and the availability of new, urine-based screening tests can replace a traditional pelvic examination for the diagnosis of some STIs. In addition to its own adolescent-medicine specialists, the center has consultants in pediatric and adolescent gynecology for challenging cases.

The growing childhood health problem of obesity also carries gynecologic ramifications not always recognized. Obesity is often associated with polycystic ovary syndrome, a condition characterized by irregular menses, atypical hair growth, difficult to manage acne, and sometimes infertility.

Regardless of the age of a girl, communication between the patient and the doctor is important to provide proper care. Golden said the advantage of referring patients to the Center for Adolescent Health is that “when a patient comes in for a sore throat, we not only treat that problem, but also ask about high-risk behaviors such as sexual activity and substance abuse. We provide anticipatory guidance and, when necessary, appropriate referrals.”

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The Center is located in Mountain View at 1174 Castro Street, Suite 250. For more information or to refer a patient, visit [adolescent-medicine.lpch.org](http://adolescent-medicine.lpch.org) or call (650) 694-0600.

## Eating Disorders Program Now Available to Young Adults

The Comprehensive Eating Disorders Program at Lucile Packard Children’s Hospital at Stanford would like to remind referring physicians that it has expanded to treat young adults aged 18 to 21. This allows the program to now offer treatment to older adolescents and college students.

Eating disorders are often thought of as a uniquely adolescent problem. But the condition can linger into or even begin in young adulthood. Packard Children’s has coupled the longest continuously running inpatient eating disorders program in the Bay Area with an outpatient program that coordinates medical and psychiatric treatment.

Ongoing research is also a vital part of the eating disorders program. In addition to a large-scale comparison of family-based and individually oriented treatment, the program’s psychiatric director, child psychiatrist James Lock, MD, PhD, and his colleagues are

researching two types of family therapy—one focused on symptoms and weight restoration, and one on family processes. They are also conducting a study to investigate cognitive remediation therapy as a way to target the thinking style of patients with eating disorders.

“CRT is a highly innovative approach to anorexia nervosa,” said Lock. The study includes additional treatment using cognitive and interpersonal therapy. Subjects enrolled in the study receive treatment free of charge.

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Physicians interested in learning more about the CRT study should contact Judy Beenhaker at (650) 723-7885. Those wishing to learn more about all of the program’s clinical treatments should contact Suzanne Ely at (650) 498-4468.

## Enhanced MRI Services Address Throughput, Satisfaction

### NEW MAGNET WILL INCREASE CAPACITY

Coordinating imaging services in a children's hospital involves balancing the needs of inpatients and outpatients, of children who need general anesthesia and those who require lighter sedation, and of urgent cases with more routine imaging. Packard Children's radiology department recently made a series of operational changes aimed at improving patient and referring physician satisfaction.

"We've really listened to and are responding to some very valid concerns expressed by families, patients and physicians who use our imaging services," said Lori Hart, the hospital's director of diagnostic imaging, noting that many of the complaints involved lengthy waits for scheduling and completing MRI exams at the hospital. "As a result, we have streamlined the exam protocol and

**"We have streamlined the exam protocol and scheduling processes and improved patient throughput."**

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These and other improvements have significantly reduced the wait time for the third-next-available MRI appointment—the industry standard to measure wait times—to about 15 days if general anesthesia is required and about seven days if it is not.

In addition, MRI patients are contacted by the department to begin the scheduling process within 24 hours, and 80 percent of these patients are booked for their future appointment within 48 hours. The department now also has a centralized phone number (see below) to schedule exams, request consultations and answer questions; 80 percent of the time this number is answered by a person rather than a computerized voice mail system.

"We know there have been difficulties with access in the past, but we're committed to ensuring our outpatients have ready access to our services," said Hart.

To make the changes, the department expanded its hours of operations to include on-site weekend staffing for MRI services, and initiated daily and weekly scheduling meetings to optimize efficiency. It also developed a tracking tool and a monitoring process to track ongoing orders. Finally, the department implemented an appointment confirmation process that includes appointment cards, reminder and educational letters, automated reminder calls and a live reminder call to reduce the number of missed appointments.

Packard Children's is installing a second, stronger magnet to further expand its MRI services. Currently, the hospital performs about 4,500 MRI exams per year. When complete sometime in fall 2008, the new magnet will be

one of only three Tesla magnets dedicated to pediatric patients in California. The new state-of-the-art scanner will generate exceptional high-resolution anatomical images of the brain, musculoskeletal systems and heart, which will lay the groundwork for nonanatomic imaging including spectroscopy and functional MR for noninvasive assessment of brain chemistry and brain activity patterns.

For more information about the Radiology Department or to refer a patient, please visit [radiology.lpch.org](http://radiology.lpch.org) or call the central phone number: (650) 497-8376. Lori Hart can be contacted at (650) 497-8975.

## First Annual Autism Conference May 31

### RECENT ADVANCES IN AUTISM RESEARCH AND TREATMENT

Lucile Packard Children's Hospital and Stanford's School of Medicine are co-hosting a one-day conference designed to provide parents, teachers, psychologists, and care providers of autistic children with up-to-date information on current evidence-based therapies. Experts will also provide an overview of current clinical and basic science research in autism. Topics will include:

- Understanding how a child with autism views the world
- Neurological problems related to autism
- Environmental risk factors for autism
- Autism genetics
- Basic science of autism
- Medical management of autism

Afternoon breakout sessions will focus on Asperger's disorder, new tools for understanding and treating faulty brain circuits, and recent advances in psychopharmacology.

The conference will take place on May 31 from 8:30 am to 4 pm at the Schwab Residential Center on the Stanford University Campus. For more information and to register, visit [childpsychiatry.stanford.edu](http://childpsychiatry.stanford.edu).



## Expanded Audiology Services, Plastic Surgery Consultation in South Bay

Packard Children's South Bay Specialty Center is pleased to announce the availability of a full-time audiologist to help referring physicians identify, monitor and treat hearing loss in their pediatric patients. Leslie Guzman, AuD, comes to the center from Children's Hospital Central California with 15 years of experience diagnosing and treating children with audiology issues.

"We offer complete diagnostic audiological services," said Packard Children's director of audiology, Jody Winzelberg, AuD. "We're available to help physicians identify and manage hearing loss in children with speech/language delay, chronic otitis media, those who have failed in office or school hearing screening tests or are at risk for acquired hearing loss."

In addition to expanded audiology services, the center now offers full-service plastic surgery consultations. Packard's chief of pediatric plastic surgery, H. Peter Lorenz, MD, sees children with craniofacial congenital bone problems, craniosynostosis, and cleft lip and palate, as well as those with face, scalp or body hemangiomas or vascular malformations. He also treats facial bone fractures, lacerations, scars, soft tissue tumors or masses, and facial asymmetries, as well as dental malocclusions and jaw-size problems.

"Travel time to Packard can be inconvenient for many of our families," said Lorenz. "We are excited to offer these services to children in the South Bay closer to their homes and schools."

The South Bay Specialty Center was created to offer referring physicians and families in the San Jose area easier access to a number of subspecialties at Packard Children's. The new building, located at 14777 Los Gatos Boulevard near Highway 85, replaces the former Bascom Avenue clinic with a greater range of services and a new building designed with waiting areas stocked



with activities for children; exam rooms with toys and small, kid-sized chairs; and bright and cheerful colors. The center opened to patients on October 1, 2007.

- Allergy and allergy testing
- Audiology\*
- Dermatology
- Endocrinology/diabetes
- Gastroenterology
- General surgery
- Nutrition counseling
- Ophthalmology
- Otolaryngology
- Plastic surgery\*
- Pulmonology
- Rheumatology
- Urology

*\* New or expanded services.*

For more information about the South Bay Specialty Center, call (408) 356-0911 or speak to your physician liaison. To make an appointment for audiological services, please call (408) 356-7461 or fax referral information to (408) 356-3597. To reach the plastic surgery clinic, please call (650) 497-8201.

## New Director of Physician Partner Relations

Lucile Packard Children's Hospital is pleased to introduce Fouzel Abbas as its new director of FPO physician partner relations. The newly created position was formed to improve working relationships with Packard Children's community and referring physicians, and to increase communication between these physicians and the School of Medicine's pediatric and obstetrics faculty.

"Fouzel brings a fresh perspective to this role," said Pamela Molano, chief administrative officer of Packard Children's family practice organization. "Her energy level and experience are great attributes to improving the communication and working relationships between our community and referring

physicians and our faculty and hospital."

Abbas was previously a project manager with the operations excellence team. Most recently, she has been responsible for key operations improvement projects as well as training and communication through the design, development and implementation phases of the Clinical Transformation Program. Her prior experience includes director and manager positions in family hospitality services, patient relations, service excellence, and interpreter and volunteer services. She has also served in teaching and consulting roles. Her office is located at 1520 Page Mill Road. She can be reached at [fabbas@lpch.org](mailto:fabbas@lpch.org), or call (650) 725-6861.

## Hypnosis to Diagnose Seizures at Packard Children's

NEUROLOGIST, PSYCHIATRIST TEAM UP TO IDENTIFY BEST TREATMENT

Physicians at Lucile Packard Children's Hospital have turned to an unconventional diagnostic tool for children with seizures: hypnosis. The technique enables them to weed those who have true epilepsy from those with conversion disorder, which requires very different treatment.

"We can't always distinguish epileptic from non-epileptic events visually, or through descriptions by family or friends," said Packard Children's chief of pediatric neurology, Donald Olson, MD. "But regardless of the cause, these are disabling, life-altering events that need to be treated." That's where hypnosis comes in.

"Children are highly suggestible and they have great imaginations," said Packard Children's child psychiatrist Richard Shaw, MD. "We've found that if we suggest that they are going to have one of their events while they are in a hypnotic trance, they will usually have one."

Creating such an event while the child's pattern of brain activity is being monitored allows neurologists to determine which parts of the brain are responsible without requiring a lengthy inpatient stay.

"It's very difficult for parents to spend three or four days in the hospital hoping their child has a seizure," said Olson. "It puts them in a very uncomfortable place emotionally." Furthermore, some hospitalized children, removed from everyday stressors, never have a seizure-like event.

Hypnosis can speed the process considerably, say Shaw and Olson. Together with former medical student Neva Howard, they tested the procedure on nine children between the ages of 8 and 16 whose seizure-like events included twitching, loss of consciousness, shaking, jerking and falling.

Their results were published online in January in *Epilepsy & Behavior*.

To hypnotize the subjects, Shaw first used a combination of deep breathing and progressive muscle relaxation to induce a state of relaxation and deep focused attention in the subjects, who were directed to think of their favorite place. He then used a combination of imagery and suggestion to induce an event by directing the child to recall the feelings or events that usually precede a typical seizure. Electrodes on the child's scalp recorded their brain



"These are disabling, life-altering events that need to be treated."

activity during the session.

In eight out of nine cases, Shaw could successfully trigger a seizure-like event with this procedure. After an appropriate monitoring interval, Shaw then directed the hypnotized child to "return" to his or her favorite place and the episode stopped. Using this technique, the physicians found that all eight of the subjects were experiencing non-epileptic events.

"We had a number of clues that these particular children might not have epilepsy," said Olson, "but hypnosis helped us confirm our suspicions." Physicians begin to suspect causes other than

epilepsy if an individual has a variety of episodes, if the person's cognition is unaffected despite frequent seizures, or if the person has a pre-existing psychiatric diagnosis.

"It's important to explain very clearly to the family that, although these events are psychologically based, they are completely out of a child's control," said Shaw. To help them understand, he and Olson talk with the family about well-known ways that stress and emotions affect other bodily functions, such as migraines, ulcers and blushing.

Stanford is part of an ongoing multicenter study of these non-epileptic events to better understand their causes and possible treatments. For now, Shaw often couples psychotherapy with self-hypnosis lessons to teach children how to avoid the events.

"When they're feeling out of control, this is a tool they can use. They know that they were able to 'turn off' an event during the initial hypnosis, and that gives them confidence to try it themselves," said Shaw.

In general, people are growing more comfortable with the idea of hypnosis in a medical setting, said Olson. "The first reaction of many people may be to equate hypnosis with some sort of black magic. But once we explain the reasons and benefits, they're very accepting."

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For more information about neurology services at Packard Children's, visit [neurology.lpch.org](http://neurology.lpch.org) or call (866) 213-2727. For more information about child psychiatry at Packard Children's, visit [psychiatry.lpch.org](http://psychiatry.lpch.org) or call (650) 723-5511.



## Upcoming CME Courses

### Birthmarks and Pediatric Dermatologic Disease: More Than Skin Deep

July 17, 2008 | Frances C. Arrillaga Alumni Center, Stanford, CA

The field of vascular anomalies is complex and rapidly evolving. It comprises a range of problems including hemangiomas and other vascular tumors and vascular malformations. This pre-conference to the 16th Annual Pediatric Update will provide participants with an update on the basic science, diagnosis and treatment of vascular anomalies. In addition, current management strategies for common pediatric skin disorders will be addressed during the afternoon session.

The pre-conference is intended for practitioners who diagnose, manage and treat vascular anomalies and/or dermatologic disease in infants, children and adolescents, including primary care physicians (pediatricians and family physicians), pediatric specialists (dermatologists, radiologists, hematologists/oncologists, surgeons, plastic surgeons, otolaryngologists) and interested allied health professionals.

#### Faculty Update

**MARLENE RABINOVITCH, MD**, the Dwight and Vera Dunlevie Professor in Pediatric Cardiology, has been selected to receive the 2008 Recognition Award for Scientific Achievement from the American Thoracic Society (ATS). The Recognition Award is "bestowed only upon those with lifelong outstanding scientific contributions to the understanding, prevention, and treatment of lung disease." She will receive the award during the ATS annual meeting in May.

**NORMAN SILVERMAN, MD**, has been named the recipient of this year's Teaching Prize from the American Society of Echocardiography. Silverman is currently the Roma and Marvin Auerback Scholar in Pediatric Cardiology.

### 16th Annual Pediatric Update

July 18–19, 2008 | Frances C. Arrillaga Alumni Center, Stanford, CA

Designed for pediatricians, family physicians, PNP's, nurses and interested allied health professionals, the 16th Annual Pediatric Update will highlight recent advances in pediatrics in addition to presenting practical up-to-date information on a variety of important clinical issues encountered in daily practice.

Lectures with question and answer sessions, seminars and workshops will afford participants the opportunity to discuss practice dilemmas with the expert faculty.

At the conclusion of this activity, participants should be able to do the following:

- Describe current treatment strategies for various pediatric diseases and disorders, including bronchopulmonary dysplasia, asymptomatic hematuria and proteinuria, headaches, menstrual disorders, ADHD, and angular and rotational

deformities of the lower limbs

- Summarize recent advances and updates in vaccines, probiotics and obesity management
- Identify evaluation and management options for selected pediatric problems such as endocrine disorders, elevated liver enzymes, obstetrical brachial plexus palsy, ophthalmic disorders, food-borne zoonosis, congenital cardiac anomalies, insomnia, and developmental and behavioral issues
- Apply enhanced skills in one of the following: neonatal circumcision, pediatric resuscitation, interpreting the CBC, or examining a child with upper- and lower-extremity pain
- Discuss race/ethnicity and trust in the health care encounter

### Pediatric Surgery Training Fellowship Accredited

Lucile Packard Children's Hospital's pediatric surgery training fellowship recently received accreditation by the Accreditation Council for Graduate Medical Education (ACGME). Packard Children's two-year clinical training program pairs diverse clinical experiences with in-depth research and state-of-the-art learning opportunities. The program's clinical services include general pediatric surgery; thoracic surgery; advanced laparoscopic, thoracoscopic, cervicoscopic and subcutaneous endoscopic techniques; fetal diagnosis and counseling; adolescent bariatric surgery; multidisciplinary care of vascular anomalies; intestinal rehabilitation program; and a surgical simulation laboratory.

"Accreditation of this program is a tremendous stride for Packard Children's," says program director Craig Albanese, MD. "We are now the 35th pediatric surgery fellowship training program in the country. Being one of the centers that offer this advanced training is a real feather in our cap."

An aspect of the program that sets it apart from all others is the additional two years that Packard Children's offers to interested fellows who complete the

pediatric surgery fellowship training program. No other center offers candidates this unparalleled opportunity to develop an academic career in pediatric surgery in the form of a one-to-two-year postgraduate staff position with a competitive salary and nearly 100 percent protected research time. This position frees the holder from the demands of a busy clinical practice and concerns about adequate research support.

Potential areas of scholarly focus include, but are not limited to, epidemiology and outcomes, translational laboratory research, biodesign and surgical innovations, surgical education, and the clinical applications of new technologies such as robotics and endoluminal therapies. Candidates for the fellowship are currently interviewing, and will begin the program in July 2009.

For more information about the pediatric surgery fellowship training program, please contact Lisa Moreno, residency training coordinator, by e-mail at [lmoreno@lpch.org](mailto:lmoreno@lpch.org), or by phone at (650) 724-3664 or Craig Albanese, MD, program director, by e-mail at [calbanese@lpch.org](mailto:calbanese@lpch.org) or by phone at (650) 724-3664.

# LUCILE PACKARD CHILDREN'S HOSPITAL

## IMPORTANT CONTACT INFORMATION

### Physician Hotline for Referral & Consultation

24-hour, immediate referral and consultation  
Tel. (800) 995-5724  
Fax. (650) 721-2884  
referral@lpch.org

### E-mail LPCH Faculty

pedsfaculty@lpch.org

### Voice Mail LPCH Faculty

(888) 358-6245

### Critical Care Consultation & Transport

24-hour, immediate consultation for neonatal, pediatric and maternal critical care and transport issues  
(650) 723-7342  
(877) 464-5724

### Hospital Page Operator

24-hour access  
(650) 497-8000

## OTHER CONTACTS FOR REFERRING PHYSICIANS

### Admissions

(800) 995-5724 / (650) 497-8229

### Continuing Medical Education

(650) 497-8554

### Diagnostic Imaging

(650) 497-8376

### Grand Rounds

(650) 723-5535

### Health Plan Services

(650) 736-0167

### Medical Group Services

(650) 736-0167

### Medical Staff Services

(650) 497-8566

### Professional Services Billing for Physicians

(650) 498-5850

### Radiologist Consult

(650) 497-8757

## PHYSICIAN REFERRAL LIAISON SERVICE

Providing assistance and information to referring physicians and their staff.

Monday–Friday  
8 am–5 pm

Tel. (800) 995-5724

Fax (650) 721-2884

referral@lpch.org

### MD Portal

(888) 637-5724

<https://mdportal.lpch.org>

## UPCOMING CME COURSES

### 16th Annual Pediatric Update

July 18-19, 2008  
Stanford, CA

To learn more:

Tel: (650) 497-8554

E-mail: [lpchcme@lpch.org](mailto:lpchcme@lpch.org)

For complete conference information or to register now, visit [www.cme.lpch.org](http://www.cme.lpch.org).

**Lucile Packard  
Children's Hospital**  
AT STANFORD



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*Physician Update* is published quarterly as part of an ongoing effort to serve the needs of physicians who refer to Lucile Packard Children's Hospital at Stanford. To share comments or secure more information, contact:

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