MD LIFE

NOVEMBER 2016

20 Best Cities to Practice Medicine

A Spotlight on Dr. Tra’Chella Johnson Foy, President-Elect of DCMS

Best Ski Resorts to Spend Your Christmas Holiday
Grandeur Riverfront Estate
San Jose
A home fit for royalty, yet embodies casual elegance. The gated private driveway is lined with mature oak trees and beautiful landscape and leads to the spectacular home featuring first class finishes, a pool and a dock with boat lift.
6 bedrooms/5.5 baths/5,700 sq ft $2,350,000

SAN MARCO
Red Bank Plantation
Beautifully restored home boasting historic touches and updated with new designer kitchen, high ceilings and original wood plank flooring. Large, private yard perfect for family and entertaining.
3 bedrooms/2.5 baths/4,640 sq ft $895,000

SAN MARCO
Private Tropical Paradise
Pristine home in one of Jacksonville’s most desirable neighborhoods. Features beautiful, private courtyard perfect for entertaining. Architectural designer details make this home extraordinary.
3 Bedrooms/2 baths/3,661 sq ft $730,000

SAN MARCO
Tranquil Traditional Hideaway
Nature calls from this two story family home in a tucked away neighborhood filled with charming homes. Convenient to schools and clubs.
5 bedrooms/4.5 baths/4,382 sq ft $499,900

SAN JOSE
Private Traditional Hideaway
Nature calls from this two story family home in a tucked away neighborhood filled with charming homes. Convenient to schools and clubs.
5 bedrooms/4.5 baths/4,382 sq ft $499,900

BEAUCLER
Established traditional beauty
Tudor home in pretty Mandarin neighborhood. Spacious rooms, high ceilings and newly added screened-in porch featuring fabulous summer kitchen overlooking fenced backyard.
4 bedrooms/3.5 baths/4,655 sq ft $529,000
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I’m often asked what the reason behind producing fresh content is. Let’s start with your social channels. More and more, when people are deciding between your business and another business that offers the same service, they’ll make sure your social channels are up to date. Social media has proven that it’s not going anywhere and you need to regularly publish content to constantly proclaim that you’re running a reputable business and actively promoting it. This means that you should be posting to Facebook, Twitter, and Google Plus and possibly to Pinterest and Instagram. The reason behind this is that if you don’t have a website, or if your website isn’t properly optimized, then people can still find you and determine if you’re a good fit for them.

Let’s say that you already do everything mentioned above. Let’s take it one step further. You need to be blogging consistently. Once a month is fine. The reason behind this is that it adds content, sub-pages, a larger body of searchable text to your site, and also has the ability to position your business as the expert on a given topic. People DO read these. Your blogs should be at least 300 words in length, you should have a focus keywords, have the blog tagged appropriately, and any number of other things that optimize your blog properly. If this isn’t something you see yourself doing, rest assured that a number of very good local companies will do it for you for a fee.

Original content can take your efforts a step further still. Create something fun for your office above and beyond pasting a link or taking an office photo. There are a number of free apps out there that allow you to be as creative as you can possibly be. If you publish enough creative content to your site, not only are you consistently updating it, but others will soon take notice and you’ll develop a followership and people will begin sharing your content, and that’s how you develop brand virality. If you don’t have a big budget for traditional media or digital advertising, let your creativity work in your favor and produce results for your business.

Ryan Blair is Chief Operating Officer at Mad Men Marketing and a Google 5 Specialist certified in Google Analytics, Search Advertising, Display Network Advertising, Video Advertising, Mobile Advertising, and Google Shopping. He oversees the research and social media departments. His academic career spans over a dozen years with the majority of his studies concentrated in the fields of economics and international business. He has led the digital advertising efforts at Mad Men Marketing for the past 2 years.
The last couple of decades have seen a dramatic shift of power and clout away from individual physicians and towards administrators and the business side of health care. In many ways, physicians have nobody but themselves to blame collectively; because for any large and respected group of people to surrender so much autonomy so quickly, a lack of strong leadership must always be a factor.

So many different reasons for this sea change can be discussed, but the consequences are very palpable. To name but a few, we've seen the relentless push towards consolidation and mass employment of physicians, a rise in mandates and bureaucratic requirements, and a general explosion in the number of administrative folks while the number of physicians appears to be shrinking! Then there's the more subtle changes that the medical profession has also allowed to happen right under their noses, such as the refusal of many in the hierarchy to even call doctors by their true job title anymore — instead labeling them only as "providers". Speaking as someone who maintains a large network of physician friends and colleagues across the country, some of the stories I've heard about what happens nowadays are astonishing. Fortunately, after a few bad experiences, I'm now part of an organization where the relationship between physicians and administrators is probably as good as it can be. But from what I see, this is a rarity.

I relate one recent story in particular. I have a very close friend in the Midwest who is quite a brilliant doctor. He went to a top US medical school and got stellar USMLE scores. I've known him for years and am proud to have trained with him. He is sub-specialty board certified, but decided to practice hospital medicine.

He told me that his group, which is essentially run by non-clinicians, is completely (and unsurprisingly) focused on the bottom line only. Administrators aggressively monitor their physicians’ whereabouts and try to review all of their patient interactions (mostly how it pertains to billing). To cut a long story short, he told me that the administration for some reason or another wanted him to round first on a particular floor. He didn't think it was the right thing to do for patient care (apparently another floor frequently had patients who required closer and more immediate attention), and it culminated in him basically being scolded by a 28-year-old MBA who informed him that he had to round on that particular floor first, like it or not. Needless to say, he didn't take too kindly to this interaction and that particular experience persuaded him that the time was right to move on.

This story bothered me on multiple different levels, as I'm sure it would any self-respecting physician. First and foremost, how did the medical profession surrender so much to the business of medicine that a situation like this could happen? I wonder what our more esteemed colleagues in perhaps their 50s and 60s would have done twenty years ago if a 28-year-old MBA had dared tell them where to round first? Secondly, how did that young man feel so empowered to scold a highly qualified physician and feel so convinced that "he was the boss"? And thirdly, perhaps most worryingly, is this the future of medicine in the United States? If so, is there any way that physicians can wrestle back a bit of control over their own profession to avoid situations like this becoming the norm? Because if we can't, and the practice of medicine is no longer led by doctors, it's not only the doctors who lose.

Patients will too.

Suneel Dhand is an internal medicine physician and author of three books, including Thomas Jefferson: Lessons from a Secret Buddha. He is the founder and director, HealthITImprove, and blogs at his self-titled site, Suneel Dhand.
To this day, Dr. Tra’Chella Johnson Foy can’t shake the memory of a rundown brick wall that ran through her childhood neighborhood; “the projects,” as she describes it. A teenager at the time, Johnson Foy recalls watching helplessly as the brick wall came toppling down on a boy she knew; crushing him. It’s a day that will stick with her forever.

The adults nearby did the best they could… but removing the bricks was no use. He was gone. Johnson Foy recalls watching the news after the incident and listening to the firemen and EMS discuss how the boy may have survived if the neighbors had left the bricks on top of him.

“I thought, ‘that doesn't make any sense,’” she said. “But in that moment I decided I wanted to know what to do if things like that were to happen. How do you know not to move the bricks? How do you know if the thing that seems the most logical first thing to do, is the right thing to do?”

Many things in Johnson Foy’s life didn’t make sense. Besides growing up in a rough neighborhood, she also dealt with parents who used drugs and were not involved in her life. Talking with her now, you’d never know she went through a dark period in her life. But Johnson Foy recalls times when she would go to bed—and not want to wake up. She felt as if she was an “infinitesimal speck in this broad spectrum of a world.”

But day after day she continued to wake up, and it was during that difficult time that Johnson Foy discovered her purpose. “In my 13-year old brain, I decided the reason I kept waking up was because I was meant to do something important. I had a true and divine purpose here in this life,” said Johnson Foy. She realized two important lessons. The situation could always be worse. And her life, good and bad, was preparing her for something bigger.

High school allowed Johnson Foy to foster her desire of being a doctor. She knew God had an ultimate plan for her. “In my 13-year old brain, I decided the reason I kept waking up was because I was meant to do something important. I had a true and divine purpose here in this life,” said Johnson Foy. She realized two important lessons. The situation could always be worse. And her life, good and bad, was preparing her for something bigger.

So she worked at it; diving full-force into her school work so...
that her ambition of becoming a doctor would eventually become reality. She chose family practice in order to focus on primary care and work toward making a difference for families and the community. Currently, she is a family physician and an assistant professor in the Department of Community Health and Family Medicine for the UF College of Medicine-Jacksonville. Johnson Foy has always immersed herself into her career full force. And that was her entire life. Until LJ.

Johnson Foy was known for being a workaholic, so when motherhood was upon her, some of her family and friends were worried. Not about her being a mother; but about her ability to balance both her career and being a new mom.

"They felt like I was going to burn the candle so much at both ends that I wouldn't be as effective as a doctor or a mother," she admitted. "Only half-heartedly, though, because they knew I could do it. But they also thought I'd still be in the office until 10 o'clock at night, not going home; or even having him in his little corner while I was doing my thing," said Johnson Foy.

Before her son, LJ, Johnson Foy was completely dedicated to her patients; illustrated by her desire to work seven days a week. It was easy to be there as often as she was, because she has such a passion for her profession. But with her son came the idea of learning how to balance two of the most important things in her life; her patients and her family.

Taking the time off for maternity leave in late 2015 was difficult for Johnson Foy. But she quickly learned that her patients were still in great hands. That was a big part of her transition between career and motherhood.

Staying away may have been hard, but coming back to work full-time was easy.

"People ask me all the time, 'how do you leave him at home?' And the answer is because I go somewhere that is as fulfilling to me as anything," she said. "It's easy. And then I go home to him. It's really easy for me to come to work every day because I love what I do. That's why I encourage people that no matter what it is, your decision about what you want to do in your life needs to come from the core of you. That makes it easy to go every day."

Johnson Foy has also learned the art of balancing extra leadership responsibilities with motherhood and her career. She is the President-Elect for the Duval County Medical Society. Her DCMS journey began when her mentor Dr. Floyd Willis pushed her into getting involved back in 2007. He thought she'd be a great asset to the DCMS Board of Directors. At the time, she was unsure about her position on the board, because up until that point she had mainly been focusing on community service. Once she was on the Board she quickly realized the benefits of being a part of organized medicine. She was also chosen as a DCMS delegate to the Florida Medical Association and, through this, she learned how she could guide and impact what was happening in medicine communitywide, statewide, and nationwide.
Johnson Foy was still hesitant about being a leader in DCMS, though.

"I felt like I didn't have enough experience, like I hadn't done enough. And then I thought about it and realized, I go to every meeting. And I'm doing this, and okay I guess I have earned this position… I do believe in earning things, and being ready for things. I don't like the idea of having a position just for the namesake of it," said Johnson Foy.

So Johnson Foy took on the role of Vice President for three years to prepare herself for this new change in her life. She constantly feels that there's something to learn, but being VP helped show her what it takes to be a good leader. And she finally felt ready.

Johnson Foy will be inaugurated as the 2017 President at the DCMS Presidential Inaugural Ball & Annual Meeting on December 2, 2016. The event will take place at The Museum and Gardens and DCMS members and non-members are invited to celebrate! Johnson Foy's goal as President is to propel the organization forward and in a positive direction. She wants to benefit all who serve the field of medicine.

And throughout all her trials, her husband and LJ will be by her side. LJ has even made special appearances at DCMS meetings. When you’re a mom, you have to do what you can to balance your life. So if that means LJ accompanies Johnson Foy to a meeting here or there, well, then there will just be a little bit of unexpected cuteness in the room.

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1. Set aside time to plan
Effective planning requires you to have a good understanding of your current tax situation, as well as a reasonable estimate of how your circumstances could change next year. There’s a real opportunity for tax savings if you’ll be paying taxes at a lower rate in one year than in the other. However, the window for most tax-saving moves closes on December 31st, so best not to procrastinate.

2. Defer income to next year
Consider opportunities to defer income to 2017, particularly if you think you may be in a lower tax bracket in the coming year. For example, you may be able to defer a year-end bonus or delay the collection of business debts, rents, and payments for services. Doing so may enable you to postpone paying tax on the associated income until next year.

3. Accelerate deductions
Look for opportunities to accelerate deductions into the current tax year. If you itemize deductions, making payments for deductible expenses such as medical expenses, qualifying interest, and state taxes before the end of the year, rather than paying them in early 2017, could make a difference on your 2016 return.

4. Factor in the AMT
If you’re subject to the alternative minimum tax (AMT), traditional year-end maneuvers such as deferring income and accelerating deductions can have a negative effect. Essentially a separate federal income tax system with its own rates and rules, the AMT effectively disallows a number of itemized deductions. For example, if you’re subject to the AMT in 2016, prepaying 2017 state and local taxes probably won’t help your 2016 tax situation, but could hurt your 2017 bottom line. Taking the time to determine whether you may be subject to the AMT before you make any year-end moves could help save you from making a costly mistake.

5. Bump up withholding to cover a tax shortfall
If you’re going to owe federal income tax for the year, especially if you may be subject to an estimated tax penalty, consider asking your employer (via Form W-4) to increase your withholding for the remainder of the year to cover the shortfall. The biggest advantage in doing so is that withholding is considered to have been paid evenly through the year, rather than when the dollars are actually taken from your paycheck. This strategy can also be used to make up for low or missing quarterly estimated tax payments.

6. Maximize retirement savings
Deductible contributions to a traditional IRA and pretax contributions to an employer-sponsored retirement plan such as a 401(k) can reduce your 2016 taxable income. If you haven’t already contributed up to the maximum amount allowed, consider doing so by year end.

7. Take any required distributions
Once you reach age 70½, you generally must start taking required minimum distributions (RMDs) from your traditional IRA(s) and/or employer-sponsored retirement plan(s) (an exception may apply if you’re still working and participating in an employer-sponsored plan). Take any distributions by the date required – the end of the year for most individuals. The penalty for failing to do so is substantial: 50% of any amount that you failed to distribute as required.

8. Weigh year-end investment moves
Remember not to let tax considerations drive your investment decisions. However, it’s worth considering the tax implications of any year-end investment moves that you make. For example, if you have realized net capital gains from selling securities at a profit, you might avoid being taxed on some or all of these gains by selling losing positions. Any losses over and above the amount of your gains can be used to offset up to $3,000 of ordinary income ($1,500 if your filing status is married filing separately) or carried forward to reduce your taxes in future years.

9. Beware the net investment income tax
Don’t forget to account for the 3.8% net investment income tax (NIIT). This additional tax applies to some or all of your net investment income if your modified AGI exceeds $200,000 ($250,000 if married filing jointly, $125,000 if married filing separately, $200,000 if head of household).

10. Get help from a professional
There’s so much to think about when it comes to tax planning. It often makes sense to review your specific circumstances with an experienced financial planner who can help you evaluate your options and determine if any year-end moves make sense for you.
I’m a psychiatrist. I’ve been practicing for 30 plus years. I’ve worked in inpatient and outpatient settings seeing the typical mix of general psychiatric patients. About five years ago, I was asked to take the training for a buprenorphine license to serve as a backup for our addiction psychiatrist in her suboxone clinic. I did the training, doubting that I would ever really use it on a consistent basis. But gradually I found myself becoming more and more drawn to the treatment of addiction.

Why?

Treating patients with addiction led me to challenge some of my underlying beliefs about addiction. Yes, even as a psychiatrist, before really learning about addiction, I too thought that there was a “choice” as to whether or not someone used drugs. Sure, I knew that people who were addicted had craving and withdrawal symptoms if they didn’t use.

But I felt that if they really wanted to be clean, they could choose to endure those symptoms. When someone failed treatment, I used the go-to excuse that they weren’t “ready” for treatment. That excuse may make us feel better as physicians, but it doesn’t do much for the patient. When someone fails a cancer treatment, do we say that they weren’t “ready” for treatment?

Most importantly, I began to realize that they are not addicts, but they are persons with the disease of addiction.

Some of my most rewarding experiences have come from treating addiction. For one thing, the patients that I see do not want to be addicts. They see themselves as losers. I don’t think anyone with addiction truly wants to be an addict. Their lives are miserable. I do believe that some people are so far into addiction and have such limited social support and have lost so much (or never had it), that they can’t envision a sober life. However, I’ve been amazed at what support, validation, empathy, and in some cases, medication can do even for the most entrenched patients. The trick is getting them to treatment. But when they get there, they want to be there.

Do some patients still fail treatment? Of course. The pull back into what is familiar can be strong. I often tell patients that sobriety is not necessarily fun in the beginning. They must deal with emotions that they haven’t experienced in years, and they clearly see the fallout of years of using, the toll on their families, children they’ve lost touch with, husbands and wives who divorced them. For some, it’s just too much.

I do realize that I’m seeing people who want treatment. Those of you in the family practice, ER, internal medicine and pain treatment worlds are seeing people with addiction at their
worst. They still feel desperate; they are still trying to manipulate to get the thing that they believe they must have. As I began seeing more addiction patients and hearing their stories, I better understood their mindset. They truly believe that they can’t survive without the pills or the heroin or the meth or cocaine. It sounds crazy to those of us who aren’t addicted. But ask yourself this question. What would you do if you felt that you had to have something just to function on a daily basis, just to survive? Would you lie, steal, manipulate? Probably.

I currently work with a man in his 30s who lost everything due to his opiate addiction: his house, his job, his family. He came into treatment and got on suboxone (after failing a couple of abstinence based treatments). He’s been clean for about five years. He just graduated from college, got promoted at work, and was able to buy the home that he and his fiancée had been renting. His fiancée, their two children, his mother and all of his siblings were present to see him graduate.

One patient, a man in his early 30s, has a history of heavy drug use and gang involvement. After a couple of unsuccessful attempts at treatment, he is working steadily laying carpet, looking to buy a house, and finally able to be a role model for his five sons. We discovered, through some testing, that he also has attention deficit disorder. I have women who have gotten jobs for the first time in years and are repairing relationships with children being raised by other family members. I have several patients who are the only members of their immediate family who are sober. One woman recalls growing up in a household where pills were simply thrown into a bowl on the table, available for anyone to take. Sadly, it is not unusual for one of my patients to come to the session grieving over a family member or friend who overdosed and died.

I only wish we could get patients to treatment more easily. I know that these are the least favorite patients of most physicians. They are people with a possibly fatal illness that can be treated. You don’t have to like them, but I hope that you can believe in them enough to refer them to treatment. If they don’t take you up on it immediately, they may later.

Colleen Ryan is a psychiatrist who blogs at Dr Colleen.
2014 Slingshot Cabernet Sauvignon is made by Stewart Cellars, one of the elite names in Napa Valley. In a story that is pretty common in Napa, Michael Stewart sold his technology company he founded in Texas, and his love of wine led him west. He and his wife Anne started in 1999 by buying a majority interest in the Juliana vineyard, a 300 acre parcel in the Pope Valley of Napa. From this holding they launched Stewart Cellars in 2000 and produce their first Napa Cab. Like most, he enlisted the help of a top-flight winemaker, in this case Paul Hobbs. Because of his relationship with Hobbs, now the Stewart Cellar wines are made primarily from purchased grapes, grown in hallowed vineyards, Las Piedras and Stagecoach in Napa, and Ross Station in Sonoma. This allows them to produce a wider range of wines, from Cabernet Sauvignon in Napa to Pinot Noir and Chardonnay from Sonoma. Their reserve Cabernet Sauvignon, called Nomad, is a perennial big-score wine and sells for a paltry $175 per bottle. Luckily for us, they also recognize the value of cashflow, and produce Slingshot for a wine that is in the market year-round. Slingshot wines are the project of Michael and Anne’s kids, son James and daughter Caroline. James is the president of both companies and one of the up-and-coming leaders of younger Napa generation. His sister Caroline spent several years traveling the world, making wine in many different places, to now come home and take over the cellar. She is also working closely with Paul Hobbs, who is not technically consulting for this wine, but his finger prints are apparent. The produce Slingshot from their holding in the Juliana vineyard, located in the Pope Valley of Napa. Located east of Napa, and separated by Howell Mountain, Pope Valley lies at high elevation and is shielded from the weather effects of San Pablo Bay. As a result the valley is hotter in the summer, colder in the winter, and the soils are less fertile. Most of the vineyards in Pope Valley are planted to red varieties, such as Cabernet Sauvignon and Merlot. While there are very few wineries located in the valley, many of the big names own vineyards there; Heitz, Flora Springs, Hess Collection and Frog’s Leap just to name a few. Fruit from Pope valley tends to have quite a bit of structure, in the form of tannins and acid. As a result many wineries use the grapes grown there to add balance to their final products. For the Slingshot wines, Caroline Stewart manages to craft a wine with a big, plump sense of fruit, with well integrated, balanced tannins. When you open this wine, give it a half hour in the decanter to open up. Once you do it offers the classic Napa aromas of cola syrup, cooked cherries and black raspberries, milk chocolate and dried black figs. On the palate it is pretty dense, with good concentration and long but firm tannins. You will want to serve this wine with some protein with a little char, such as a grilled ribeye steak.

2013 Blacksmith Charbono comes from Mike Smith, who crafts small quantities of many different wines. I have wanted to feature something from Mike for a couple of years, but he makes most of his wines in such small quantities that securing the 40 cases I need for this club has proved difficult. Thankfully I got in line early for this one and bring you one of his most exotic, and interesting wines.
Mike started in the wine business as a lab tech at Beaulieu vineyards. That stoked a passion for winemaking that led him to the oenology program at Fresno state, where he graduated with the top honor. Although he had many job offers, he chose to work two positions simultaneously, as the assistant winemaker under Mike Dashe (Dashe Cellars) and the oenologist for Jeff Cohn (JC Cellars.) At the time both rented space from Kent Rosenblum, where Jeff was also head winemaker. Those who remember the old Rosenblum Cellars, before Kent sold, know that he never met a grape he did not like, and so he crafted dozens of different wines each vintage. This spurred Mike Smith’s interest in the exotic and different varieties, which is how we get to this rare and unusual variety (sort of) called Charbono. Charbono, or Douce Noir, is a very old variety that is thought to have been propagated by the Etruscan’s over 3000 years ago. Although it is often attributed to be many modern varieties in Italy, DNA evidence has yet to prove it still exists there. It did, however, end up in the neighboring Savoie region of France, where today there are 7 acres of the vine planted. In the late 1800’s it was carried to the US, and today there are around 80 acres planted in California, most in Napa Valley. Before you plan on building a vault for this rare bottle, know that Charbono has been identified as a synonym for Bonarda, of which there are 47,000 acres growing in Argentina. While obscure, it is certainly not rare, in the world-wide sense of the word.

The grapes for this wine grow in Suisun Valley, which lies east, over the Vaca Mountains, which create the border between Napa and Solano counties. Although vineyards started popping up in the Suisun Valley in the late-1800’s, few survived prohibition. Because of the shielding of the Vaca mountains to the west, Suisun Valley is warmer than Napa and perfect for late ripening varieties such as Cabernet Sauvignon, Syrah and Charbono. In fact, the Wagner family who own Caymus Vineyards, are building a winery in the Suisun Valley, and Gallo recently purchased two existing facilities. Although not in the Napa AVA, the county does lie in the North Coast AVA, which is becoming a popular designation for affordable wines from Napa producers. Wines that carry this AVA can be made up of grapes grown in Solano, Sonoma, Napa, Mendocino and Lake counties. When you plan to serve this wine, make sure to allow for at least an hour of time in the decanter. This is a big wine that needs to stretch out a bit before serving. Once you do this it offers a heady combination of deep, cooked blackberries and blueberries, dried dates, black licorice and fresh baked pie shell. On the palate it is very plump and broad, with a fine frame of tannin rising in the middle, but not much acidity. Drink this wine over the next three to five years with your favorite Texas chili recipe or a fatty, braised cut like oxtails.

Tim Varan and Brock Magruder opened Tim’s Wine Market in October, 1995 at the original location in Orlando, Florida. Based on twenty years of buying experience, each year Tim samples over 4000 wines to select only a few hundred each year for the Tim’s Wine Market stores. Tim’s Wine Market has a local store in Ponte Vedra Beach, owned and operated by Emery and Jean Clance. www.Timswine.com

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Best Ski Resorts to Spend Your Christmas Vacation

by Heather Balogh

Christmas vacation is one of the most enjoyable times of the year to hit the slopes. After all, what better way to say "Happy Holidays" than hot chocolate, knee-deep powder, and skiing Santas? We’ve rounded up our favorite ski resorts during the Christmas season. Take a look, and let us know if we touched on your favorite festive mountain!

1. Winter Park, Colorado

Winter Park is a family-friendly destination, and this rings true during the holiday season too. The Christmas fun hits its stride on Christmas Eve, beginning with a Santa ski day at Granby Ranch. Naturally, he needs a break too, so he’ll be passing out candy canes in the lodge at 12:45pm. The merriment continues with the treasured torchlight parade at Winter Park Resort at 5pm. Roughly 100 skiers lead the way to the base, followed by a handful of snowcats decked out in Christmas light. The caboose is none other than Santa himself! Those who feel spiritual can attend the non-denominational service or the Catholic mass.

2. Sun Valley, Idaho

If you’re searching for a classic Christmas straight out of a Dickens novel, look no further than Sun Valley. America’s oldest resort began the celebration on December 12 with the Winter Wonderland "White Christmas" window stroll. Don’t forget to participate in the corresponding scavenger hunt! Holiday storytelling for kids (and an optional brunch with Santa!) are available on December 23. But the real merriment happens on Christmas Eve: the traditional Holiday Ice Show kicks off at 5:30pm, complete with carolers and The Nutcracker Ice Show. The fun wraps up with the traditional torchlight parade and fireworks on Dollar Mountain.

3. Jackson Hole, Wyoming

Jackson may be nestled in a corner of Wyoming, but it sure knows how to celebrate the holidays! Santa makes regular visits during the Christmas season, hanging out in the festively lit Town Square from 5-7pm (December 15-24). Holiday cookie decorating will take place at Teton Mountain Lodge on December 22, and Cowboy Santa will drop by before a reading of "Twas the Night Before Christmas on December 23. Both an interdenominational holiday service and a Catholic Mass are offered on Christmas Eve, topped off with Christmas Day skiing with Santa.

4. Crested Butte, Colorado

Tucked away in the Gunnison Valley, Crested Butte is an idyllic mountain town with a spectacular ski resort. But during the holiday season, the already-classic ski town turns...
into a winter wonderland. The Rock on Ice festival kicks things off, showcasing exquisite life-sized ice carvings at the base of the mountain. The party continues with Christmas Eve sleigh ride dinners at Uley's Cabin. Then watch Santa and his sleigh get towed down the mountain by a snowcat! He'll be passing out candy canes to all the good children, so be sure to grab one before watching the Crested Butte Ski and Ride School in their annual torchlight parade down the front side of the mountain.

5. Park City, Utah

There is magic in the air at Park City, so of course Santa has to stop by! He'll be shredding the powder on Christmas Eve, so be sure to look for him on the chairlift. Once the sun goes down, he has an even bigger job: leading more than 100 ski and snowboard instructors down the PayDay run for the 50th annual torchlight celebration. From December 23-25, Santa will be making regular visits to The Canyons for some skiing, but you can also find him at Deer Valley on Christmas Day. Busy guy!
Chef Chris Polidoro has successfully opened his much anticipated restaurant, Doro, in Neptune Beach in the Beaches Town Center area. In a cozy space between North Beach Fish Camp and Mezza Restaurant formerly occupied by Tama’s Sushi you will find Doro, with casual and clean, white and gray furnishings and a mere twelve tables. You’ll want to stay, as everything about it exudes elevation.

Chef Polidoro is the former personal chef of national television journalist Matt Lauer. Polidoro set his sights on opening a restaurant in Florida. When space became available just steps from the beach, he stepped in to make his dream a reality. Polidoro brings with him his highly qualified wife, Jessica, to run the front of the house. The pair make quite a team and we are delighted to welcome them to the First Coast.

We have been waiting to check out Doro when it opened and somehow forgot and found ourselves heading west to go over the river as we were trying to come up with a new restaurant to try. We had a moment of, “Wait a minute! Doro!” and swung a u-turn to go east to the ocean.

When we got to Doro it was a full house. With 12 or so tables, it’s a good idea to plan ahead in case there is a wait. The design is beautiful, with polished cement floors and walls of white and gray. The ethos of the place is serene and the space feels casual but classy. You’ll feel comfortable in boat shoes, shorts and a collared shirt or dressed up for a night on the town. Because the restaurant is made up of clean, hard surfaces there is a surprising amount of noise, given the size, that echos around when it is at capacity. As we enjoyed our meal and languished at our windowside table, the restaurant began emptying out and the noise level dropped considerably.

We’re told the menu at Doro will change regularly based on the season and freshly available ingredients. The menu might just be one of the smallest in town with just 8 first course and 8 second course options.

**Heirloom tomatoes**

For our meals we chose Heirloom Tomatoes($12) ricotta salata, lemon and mint and Seared Shrimp($12), curdled egg and sea beans. The tomatoes were simply beautiful! The whole heirloom tomato dish was perfect. It was well balanced, with the lemon so subtle, adding just a tiny touch of tangy sweetness and the cheese laid over top of obvious high quality. The seared shrimp dish was inventive and executed well. While curdling is often something to avoid in the kitchen, curdled egg is a variation of scrambled egg using a French technique where cream is added to the egg. The seared shrimp over curdled egg with sea beans was a salty-savory dish, with the eggs a soft and smooth consistency. We give Doro big points for pushing Jax diners to be open to a new way of experiencing something familiar. If our food scene is to grow we need more restaurants to gradually push their guests to try new things.

**Grilled shrimp with curdled egg**

For our second (main) courses we went with the Grilled Snapper($25), raw tomato, brussel sprout leaves and roasted olives and Duck Breast($28), carrot puree, honshemiji mushrooms, nectarines. The grilled snapper was served with the skin on. The skin of the fish was perfectly seasoned and really elevated the experience. The filet was expertly prepared, full of flavor. The roasted olives gave the dish that little something extra. All of the pieces worked together. My dining partner commented that I had picked the “yoga beach lady” special. If eating like a yoga beach lady is wrong, I don’t want to be right. The duck breast was prepared equally well. As an incredibly picky lover of duck, it can at times be hard to find a well prepared duck breast in Jax. Doro gets the job done. The perfectly cooked duck with carrot puree is an ideal marriage of flavors. Honshemiji mushrooms are smaller, but similar in flavor to oyster mushrooms. They lend a texture to the duck dish that brings it up a notch. The roasted nectarines provide a pop of tartness. Savory duck meets sweet carrot puree meets earthy mushroom which collides with the tart nectarine which all come together to create a dish that delights every tastebud!

**Seared Snapper**

Now for the one thing I know Jax diners will complain about. Portion size. When Moxie Kitchen and Cocktails opened
people complain incessantly about their portion sizes. To this day, 3 years later we still hear people complain about their portion size. Restaurant Doro’s portions are similar. Folks in Jax need to get over the need for portion sizes so big that you have to either gorge yourself or take half the meal home in a box. We were pleased with our meals and given the portion sizes we did not feel bloated or overly full. We felt satisfied, as though we had eaten just the right amount of an amazing meal. And the thing is, that’s how fine dining works. The portions are not huge. You pay for fresh food, prepared perfectly, and excellent service. That is exactly what we found at Restaurant Doro.

Duck
For dessert, there were five choices, two of them being house made ice cream or sorbet. That left us with three baked or prepared desserts. From the menu alone it seemed like dessert was perhaps an afterthought, but in the interest of being thorough we decided to try it anyway. We chose the toasted angel cake, salted butter and fresh fruit jam ($8) and double chocolate, souffle and mousse ($10). The angel cake is a wedge slice of cake which has been toasted and slathered with salted butter. We really were not fans. It was just okay. Not a lot was happening flavorwise, and the amount of salt on the cake was overwhelming. The toasting added a nice texture, but it was just kind of bland and way too salty. The jam was more like a thin sauce and some berries. The double chocolate dessert is a duo- a chocolate souffle and a scoop of chocolate mousse. This had a deep chocolate flavor. While it was good, it was such a tiny serving. It was almost laughable to pay $10 for a couple bites of mousse and a couple bites of souffle. In fact we actually did laugh a little when it arrived at the table. It was maybe 4 bites total. It’s week one so everything isn’t going to be perfect. As great as the rest of the menu is we’re sure over time they’ll evolve a dessert menu that guests will enjoy.

Toasted Angel Cake with Salted Butter
We’ve visited a ton of restaurants during their first couple of weeks in business. Most of the time even in fine dining we’ve found the servers don’t really know the menu. Our server at Restaurant Doro knew it backwards and forwards. We intentionally ask a lot of questions, both so that we have some background and info to share in the review and also to see if the staff actually knows and cares about what they’re serving. Our server answered every single question in a way that shared

knowledge and passion about each dish on offer. The level of service we received was top notch. It was attentive and caring without being pretentious.

Chocolate Duo
The beautiful space, delicious seasonal menu, and excellent service are where Doro shines.

All in all, Restaurant Doro is a welcome addition to the fine dining scene in Jax. The food is prepared expertly with the use of real food whose flavors elevate each other. The service is superb, with knowledgeable wait staff to help guide you to your next bite. It turns out the Polidoro’s dream is a beautiful space with even more beautiful food. The next time you are looking for somewhere to commemorate a special occasion this should be the spot.
20 of the Best Cities in America to Practice Medicine

by Tera Tuten

Finding the perfect hospital, clinic or other institution to work at is crucial to a medical professional’s job success and satisfaction. But another factor – the city you’ll live in to practice at that institution – is often second, third or not even on the checklist for workplace utopia.

Just in case you were wondering which ones offer the most opportunities for your career and overall happiness in the workplace (and out), here below are 20 of the best U.S. cities to practice medicine in and the reasons they rock to work there:

Texas and the rest of the Southwest

San Antonio, Texas
This West Texas town features a state-of-the-art center for military medicine and is home to the world renowned BAMC burn unit. San Antonio is also one of the only cities with three Level One trauma centers. The city’s South Texas Medical Center is one of the largest in the country.

Houston, Texas
In addition to being a wonderful city in which to live and raise a family, Houston will soon be home to a new premier medical complex and the largest medical training campus in the world.

Huntsville, Texas
Huntsville Memorial Hospital has been recognized as an outstanding place to practice medicine by Medical Economics magazine. Interestingly-enough, the publication also lists Texas as the best state for doctors.

New York, New York
Though the cost of living in New York is the most expensive of any major city in the U.S., the opportunities are tremendous and the city ranks #2 for NIH funding: $1.2 billion US.

Littleton, Massachusetts
This modest settlement of 4,600 is bustling with restored 19th Century architecture, upscale restaurants, and small-town charm. Its proximity to Boston, the Massachusetts academic community, and a myriad of outdoor recreation opportunities makes Littleton a top choice based on quality of life.

Eastern Seaboard

Boston, Massachusetts
The Milken Institute ranks Boston as the #1 life sciences cluster in America.

Its National Institutes of Health funding – at around $2 billion – is the highest in the country.
California and the West

Klamath Falls, Oregon
With a population just under 20,000, Klamath Falls – just north of the California border – has done a good job of luring former Californians with lower housing costs and 300 days of sunny weather each year. The town’s largest employer is the Sky Lake Medical Center, a hospital and outpatient clinic. Says one recruiter: “There’s great retention, great quality of life, and the hospitals are being really progressive with call pay and making it worth your while.”

The Southeast

Longwood, North Carolina
The city Medical Center alone received almost a billion dollars in research money on average for the past five years or so.

Scottsboro, Alabama

Beckley, West Virginia
This tiny southwest West Virginia coal mining hub of about 17,000 citizens is located 45 minutes south of Charleston and home to Mountain State University’s 8,200 students. Recruiters say doctors here are doing very well financially. That, combined with a low cost of living and attractive natural amenities makes for a wonderful quality of life.

Ripon, Wisconsin
At just under 8,000, Ripon is about 90 minutes south of Green Bay, home to Ripon College, and the Ripon Medical Center, which includes a heart and lung center and cancer clinic. Pay is also above average compared to cost-of-living, or otherwise.

Indianapolis and New Castle, Indiana
Situated 49 miles northeast of the big city, 18,000-strong New Castle offers small-town living close to Indianapolis, but is also home to Henry County Memorial Hospital, with lots of opportunities to practice at the facility right in this small town, still close to major universities, colleges, and other research institutions.

Gary, Indiana
Gary’s cost-of-living was well below the national median, and only nine states have fewer doctors per thousand people. Also, the competitiveness of Indiana’s insurance market is low enough that doctors don’t seem to feel overwhelmed by the demands of too many payers. Indiana is one of only six states described as “currently OK” by the AMA when it comes to malpractice climate.

Williston, North Dakota
Despite what you may have heard about sky-high prices in the far north, Anchorage is actually more affordable than Atlanta or Cincinnati. And this wilderness playground needs physicians badly. Incentives to relocate are plentiful and you can fly nonstop to Hawaii for vacation.

**Sioux Falls, South Dakota**

A town – as with the rest of the state – that is fairly friendly to doctors from the perspective malpractice climate, as well as having a need and great respect for new incoming doctors. Pay is above average and ratios of doctors-to-patients are favorable, despite the staff shortage.

**Waconia, Minnesota**

Only 30 minutes west of the Twin Cities, and it boasts an outdoor playground of natural beauty…plus a community indoor water park. The town is an especially friendly place to build a primary care practice in or near Minneapolis/St. Paul, then come home to this cozy settlement of 9,000 on the shores of Lake Waconia.

**Kingsport, Tennessee**

Recently named one of the best cities to practice medicine in America by Medial Economics Magazine:

**Wichita, Kansas**

While Kansas doesn't actually top-out on any best-of lists, it sits near the top on a lot of them. Wichita gets high marks for favorable patient-to-doctor ratios and gosh-darn friendly locals. At 350,000, Wichita is the state's largest city. That density, coupled with all the other surprising delights of the region makes the town the best area in the state in which to practice.
The Best Tech Gifts to Give Your Friends and Family This Holiday  By Stefan Vazharov

Meet the Bose QC35: The Best Noise-Canceling Wireless Headphone [ $349.00 ]
The recently launched Bose QC35 headphones are the long-awaited wireless member of the audio giant’s QuietComfort lineup of noise-canceling headphones. As its model number suggests, the high-end headset replaces the much-loved, but wired Bose QC25 at the top of the company’s range.

Apple Watch Series 2 [ From $ 369 ]
Apple iPhone users in your life will love the latest Apple Watch Series 2. Yes, it looks like its predecessor, but it’s a whole lot better. It is fully waterproof, equipped with GPS, and it packs a bright display that’s visible even under direct sunlight. There are many variants to choose from, including Apple collaborations with Nike and the fashion house Hermes.

Anki Cozmo [ $180 ]
The Anki Cozmo is a cute little robot with a ton of personality. Powered by a sophisticated artificial intelligence, Cozmo is self-aware, capable of recognizing its owner and expressing feelings, and always ready to play games. Those who like to dig further into robotics, can utilize a developer platform and add more features to Cozmo. Overall, this is one of the coolest gifts for techies of all ages to give this holiday season.

Amazon Fire HD 8 Tablet [ From $90 ]
Amazon’s recently refreshed Fire HD 8 Android slate is a great gift for friends or relatives who haven’t experienced the joy of tablet ownership. The colorful device has colorful design, lightweight body, 8-inch HD display, and snappy processor which makes quick work from most common tasks. Amazon Prime account is necessary to fully experience the capabilities of the Fire HD.

HP Sprocket Portable Photo Printer [ $130 ]
The brand new HP Sprocket is a cool portable photo printer, which will enable your favorite social media aficionados to get physical copies of their best mobile photos. Designed to work with Apple iPhone and Android smartphones via a free app, the Bluetooth gadget utilizes zero ink photo paper.

Skullcandy Ink’d Wireless Earbuds [ from $49 ]
Lightweight and comfy, the Skullcandy Ink’d wireless earbuds are a great gift for active personalities, as well as users of the latest iPhone. The headphones’ battery can deliver up to eight hours of playback on a single charge. There are many colors to choose from.

Wacom Bamboo Notepad [ $130 ]
If there are any avid sketch artists or note takers you care about in your life, consider gifting them the Wacom Bamboo Notepad. The nifty gadget uses regular paper and instantly send notes or drawings to the user’s smartphone or tablet. There’s even an option to search for sketched words via a mobile device.

Tile Slim Tracker [ $30 ]
Does your mom, dad, brother, or whoever you’re gifting this year forget the whereabouts of their iPhone often? This small and nifty gadget by Tile will help them find it, so long as the phone is within its Bluetooth range. Barely thicker than a credit card, the tracker is as easy to carry around as it gets. Its non-removable battery lasts for a year.
Dr. Eva Nasi is a board certified Family Physician and the founder of PremierCare MD. She is excited to offer the community the opportunity to experience a more personalized model of health care. Dr. Nasi’s practice is based on a new model for providing healthcare and her entire focus will be to provide her patients with the primary care that they deserve and probably aren’t receiving in our current broken health care system. We asked her questions to help better understand her practice and business model.

You have opened a new medical practice. How is this different from a traditional medical practice?

PremierCare MD is a Concierge/Direct Primary Care (DPC) medical practice focused on putting the patient first. Perhaps the most critical distinction of our model of care is the DIRECT, personal relationship between the patient and the Doctor. By forgoing the traditional fee for service arrangements with insurance companies, we save our patient members from the arbitrary and intrusive decisions that follow third party payers. The disruption of the doctor-patient relationship by insurance companies and Medicare/Medicaid has ruined the practice of medicine. By removing this barrier to personalized care, we are restoring control of your healthcare decisions to you, the patient. We will work together to determine what is best for you.

With these differences, how does this benefit your patients?

One of the biggest (and most important) differences you’ll find between PremierCare MD and traditional fee for service family practices is the number of patients we limit our practice to. Have you ever wondered why it takes days and sometimes weeks to see your Doctor only to spend 5 minutes with you? In a traditional fee for service practice each doctor needs a panel of 2,500-3,000 patients just to keep the doors open. Each doctor at PremierCare MD is limited to around 400-500 patients so that in most cases you will see your doctor on the same or next day. In the current fee for service model of medicine it is estimated that 50-70% of office visits aren’t even needed but the only way the doctor gets paid is for you to come to the office. How many times have you taken time off work to wait in a doctor’s office only to be told that your blood tests are completely normal? With PremierCare MD your valuable time is never wasted on unnecessary office visits when something can be dealt with either via phone, text, or email.

What are some other advantages of a membership based practice like PremierCare MD?

It is estimated that 40 cents of every dollar spent on healthcare in this country goes towards the administrative costs associated with billing, fulfilling government mandates, and dealing with insurers. Since PremierCare MD has said goodbye to the middleman (insurance, Medicare, Medicaid) that’s 40 cents that goes back to the patient in the form of:

- Personalized care tailored to your needs and comfort level
- The choice to be seen in your home or office
- Same and next day appointments
- Your Doctors cell phone number
- Many diagnostic and procedural benefits at no additional cost
- Discounted Labs and Imaging
- Prescriptions at wholesale cost*

* One recent example of the savings on prescriptions is a patient who was paying nearly $450 per month on 3 prescriptions. The savings received on those medications in one month covered almost 6 months of membership fees. Another exam-
ple is a patient who had very good insurance but was paying about $60/month in copays for medications. With his membership in PremierCare MD his monthly prescription costs are $12/month.

When did you decide that you were going to offer medical care in this manner and why?

After completing my training in 2013 I returned to the Jacksonville area where I started practicing family medicine. During my residency training and my work in a traditional fee for service medical practice, I became increasingly frustrated with the status quo. In the traditional system you are no longer working for the patient but instead you are essentially beholden to the third party payer. I became a family physician so that I could be there for my patients and have the time to really listen to them and address their problems. This important relationship has eroded under our current health care system.

Was there a particular person or medical practice with the same model that influenced you?

Atlas MD is a Conciere/Direct Primary Care practice located in Wichita, Kansas that is on the forefront of moving the Direct Primary Care model forward. They are mentoring new DPC practices that are opening around the country. Direct Primary care is expected to grow at a 25% annual rate in the next several years and I’m so happy to be part of the movement towards a health care model that makes sense.

Why do you think the type of medicine you are offering is a better alternative in this environment of confusion about health care?

In our current fee for service system the doctor is incentivized to see more patients, order more tests, do more procedures, and generally, over treat the patient. Hospitals buying physician practices only compounds the problem. The patient and their doctor are being pushed further away from the decision making process regarding their care. With the Conciere/Direct Primary Care model the incentives to over treat have been eliminated and power has been given back to the patient regarding their health care. Direct Primary Care is an ideal model in the age of high deductibles where more health care costs are being shifted back to the patient. Small Businesses have been early adopters of the DPC model of health care delivery because of its efficiencies and cost savings.

Do you recommend that patients continue to have health insurance?

Absolutely. One of the best descriptions I’ve heard when talking about Direct Primary Care is comparing it to car insurance. You don’t use your car insurance for oil changes or for new wiper blades or tires so why would you use your health insurance for basic medical care. Patients who pair a high deductible wrap around or catastrophic health insurance plan to cover major hospital or surgical costs with a DPC membership can possibly save 100’s if not 1000’s of dollars per year in health care premium costs.

What are your plans for your practice in the future?

Because it just makes sense, my dream would be for PremierCare MD and the DPC model to gain steam in the Jacksonville area and hopefully add other physicians who believe in the power of this model to transform primary care delivery.

When you are not helping your patients, how do you spend your time away from the practice?

Although starting a new practice can be all consuming, I do make the time to practice yoga and play tennis. I also enjoy gardening and raising orchids.

The faster we live, the less emotion is left in the world.
The slower we live, the deeper we feel the world around us.

-Stanko Abadžic

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