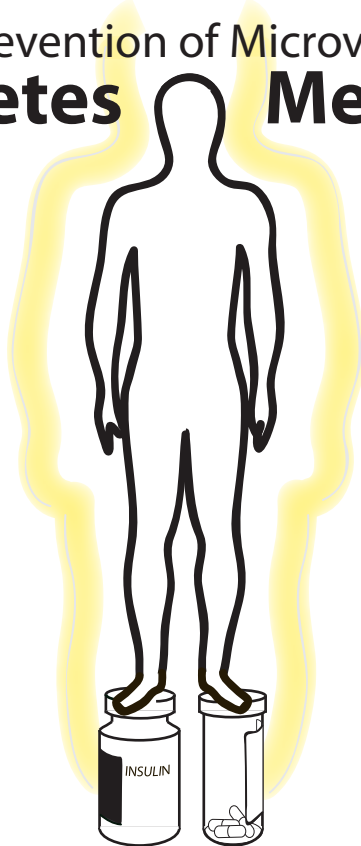


The Spokane County Medical Society presents

Management and Prevention of Microvascular Complications of  
**Diabetes Mellitus**



**COURSE DESCRIPTION**

This program is designed for the primary care clinician and will provide an overview of three topics of interest in the treatment of diabetes mellitus. First, Dr. Wysham will cover "Glycemic Control of Diabetes Mellitus" where the participant will become familiar with how to start insulin therapy in patients with Type II diabetes. Next, Dr. Carlson will present "Diabetes and Peripheral Nerve Disease" where he will review options for neuropathic pain control. Finally, Dr. Ott will review the principals of preventing and treating diabetic foot ulcers.

**FACULTY**

**Carol Wysham, M.D.**  
 Rockwood Clinic South in Spokane, WA

**Scott Carlson, M.D.**  
 Rockwood Clinic South in Spokane, WA

**David Ott, MD**  
 Deaconess Wound Center in Spokane, WA

**CME Category I**

Spokane County Medical Society is accredited by the Washington State Medical Association CME Accreditation Committee to sponsor continuing medical education for physicians. Spokane County Medical Society designates this education activity for a maximum of 3.0 hours in Category I to satisfy the relicensure requirements of the Washington State Medical Quality Assurance Committee and the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the education activity.

**Wednesday, February 16, 2005**  
**Deaconess Health and Education Center**  
**5:30 - 9:15 PM**

3.0 Hours  
 of  
 Category I  
 CME Credit

Management and Prevention of Microvascular Complications of Diabetes Mellitus, February 16th, 2005. DHEC, 5:30 PM to 9:15 PM.

Name: \_\_\_\_\_ Physician: \_\_\_\_\_ Other: \_\_\_\_\_  
 Specialty: \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please RSVP by February 14, 2005

No cancellations after February 14th or you will be billed.

Please make pre-payment by:  Check  VISA  MC

Make checks payable to: SCMS

Account Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Card Holder's Billing Address & Zip: \_\_\_\_\_

**Attendance**

- \_\_\_\_\_ SCMS Members \$95
- \_\_\_\_\_ Retired SCMS Members \$75
- \_\_\_\_\_ Non-members-MD, DO, PA \$150\*
- \_\_\_\_\_ Retired Non-Members \$100
- \_\_\_\_\_ Allied Health \$65
- \_\_\_\_\_ Medical Students & Residents \$30

\_\_\_\_\_ Total Enclosed (Includes Dinner & Materials)

\* May join SCMS as an affiliate member for \$95

**Dinner Selections** (please indicate your choice)

- \_\_\_\_\_ Regular Dinner
- \_\_\_\_\_ Vegetarian Dinner

**TO REGISTER (options)**

online @  
[www.spcms.org/cmeREG](http://www.spcms.org/cmeREG)

fax this form  
 (509) 325.5409

by phone  
 (509) 325.5010

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