47 Years Working with Ostomates



November/December 2020 Volume 47 Issue 2

Metro Maryland Ostomy Association, Inc.

Phone: 301-946-6661
E-mail: info@MarylandOstomy.org
WEB: www.MarylandOstomy.org

15800 Crabbs Branch Way Suite 300 Rockville, MD 20855

Dear Metro Maryland Supporters,

You will not be surprised to learn that Metro Maryland has cancelled its Raffle and Holiday party this December due to the pandemic. In the past, those who did not wish to participate in the Raffle often made a donation. We encourage everyone this year to *make a donation*.

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We have a policy of sending newsletters for three years whether or not participants have donated. If we have not heard from you in the past three years, this will be your last newsletter! We still have postage, printing and other costs so we encourage you to donate what you can.

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To celebrate the 10th Anniversary of Ostomy Awareness Day in October, Metro Maryland Ostomy Association knocked it out of the park by receiving **three** proclamations from state and local elected officials:

- 1) a proclamation from Governor Hogan,
- 2) a citation from Maryland State General Assembly and
- 3) recognition from Congressman Jamie Raskin of Maryland, District 8.

* * * * * * * * * *

We apologize for the September Zoom meeting misinformation. MMOA now has its own Zoom subscription so we do not anticipate any more problems. It is easy: click (or copy and paste) the link on page 2 then follow the prompts, or use your phone. You may engage the audio only; if you disengage the video you will still see the other participants. The November 8 meeting will be open for questions and helpful tips. The December 13 meeting will feature Jearlean Taylor who is an ostomate, author, motivational speaker and a cancer survivor. As a top fashion model from Baltimore, she spent 20 years camouflaging her pouches from the camera.

Our Sincerest Condolences to the Families of: Robert Hametz who died April 8 of returning cancer, and Dr. Larry Keefer who died September 11 of Parkinsons disease. Both were members of Metro Maryland.

And to MMOA Board Member Yolande Langbehn and her family, our deepest sympathy upon the death of her daughter, Liane West, on September 3 after many procedures at Georgetown Univ. Hospital. Yolande is the greeter you all know from our monthly meetings.

Check out our new look...
Our new website!
Marylandostomy.org

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"One of the most beautiful compensations of this life is that no one can sincerely try to help another without helping himself." ~ Emerson

Every ostomate has different needs. The information herein should not be used as a substitute for consulting your own

physician or your WOCNurse for advice.

Metro Maryland Ostomy Association, Inc. is a registered 501(c)(3) tax-exempt, non-profit organization dedicated to the education, rehabilitation and assistance of those living with an ostomy or alternate procedure.

During COVID-19 - Important Notices:

Our next Zoom meeting is on November 8, 2020 at 12:00 Noon. See ZOOM link



Silver Spring Holy Cross Hospital has cancelled all meetings and classes until further notice.

* * * * * *

If you need an ear or assistance,
have questions,
or want to speak with an ostomate about
your concerns,
Do Not Hesitate to
leave a message at the office: 301-946-6661

or email Metro MD Board members: *Michele Gibbs:* <u>michelegibbs305@yahoo.com</u>

Paul Hudes: <u>babb11@verizon.net</u> Sue Rizvi: <u>sahr9839@gmail.com</u>

MMOA Board of Directors and Volunteers

Founder Vice President Secretary	Horace	and Violet Saunders Michele Gibbs Needed		
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	stration	Yolande Langbehn		

ZOOM link for November 8th and **December 13th**

Anyone who wants to participate from 12:00 noon - 1:30 p.m. with video or phone, download the Zoom link:

https://zoom.us/j/97761387637?pwd= VFVDaUJ1ZFZROUZZbTlUekxyM09odz09

> Meeting ID: 977 6138 7637 Passcode: 924413

> > 3017158592 phone

Next Meetings:

November 8th at 12:00 Noon:
Open to questions and tips to share

December 13th at 12:00 Noon:

Presentation by Jearlean Taylor

Ostomate, cancer survivor, fashion model and motivational speaker

Get Your Flu Vaccine Early This Year!

Do not delay. The suggested deadline is October 31. Keep in mind that it is also possible to get the flu and COVID-19 at the same time, making your flu shot even more important than ever.

Those over 65 years can receive the high dose especially for this age group. However, because the mist or nasal spray is a "live" flu virus, immunocompromised patients cannot have the flu mist and should be kept away from the mist.

Also, check on whether you are up-to-date with the pneumococcal vaccination.

MMOA Board wishes you a very safe and happy holidays!



Notes on MMOA's September and October Zoom Meetings, 2020

AT THE SEPTEMBER MEETING we discussed how we might protect everyone as we share space with parents or friends: outside, sitting at least six feet apart, 10 persons or less, not sharing utensils and filling your own plate with food. Be careful with using UV lights as some are effective and others are scams.

Suggested tips from our WOCNs:

- No water is needed to clean your bag
- · Put nothing on your skin to clean it except water
- Storing supplies: avoid humidity (do not keep in the bathroom) and avoid heat (do not keep in car).
- Purple non-painful peristomal skin may be caused by the pressure from a convex appliance.
- Hollister's new Cera Plus Soft Convexity molds better around loop ileostomies, so patients are getting two days wear vs changing three times or more per day.

AT THE OCTOBER MEETING we were fortunate to have Hollister present "Skin Barrier Formulation" Cooking Show. It was live and interactive, exceptionally informative, thanks to Sarah, Ken and Jeff Sacks. Highlights of the meeting:

Skin barrier functions -

Fit and Formulation

- Adhesion
- Absorption
- Erosion resistance higher output needs an extended wear barrier

A bit of history -

Early on metal or plastic was pasted on the skin 1964 – More natural karaya gum was used 1970's – Modern hydrocolloid as is used today More recently – Infused barriers are being used. Most manufacturers have a mix of polysorbates, PIB, class of emulsifiers used in some pharmaceuticals and food preparation. They are often used in cosmetics to solubilize essential oils into water-based products. Plus added gelatin as in Jello or jelly beans and pectin the same as in jam; orange pectin is used. Plus Carboxymethyl cellulose, CMC, or cellulose gum as in ice cream.

The Role of Ceramide -

Ceramide is a natural component of human skin that supports the function of all five layers of the epidermis. Ceramide is made of waxy, lipid molecules that link cells together to form a waterproof, protective barrier. Ceramides help prevent water loss that can lead to skin damage and dryness.

Just like a brick wall needs mortar to keep it strong and firm, the skin needs ceramide to bond the cells of the outer skin. The relationship between ceramide and skin health has been well established. The condition of the skin greatly affects how well products can adhere, as well as the comfort. Ceramide levels are abundant in healthy skin. Lower levels of ceramide may be present in dry, damaged, and inflamed skin.

Hollister Ostomy Care products infused with ceramides, such as the CeraPlus skin barrier and Adapt CeraRings, are designed to support healthy skin from the start and to maintain adhesive properties. They feature a formulation infused with ceramide to help protect the skin's natural moisture barrier. The innovative CeraPlus skin barrier is available on one- and two-piece pouching systems.

Call 1-888-808-7456 to request a sample of CeraPlus whether or not you use Hollister products or get help.

Suggested tips from our WOCNs:

- Using Ceramide means you can stop crusting.
- Try a slim size ostomy belt if you use a convex barrier
- Scar treatment by Linda K. Adelson, RN BSN CWOCN.
 Silicone is the only clinically proven topical method of scar treatment.

The Formation of scar

When the skin is injured, it goes into overdrive to heal itself. As this happens, the body's healing mechanisms will often "over correct," resulting in an excessive production of collagen that can lead to abnormal scarring.

During the formation of scars, the epidermal layers of the skin will produce high levels of moisture in an attempt to hydrate the scar site. However, most of this moisture evaporates once it reaches the stratum corneum, or upper layer of the skin. This moisture loss triggers keratinocytes in the skin to produce collagen. Left unchecked, excessive collagen production can lead to abnormal scarring.

The Management of scar

Silicone fully encapsulates the scar site, meaning that it completely covers the treatment site for an even distribution of necessary moisture (hydration) and maximum exposure to oxygen. Although the entire site is covered, silicone is semipermeable, allowing oxygen to enter while maintaining necessary moisture. This is called "homeostasis," otherwise known as an ideal healing environment. At the stratum corneum, this signals keratinocytes to scale back the production of collagen, thereby preventing abnormal scarring.

The Improvement of scar

Properly hydrated and oxygenated skin allows surrounding healthy tissue to better blend with scar tissue, resulting in a scar that is more natural in color, softer, and flatter overall. Use as directed can dramatically reduce the appearance of scars. Silicone scar treatment in all forms (sheets, ointments, sticks) normalizes collagen synthesis, reduces irritation and redness, resulting in a smoother, flatter scar and skin with a more natural pallor. Silicone is completely nontoxic, safe and easy to use, even on sensitive skin and on children. Silicone is the best option for treating old and new scars.

A Peristomal Skin Assessment Guide is designed to help you identify some common skin problems, things you should do and when you should visit a wound, ostomy and continence (WOC) nurse for additional support. Go to: https://psag.wocn.org/ □

Success Managing Pancaking, Blowouts and Odor Control! - by Maureen Chapnick, Metro Maryland OA

Hello fellow Colostomates.

I have been experimenting for two years on how to manage pasty output, finding the best appliance to reduce or eliminate blowouts, and achieve odor control. I have consulted with three nutritionists regarding my diet to improve the consistency of my output, and I drink at least two liters of non-caffeinated, non-sparkling, non-alcoholic beverages/day with no appreciable improvements. Therefore, I realized I needed to find appliances and odor control products that will provide longer appliance wear time and less odor. I would like to share what has been working well for me.

- Step #1 Prepare my skin using Stomahesive powder and skin barrier spray.
- Step #2 Apply the ConvaTec Natura Moldable Accordion Flange skin barrier and the drainable pouch.
- Step #3 When I empty the pouch, I clean the end of the pouch and use toilet paper to additionally clean out the inside two inches. I give a good squirt of Na'scent odor eliminator liquid into the pouch and tilt the pouch up and massage the liquid throughout the pouch. I let whatever remaining liquid and output drain out of the pouch for <u>5 seconds</u>, dry the end and inner two inches with toilet paper and insert a Devko deodorant tablet.
- Step #4 Next I remove the pouch and lift up the accordion flange. It becomes cup-like and I use toilet paper to scoop out the pancaking output and also wipe out the opening of the pouch. This prevents the pasty output from building up and contributing to a blowout or getting under the skin barrier.

When I eat something that I know can cause odor, such as eggs, fish, garlic, etc. I take two <u>Devrom</u> internal deodorant tablets orally to further reduce the odor.

I empty my pouch 3-4 times/day and repeat Steps 3 and 4 each time, because I always have some amount of pasty output there and the less that stays on the barrier, the less possibility of a blowout.

The moldable skin barrier hugs the stoma so there is no need to cut or order pre-cut barriers. This allows the stoma to easily enlarge and contract after producing output and has a tight seal so my parastomal skin is in great condition. I can wear the appliance for four days and be odor free.

I also have a considerable bulge due to a parastomal hernia and I can wear the ConvaTec barrier without rings or paste as with other barriers I used in the past. I know this will vary from person to person but I wanted to share my experience.

I have it down to a science now and it takes only an extra minute or so in the bathroom when I empty my appliance to perform Steps 3 and 4.

When I go out or travel, I carry the 1 or 2 oz Na'scent bottle in my pocketbook or carry-on luggage along with a few <u>Devko</u> tablets and the oral <u>Devrom</u> capsules in my medication container.

If you have any questions, please feel free to contact me at <a href="mailto:m

Experts Say COVID-19 Can Linger In the Air By Alex Vance, CNN Interview, July 8, 2020

As the focus of <u>coronavirus</u> prevention continues to be on <u>wearing masks</u> and washing hands, a group of experts are calling attention to one crucial element they feel is being minimized: *airborne transmission*.

Donald Milton, a professor of environmental health at the University of Maryland who studies how viruses are transmitted, is one of two lead authors of an open letter urging health industries to address the airborne transmission of the virus. Milton, along with 239 scientists, put together a document detailing how micro-droplets from talking, coughing, and even exhalation, can linger in the air and pose a threat of infection to those beyond 1 to 2 meters away.

In an interview with CNN, Milton addressed the lack of communication to the general public about the COVID-19 airborne threat. Milton called out health agencies like the World Health Organization (WHO), stating, "They don't want to talk about airborne transmission because that is going to make people afraid."

There is also a chance that if people believe the virus is solely airborn, they may stop other means of prevention, like washing hands and disinfecting surfaces.

When it comes to public knowledge, Milton says, "I want them to understand to what extent washing their hands is important. Why <u>wearing a mask</u> is important is because it blocks the aerosols at their source, when it is easy to block them." If the aerosols become airborne (i.e. after talking to someone without a mask on), they are much harder to block.

As bars and restaurants across the country begin allowing larger capacities, the information about airborne droplets becomes much more significant. A large group of mask-less people gathering, talking and laughing in an enclosed area is the perfect scenario for spreading coronavirus. Without proper ventilation, the droplets from our noses and mouths will linger in the air for some time, according to Milton.

The size of the expelled droplets vary. The larger droplets typically land on surfaces that are picked up by fingers and spread to our eyes, mouths and noses. The smaller droplets can stay in the air and are inhaled much more deeply into the lungs.

It's not exactly known how significant the size of the droplets are in terms of transmission; however, what is known, according to Milton, is that it's certainly a factor. "A lot of people crowded close together indoors where it is poorly ventilated – that is what drives the pandemic," he said.

In the letter, Milton and his colleagues also provide guidelines for preventing airborne transmission, stressing the importance of sufficient ventilation. "I am very much concerned about the general public and schools and ventilation in school buildings and in dorms on college campuses and in bars and church and where people sing and where people congregate," commented Milton.

One simple and effective example he provides is opening both the doors and windows to a building in order to increase air flow and improve ventilation.

Other measures specified in the letter include:

- * Provide sufficient and effective ventilation (supply clean outdoor air, minimize recirculating air) particularly in public buildings, workplace environments, schools, hospitals and age care homes.
- * Supplement general ventilation with airborned infection controls such as local exhaust, high efficiency air filtration, and germicidal ultraviolet lights. (These would be placed high up in the ceiling to avoid damage to people's eyes and skin).
- * Avoid overcrowding, particularly in public transport and public buildings.

Ultimately, the letter's appeal to the medical community to focus more on airborne transmission is to help spread knowledge, not fear. Providing the most necessary information about the virus will lead to more effective means of prevention, which in turn will save more lives.

"The best vaccine against fear is knowledge and empowering people to take care of themselves," Milton said. \square

PUR-MSK, a Surgical Respiratory Mask, is recommended by Bill Nye, The Science Guy. He has a YouTube video on masks. Nano Filter Inc., 3833 McGowan Street, Long Beach, CA 90808 855-778-7367 www.pure-msk.com \$5 per mask, disposable, supposed to protect like an N-95.

Golden Leaves

We see signs of summer's passing in golden leaves, shortening days, misty mornings, autumn glow.

We sense its passing in rain that dampens, winds that chill, Harvest's bounty placed on show.

Creator God, who brings forth both green shoot and hoar frost, sunrise and sunset, we bring our thanks for seeds that have grown, harvests gathered, storehouses filled, mouths fed.

And, as your good earth rests through winter's cold embrace, we look forward to its re-awakening when kissed by Spring's first touch.

~ Author Unknown

MMOA can no longer accept donated ostomy supplies at our office because of the lack of storage.

Three Options for Donating
Unused Ostomy Supplies:

1) Medical Supply Loan Closet at:

Lutheran Church of St. Andrew 15300 New Hampshire Ave. Silver Spring, MD 20905

Call or text Marilee Tollefson at 301.254.9115 or email marileetollefson@gmail.com, to arrange a day and time to drop off.

The closet operates a large medical loan closet with a large inventory of donations for pick up. There is no cost and no means assessment. Items are dispensed on a first come, first served basis.

2) Friends of Ostomates Worldwide FOW - USA.

4018 Bishop Lane Louisville, KY 40218 www.fowusa.org - info@fowusa.org)

You may include open packages by bagging and labeling them with item name, size and manufacturer. Remember, no liquids or expired supplies. We are in desperate need of all types and sizes of supplies, particularly open-ended and including pediatric.

3) Osto-Group

Stephanie S. Sullivan 3500 45th Street, Suite #16A West Palm Beach, FL 33407 Tel: 877/678-6690 — Fax: 561/627-3686

Osto-Group is a non-profit organization that provides donated ostomy supplies to uninsured ostomates in the US for the cost of shipping and handling. All organizations will give receipts for tax purposes, but you must make your own itemized list with costs.



HOSPITAL AND WOC NURSES

MARYLAND:

ANNE ARUNDEL - Annapolis – 443-481-5508

Michelle Perkins, RN, Jennifer Davis, RN & Joyce Onken, RN

CHESAPEAKE-POTOMAC HOMEHEALTH AGENCY, Clinton;
1-800-656-4343 x227 or 301-274-9000 x227

DOCTORS' COMMUNITY - Lanham – 301-552-8118 x 8530 Ellyce Green, RN

HOLY CROSS - Silver Spring – 301-754-7295 Rezia Lake, WOCN, Agya Gautam, RN

HOWARD COUNTY GENERAL - Columbia - 410-740-3160 MEDSTAR MONTGOMERY MEDICAL CENTER - 301-774-8731 WOCNs: Carolyn D'Avis, Patricia Malone, Carolyn Carroza

MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER-Clinton MD – Lucy Jupierrez, RN - 301-877-5788

NAT'L INSTITUTES OF HEALTH - Bethesda - 301- 451-1265 CWOCNs: Karen C Chandler-Axelrod & Quinn Cassidy

PRINCE GEORGES - Cheverly - 301-618-2000 or 301-618-6462 SHADY GROVE ADVENTIST - Rockville - 240-826-6106

WOCNs at Wound Center: Sue Hilton, Shay Jordan, Anita Wong, and Raguel Wilson.

Cancer Care Navigator – 240-826-6297

SUBURBAN - Bethesda - 301-896-3050 - *Melba Graves, WOCN* ADVENTIST HEALTHCARE - White Oak - 240-637-4000

WOCNs: Barbara Aronson-Cook, Carol Caneda – 240-637-5908

FOR MILITARY ONLY:

MALCOLM GROW MED CTR, ANDREWS AFB – Suitland, MD, Phone 240-857-5911/3083
BETHESDA NAVAL/ WALTER REED NATIONAL MILITARY MEDICAL CENTER - Bethesda, MD - 301-319-8983/4288
WOCNs: Paz Aquino & Sharon May; Dawn Ford, WOCN
V.A. MEDICAL CTR - Washington. D.C.,202-745-8000/8495/93
Page WOCNs:Leslie Rowan, Natalie Tukpak

WASHINGTON DC:

CHILDREN'S NATIONAL - 202-476-5086
June Amling, CWON, Heather Lee, WOCN
GEORGE WASHINGTON UNIV- 202-715-4325
Kathleen Kerntke, CWOCN, Jacqueline Rufo, CWOCN
MEDSTAR GEORGETOWN UNIV - 202-444-2801
Page WOCNs Elizabeth Keller, Kimberly Mauck,
Anne McArdle

HOWARD UNIVERSITY - 202-865-6100 ext. 1105 Ann Cole, RN

NATIONAL REHABILITATION - 202-877-1186

WOCNs: Carolyn Sorensen, part time: Carolyn Corazza, Carolyn D'Avis. Send mailings c/o: STE G084

SIBLEY MEMORIAL - 202-689-9931

WOCNs: Dorothy Shi & Barbara Kebodeaux

BRIDGEPOINT HOSPITAL CAPITOL HILL (formerly Capitol Hill Hospital) is a nursing home with long term acute care beds. Wound Care Dept. 202-546-5700, ext. 2140

UNITED MEDICAL CENTER (UMC) – 202-574-6150 Donna Johnson, WOCN

MEDSTAR WASHINGTON HOSPITAL CTR – 202-877-7103

Page WOCNs: Maura Fitzpatrick, Simcha Gratz,

Hilary Hancock, Michelle Radawiec & Beverly Styles –

202-877-5395

OUTPATIENT OSTOMY CLINICS

REMINDER: A doctor's referral is required to take with you to be faxed to the clinic before your visit. Be sure your referral covers additional visits with the nurse if that might be needed. This will help with your insurance coverage.

Carroll County Hospital Wound Care Center 410-871-6334

Frederick Memorial Hospital Wound Care Center 400 West Seventh St., 240-566-3840

• <u>Holy Cross Hospital</u> Temporarily there is no Outpatient Clinic

Adventist Healthcare White Oak Wound Clinic 240-637-5908

Shady Grove Adventist Wound Center

Two weeks behind in booking due to 2 WOCNs out on leave.

9901 Medical Center Dr Rockville, MD 20850 Tuesday and Wednesday By Appointment Only - Call 240-826-6106

<u>George Washington University Hospital</u> - Main Level Monday thru Friday, 8:00 a.m.-4:00 p.m.

By Appointment Only - Call 202-715-5065 or 5081

Medstar Georgetown University Hospital

Thursday mornings, 8:30 AM to 12:30 PM. 4th floor, Pasquerilla Healthcare Center For appointment, call 202-444-5365. ** Anne E. McArdle, NP, WOCN is able to write orders. A patient does NOT need an MD RX order to go to this clinic. But for insurance coverage contact your insurance company

Medstar Washington Hospital Center

Surgical Clinic/Ostomy Care, Ground. Level, Rm GA48 Wednesdays, 12:30 PM to 4:30 PM By Appointment Only - Call 202-877-7103





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2141 K Street, NW Washington, DC 2003 202 296-7190 FAX 202 296-2320

Supporter Information with Donation to Metro Maryland Ostomy Association

Today's Date				
Name			Birth Date	
Street Address			Occupation	
City	State	Zip Code	Spouse Name	
Home Phone Cell	Phone		Email	
Type of Ostomy: Colostomy lleostomy Urostomy J-Pouch/Pull-thru				
Continent Ileostomy Continent Urostomy Urinary Diversion Other				
Date of Surgery	_			
Reason for Surgery: Crohn's Ulcerati	ve Colitis	Cancer Birth de	efect Other	

We have <u>no membership dues</u>. We do remind you to donate whatever amount you wish. You may donate any time of year! All Donations are gratefully accepted and are Tax-Deductible.

> Send Check to: Metro Maryland Ostomy Association 15800 Crabbs Branch Way, Ste. 300, Rockville, MD 20852 www.marylandostomy.org Telephone: 301-946-6661

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