*NOTE: When finished with your case study, please submit it via the online form on the physician’s portal or email to* *dgoodman@sdmg.com* *and* *jsloane@sdmg.com**. Your submission will be reviewed and then posted to the physician’s portal case studies.*

**Title of Case Study**

-*Submitting Physician’s Name*

Type study here

**Discussion:**

Type discussion here

**In summary**

Type closing summary here

**References**

1. Type References Here