

HealthWatch

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STAR BEACON



Want to lower your risk of dementia?

It doesn't involve a blood test

New blood tests are helping doctors diagnose whether Alzheimer's or something else is causing a patient's memory problems

BY LAURAN NEERGAARD

Associated Press

WASHINGTON — New blood tests that might predict Alzheimer's years before symptoms begin may sound tantalizing for people who worry about later-in-life dementia. But doctors say they aren't quite ready yet — and besides, you don't need a test before trying to lower your risk.

The U.S. Food and Drug Administration has cleared four blood tests to help doctors diagnose whether Alzheimer's — not another kind of dementia or something else — is behind someone's memory problems or other cognitive symptoms. Some laboratories and online services offer their own tests. Faster diagnosis can help people with early-stage Alzheimer's qualify for drugs that can modestly slow the worsening of their symptoms.

Yet dementia specialists say people without symptoms also seek those tests even though they're neither approved nor recommended for that population.

For now, “the worried well should not be getting those tests” outside of a research study, stressed testing expert Nicholas Ashton, of Arizona's Banner Health.

Instead, focus on address-

ing potentially preventable brain risks. One large study found people who reached middle age without high blood pressure, diabetes and smoking lived dementia-free for a lot longer — nearly 13 years longer — than people with all three of those common health problems in their 50s.

“Be aggressive,” advised Dr. Josef Coresh of NYU Langone Health, the study's senior author. Even delaying those risky conditions “has a huge payoff.”

What Alzheimer's blood tests can and can't do

Like many people who have watched a loved one succumb to Alzheimer's, Mark Yost wonders about his own risk even though he doesn't have symptoms.

“I want to know what my status is,” said Yost, 60, of Phoenix. And if signs of trouble develop, “what I can do about it to either avoid it or slow it down.”

It's not clear what causes Alzheimer's, but its telltale markers are abnormal forms of two proteins. Sticky beta-amyloid can build into brain-clogging plaque over decades, eventually spurring neuron-killing tau tangles that lead to symptoms. Blood tests that measure a tau type called p-tau217 seem particularly good at reflecting amyloid buildup in people

with symptoms.

As for the symptom-free, a study led by Mass General Brigham researchers found older adults with very high p-tau217 levels had a 38% risk of developing cognitive impairment within five years, and a higher risk over 10 years.

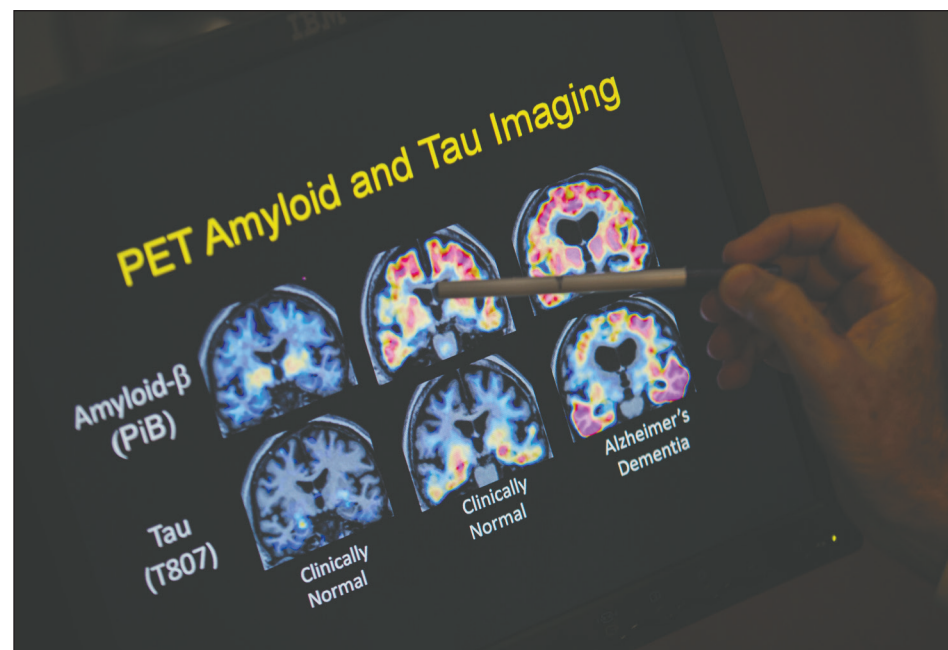
Here's the rub: A “positive” test result is just a risk factor, not a guarantee someone will later develop Alzheimer's, Ashton cautioned. Lots of older adults harbor high levels of amyloid but never show cognitive trouble. And while negative test results seem pretty reliable, a positive test sometimes is wrong, a so-called false positive.

Yost volunteered for a Banner blood test study that included cognitively normal people and learned his result was “intermediate,” defined as maybe having some amyloid but not a worrisome “elevated” level.

Yost found the uncertainty “a little disappointing” and something to watch as he gets older, while pursuing brain-healthy steps like exercise and a mentally stimulating genealogy hobby.

What everyone should do for brain health, no test needed

A major trial last year found that healthier habits slowed age-related cognitive decline in older adults



EVAN VUCCI/AP FILE PHOTO

A doctor points to PET scan results that are part of a study on Alzheimer's disease at Georgetown University Hospital, on Tuesday, May 19, 2015, in Washington.

who were at increased risk of developing dementia. Among the steps: A half-hour of moderately intense exercise four times a week, twice-weekly resistance training and following the MIND diet, which stresses lots of leafy greens and berries, whole grains, poultry and fish.

Dementia experts also advise getting enough sleep, avoiding social isolation, treating hearing loss and exercising your brain, not just your body. They say middle age is a key time to act.

As for those extra 13 dementia-free years, the NYU

study reinforces that what's good for the heart is good for the brain.

Coresh's team analyzed health records of more than 12,000 people who had been tracked for decades since they were, on average, age 56. High blood pressure, Type 2 diabetes and smoking can damage blood vessels that feed the brain and fuel inflammation. Those who entered the study without those three problems fared best, but avoiding one or two was helpful. Even people who carry the APOE4 gene, which increases the risk of later-in-life Alzheimer's, still

benefited from a healthier middle age.

Other studies also have shown that aggressively treating high blood pressure helps brain health.

“Be very serious with your physician about the value of lowering it as early as possible for as many years as possible,” Coresh said.

As for those Alzheimer's blood tests, stay tuned. Clinical trials are underway to tell if drugs now used to treat Alzheimer's might also help certain people before they develop symptoms — findings that could change testing advice.

Content Provided by Ann Wiley Insurance

Upcoming Changes to Medicare Prescription Drug Coverage



Original Medicare Insurance has two parts: Part A Hospital Insurance and Part B Medical Insurance. Part D, Prescription Drug coverage is not included with these as part of Original Medicare, but you can get coverage from independent insurance companies through either a stand-alone Medicare Prescription Drug Plan (PDP) or through a Medicare Advantage Plan that includes prescription coverage. To

join a Medicare Prescription plan, you must be entitled to Medicare Part A or enrolled in Part B and live in the service area of the plan you want to join.

Several changes are coming in 2027 to the basic plan formats as part of the Inflation Reduction Act that was passed in 2022. Currently, there are three phases to Part D coverage costs: deductible, initial coverage and catastrophic coverage. The coverage gap, also referred to as the donut hole was eliminated. There are also changes in this bill that will effect the Medicare Advantage Plans extra benefits. Be sure to read your annual notice of change thoroughly.

For 2026, the annual deductible could have been between \$0-\$615. In 2027, insurance companies can set their deductible between \$0-\$700. This is the phase where the individual pays 100% of the costs of the prescriptions until the deductible is met. After the deductible is met, the initial phase is where you pay a set copay amount or coinsurance percentage depending on the drug tier, and the plan pays the

remainder of the costs.

In 2026, you remained in the initial coverage phase until the total drug costs reached \$2,000. It is important to remember this amount is based on the actual retail cost of the drug not the amount you pay to the pharmacy as a copay. At that point, you would enter catastrophic coverage and pay \$0 through the end of the year.

Coming in 2027, the initial phase threshold will be \$2,400 and once the individual reaches that amount in total drug costs, they will pay \$0 for the remainder of the year for their medications. One other component of the new regulations is the option to participate in a monthly payment plan. The details of this program are still being worked out, but it will be an optional program where those with high costing medications can choose to participate in a program through their insurance company where payments are divided by the remaining months of the year and made to an account that is then used to pay for the prescriptions, similar to a budget plan for utilities.

One exception to this format will continue to be insulin medications. There are insulin savings programs that limit the cost of insulin to \$35 per month without regard to the different Part D phases. Each company can decide if the plan will participate in the program and which specific insulins they will include for this price.

If you cannot afford your medications, there are different options that may be available to help with these costs depending on your specific situation. You may qualify for "Extra Help" through Medicare if you meet certain income limits or receive both Medicare and Medicaid. Many manufacturers offer assistance programs to help offset costs. Information for these can be obtained from your insurance agent, Medicare.gov and oftentimes your physician's office. If you are a veteran, it might be helpful to check and see if you can receive prescriptions through the VA.

Specific plan information will not be available until October 1st and

at this time it is unclear how these changes may affect individual plans. Your current plan is required to send you an "Annual Notice of Change" to inform you of any changes to your plan including costs or coverage changes. These notices are typically mailed in late September. Each year during the Medicare Annual Enrollment Period which runs October 15th through December 7th you can change your Medicare Advantage Prescription Drug plan or stand-alone Prescription Drug plan for the next year. With all the changes to prescription coverage costs, it will be especially important to review your options for 2027. Reach out to your agent, if you have any questions or concerns.

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Ann Wiley, Zac Freeman, Toni Tulajew-Spahr, Jill Freeman

Endometriosis can elude diagnosis for years. What to know about the disease and new ways to find it



SHELBY LUM — AP

Zoë Armstrong, an endometriosis patient, rests during her pelvic floor physical therapy appointment with physical therapist Emma Codman, standing, in New York, Friday, Aug. 14, 2026.

BY LAURA UNGAR

Associated Press

When Zoë Armstrong got an ultrasound report showing signs of endometriosis, she called her mom and cried. After years of suffering and seeking help from doctors, she finally had an answer.

“To see it on paper, I was like, ‘I’m not crazy,’” the 31-year-old recalled. “I very much knew what I was feeling in my own body.”

Armstrong’s experience is not unusual. The American College of Obstetricians & Gynecologists says people can wait a decade or more after the onset of symptoms to receive a diagnosis of endometriosis. The painful condition, which causes tissue similar to the lining of

the uterus to grow on other parts of the body, afflicts 1 in 10 women worldwide.

New tests being used in other countries aim to help address the issue. And while they’re raising hopes among doctors and patients, they’re not currently available in the U.S., and some experts expect them to be a useful tool but not a complete solution.

Endometriosis can cause debilitating pain

Research suggests endometriosis is a type of chronic inflammatory disease. The exact cause is unknown, although experts say genetics plays a part.

Symptoms vary depending on the extent of the disease and where the tissue appears. Usually, it’s found on organs such as the bladder,

bowel or ovaries, but in rare cases it can even be outside the pelvis. Symptoms may include bloating, fatigue and infertility — and most commonly pain that can strike during periods, intercourse and bowel movements.

“It can be debilitating pain that makes you not be able to go to school or work or be in bed for days at a time,” said Dr. Drorit Or at Mount Sinai West in New York.

Armstrong’s first symptoms, at age 11, were stabbing pains on her left side that repeatedly sent her to the school nurse. As an adult, she was also wracked with severe pain as well as nausea, heavy periods, acne and rupturing ovarian cysts.

Shortly after getting married a couple of years

ago, she experienced pain she likened to having a tiny fencer inside her “just stabbing me incessantly for hours at a time.”

There are many reasons for a delayed diagnosis

Armstrong was finally diagnosed at 29 by a doctor who also had the disease.

An ultrasound found an endometrioma, a fluid-filled cyst. She Googled the word, which is when she first cried with her mom. She also cried when a nurse diagnosed her verbally and when surgery formally confirmed the diagnosis.

One reason diagnoses can take so long, experts said, is that patients and doctors often normalize period pain. Symptoms also can overlap with those of other conditions, and not all health care providers have knowledge or expertise in endometriosis, said Dr. Megan Billow at the Cleveland Clinic.

One helpful step patients can take, Or suggested, is to keep a diary tracking when pain occurs, where it’s located and how intense it is.

“Then when you come to the doctor, you come prepared,” she said. “You can definitely ask: Do you think I have endometriosis?”

New endometriosis tests are used outside the U.S.

New diagnostic tests are now available in some other countries, but the U.S. Food and Drug Administration hasn’t approved them.

One is a half-hour test called EndoSure, which detects endometriosis by measuring electrical signals

in the gut using sensor pads on the abdomen, with results available to the physician afterward. Another, Endotest, analyzes a saliva sample for microRNAs that can indicate whether the condition is present, providing patients with results in two to three weeks.

In the United Kingdom, an institute that provides national health advice recently published draft guidance recommending both be used by the National Health Service for three years while more evidence is collected on how well they work. The goal is to speed up diagnosis in primary care.

Dr. Mark Noar, founder of Maryland-based EndoSure, said the company is in the process of submitting its application to the FDA in the U.S., seeking approval for the test to be used as an aid to help doctors make the diagnosis.

Meanwhile, the French company Ziwig is taking final steps to make Endotest available to U.S. patients through another pathway that allows lab-developed tests to be made available through certain certified laboratories without FDA approval. Ziwig’s Dr. Andrew Spiers said the diagnostic test is a starting point. Once the doctor knows there’s endometriosis, he said, that would be the time to do imaging if it hasn’t already been done.

“I would not say that it’s the only tool that a patient would have in their diagnostic pathway,” Spiers

said.

U.S. doctors agree that such tests wouldn’t replace other diagnostic tools and methods, but may be helpful. One thing they won’t do, however, is solve the persistent problem of normalizing period pain.

Various endometriosis treatments are available

Armed with a diagnosis, women can work with their doctors on treatment plans.

Treatments for endometriosis pain include pain relievers such as ibuprofen and a prescription medicine specifically for endometriosis; hormone therapies such as birth control pills, progesterin therapy and medications that cause periods to stop temporarily; and surgical treatments including hysterectomy in some severe cases.

Armstrong underwent excision surgery, a procedure to remove endometriosis lesions and scar tissue. She said she still sees about three doctors a week for pelvic floor therapy and other issues. She also visits middle and high schools around New York City with the Endometriosis Foundation to educate students.

“They need to know what to look out for — not just for endo, but for other women’s health conditions in general,” she said.

Or, the Mount Sinai doctor, said young women should know there’s help available — and hope.

“You don’t have to live in pain,” Or said. “You can have a very, very good life managing this disease.”

Five longevity habits to start in midlife

BROOKE L. DIAZ

Life Extension

Trading your sedan for a sports car or ditching your hairstyle for a trendy cut may be the stereotypical “midlife crisis” many people in their 40s and 50s experience, but it doesn’t have to be. Instead, you can make it a “midlife reset” where you create or solidify healthy habits—from strength-building exercises to sleep hygiene—that give you an advantage later in life.

Of course, adopting healthy habits midlife may be easier said than done. Work and family commitments are likely at an all-time high, making self-care seem out of reach. Not to mention all the changes middle-aged bodies are going through, including:

- Hormonal shifts
- Slower metabolism
- Decline in muscle mass and bone density

The good news? Research shows that certain habits adopted during midlife can help minimize the downsides of aging. “Investing in your health in midlife will pay dividends in later years,” noted integrative physician Dr. Michael A. Smith, director of education for Life Extension.

“The trick is to start small. Just one to three simple changes can make a huge difference in your overall well-being, especially as

you grow older.”

Key takeaways

Beginning healthy habits in midlife can impact your quality of life in your senior years, and your longevity. Exercise, nutrition, and restorative sleep are the pillars of aging gracefully. Stress management, hormone balance, socializing, and proactive health are equally important. Establish healthy habits in your 40s and fine-tune them in your 50s.

Protein, fiber, and unsaturated fats are essential for well-rounded nutrition, and supplements can fill in the gaps.

Wearing broad-spectrum sunscreen daily and scheduling regular blood work can help avoid health concerns later in life.

1. Strength train

to maintain muscle mass

When it comes to healthy aging, fitness is a must — specifically, strength training. After age 35, the average person experiences a natural decline of about 1-2% of their muscle mass and strength each year. Over time, that can make daily tasks like climbing stairs and carrying groceries harder. Weight lifting and other types of resistance training send the message to your body that your muscles are still very much in use, so you can maintain your strength. In one systematic review and meta-analysis of 16 cohort

studies, muscle-strengthening activities were associated with overall health and cardiovascular health, with the greatest benefits seen within 30 to 60 minutes per week.

You’ll want to set a goal for two to four strength-focused weekly workouts, such as powerlifting. If you’re not a fan of barbells, grab resistance bands or free weights, or incorporate body-weight exercises like planks, squats, or push-ups into your routine. Challenge yourself by gradually increasing the amount of weight and/or reps over time, so it never becomes easy. And don’t forget recovery.

Consider adding a creatine monohydrate supplement to your fitness routine; it’s one of the most well-studied ingredients for exercise performance and muscle support. For example, in a review of 23 studies, four to 12 weeks of creatine supplementation combined with resistance training was shown to support both upper and lower body strength and lean muscle mass in healthy older adults. When it comes to cardio, keep it in the mix by swimming, walking, or cycling throughout the week.

2. Prioritize protein, fiber, and healthy fats

Make room on your menu for fresh produce

See **HABITS** on 7

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FDA panel endorses first-of-a-kind cancer blood test from Grail

A federal health panel has endorsed an experimental cancer test that uses a blood sample to detect multiple forms of the disease

BY MATTHEW PERRONE AND
LAURAN NEERGAARD

Associated Press

WASHINGTON — Federal health advisers on Wednesday endorsed a blood test designed to spot signs of various cancers in apparently healthy people while warning that it's far from clear how well the technology works.

Grail Inc.'s Galleri test doesn't diagnose cancer but instead, with a single blood draw, looks for a signal that someone may have one of a long list of tumors. Those who receive a positive result need additional care to tell if they're really sick.

The Food and Drug Administration's advisory panel voted 7-2, with one abstention, that the DNA-based test offers more potential benefits than risks, such as causing false assurances or raising false alarms. The positive vote came even as the panel raised many questions about the technology that need more study.

"Perhaps my yes is a hopeful rather than an accurate one," said Dr. Victor van Berkel of UofL Physicians in Louisville, Kentucky, describing how more research is needed even if the test is rolled out. "If we can find more early-stage cancers in the population that we can't screen for currently, that will end up having benefit."

The vote followed two

earlier votes in which the experts affirmed that the test appears safe and effective for use by people age 50 and older.

Lots of companies are studying such blood tests and Wednesday's vote marks the first time a federal advisory group has backed the experimental approach. The FDA isn't bound by the advice but if it agrees, it could pave the way for widespread U.S. adoption of a long-sought way to find more cancers earlier. A final decision is expected in a few months.

Today there are a handful of recommended cancer screenings, such as mammograms and colonoscopies, that look for one kind of tumor at a time.

Those tests are designed to spot tumors in their early stages, when they're easier to treat, and the panel balked at using that term for Grail's test — saying it failed to show effectiveness for "early detection."

The experts also came up with a list of precautions that doctors and potential patients to be told, including: The test would need to be used in addition to today's routine cancer screenings, not as a replacement. A negative test doesn't guarantee you don't have cancer. And it will take more study to prove if the test is as beneficial as mainstay cancer screenings like mammograms.

People in the U.S. can already buy the Galleri test — typically by paying \$700 or more in cash. But FDA approval would likely widen availability by opening the door to coverage from Medicare and private insurers.

FDA staffers and other outside experts spent hours debating the potential downsides to the technology.

Risks include that the test will miss a significant number of real cancers while also flagging a potential cancer in patients who are healthy. The test also was less accurate at detecting early-stage cancers, when treatment is easier and more likely to benefit patients. Grail also didn't provide data showing that screening with its test led to fewer cancer deaths, a metric that would have required years of follow-up.

Representatives for Grail argued that its test is a leap forward because it can pick up signs of more than 50 cancers, including dozens for which there are no screening options, such as liver and ovarian cancer.

"Patients want opportunity, they want options," said Dr. Mylynda Massart of the University of Pittsburgh, who presented on behalf of Grail. "They want the chance to fight their disease while the chance to survive is possible."

Grail's primary study in 140,000 older adults



AP

This undated photo provided by Grail Inc. on Tuesday, Sept. 22, 2026, shows an employee scanning a Galleri cancer screening test.

showed that its test detected about one third of cancers diagnosed over a one-year period. About two-thirds of patients who received a "cancer signal detected" were later confirmed to have cancer.

But FDA reviewers at the meeting flipped the company's data to emphasize the potential downsides of that

performance. The agency's chief reviewer pointed out that the test missed 2 of 3 cancers that were diagnosed over the coming year, giving false reassurance to many patients.

Consumer advocates warned that patients might ignore early signs of cancer after receiving an all-clear from DNA testing test.

"When they start having symptoms there will be tendency to delay going to the doctor — just a little bit — and that could be deadly," said Diana Zuckerman of the nonprofit National Center for Health Research, who spoke during a public comment period. "They will be told to continue other screening, but will they?"

HABITS

CONTINUED FROM 5

and nutrient-dense whole foods. One study conducted over the course of 30 years concluded that increased intakes of fruits, vegetables, unsaturated fats, nuts, legumes, whole grains, and low-fat dairy products were linked to better odds of healthy aging.

If you're unsure where to start, one of the most researched eating patterns is the Mediterranean diet, though it's less of a "diet" and more of a lifestyle. Inspired by the traditional cooking styles of countries around the Mediterranean Sea, the eating plan is packed with fresh vegetables, fruits, legumes, whole grains, nuts, olive oil, and fish. People who follow it are known to have better heart health and better long-term health as they age. One large systematic review and meta-analysis that included over 670,000 participants found that higher adherence to the Mediterranean diet was associated with improved overall health and cardiovascular health, particularly in older individuals. The high fiber and healthy fat content in these meals keep you feeling full for longer, which also helps with weight management — another plus for longevity.

3. Protect your sleep

The restorative power of deep, high-quality sleep is unmatched in its ability to reset and repair your body and is a pillar of healthy aging. In fact, emerging research has discovered a network in the brain called the glymphatic system, which has been proposed to work like a dishwasher to clear

the brain of waste while you sleep. So, if you are not getting enough sleep, it's possible your brain won't get enough time to flush metabolic waste and keep your body functioning at its best. And without sufficient sleep, it can be harder to manage mood, cravings, and overall energy.

If you're in midlife, you may already be experiencing hot flashes, night sweats or muscle stiffness, so it's a good idea to create a solid sleep routine now before it's even more challenging in later years. Aim for seven to nine hours each night, with a consistent schedule of when you go to sleep and when you wake up.

To get the best quality slumber, avoid screens an hour before bedtime, keep your room cool and dark (blackout curtains and a sleep mask are helpful) and practice calming activities before dozing off.

4. Balance your hormones

Hormones are your body's chemical messengers, impacting everything from metabolism to mood—and keeping them in balance has been linked to overall health and longevity. For example, in a meta-analysis that included nearly 25,000 men (ages 40 to 70), balanced hormone levels were linked to better overall and cardiovascular health outcomes.

The midlife years for women, however, are marked by estrogen shifts as they journey into perimenopause and menopause, while men see changes in testosterone levels after age 40. For both women and men, out-of-whack hormones can make everything feel "off" — sex drive,

sleep, energy, weight management, and even mood.

Be proactive about your hormone health by scheduling an appointment with your doctor for a comprehensive exam and lab work that includes hormones like estradiol and free and total testosterone, as well as dehydroepiandrosterone sulfate (DHEA-S) and sex hormone binding globulin (SHBG). After that info is out in the open, your physician will help you determine the next steps.

5. Manage stress and cortisol levels

Midlife is a demanding era for most people—between work and family responsibilities—and this can take a toll, not only mentally, but physically. This is because stress triggers bursts of cortisol, the hormone that produces fight-or-flight reactions. Cortisol itself is not "bad." In fact, it can be useful, whether it's lighting a fire under you to stop procrastinating on an important project, or even when you're driving and need to swerve quickly to avoid a bad driver. But repetitive, intense stress has been shown to increase biological age (not the same thing as your chronological age).

However, research shows that healthy stress management habits can make a difference in your long-term health. Try meditation, spending time in nature, exercising, and meeting up with friends regularly to keep at an even keel.

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