



## Robert Morrison

felt heard

[PAGE 2](#)

## Terry Anderson

got a wake-up call

[PAGE 4](#)

## 5 Cancers

close to home

[PAGE 6](#)

## 5 Cánceres

cerca de casa

[PAGE 8](#)

## Parker Rasmussen

took his helmet in stride

[PAGE 10](#)

## Hazel Miller

liked to suck  
her thumb (a lot)

[PAGE 12](#)

**NH+C staff:**  
"What inspired me"

[PAGE 14](#)



# Robert Morrison felt heard

## Robert was having heavy chest pains – plus pain in his groin.

“Heart attacks run in my family,” Robert says. “So does prostate cancer. So I was doubly concerned.”

He sent a message to his primary care doctor through the MyHealth Info portal. A nurse quickly responded to his symptoms. “She said, ‘You need to check yourself into the Emergency Department,’” Robert recalls.

The ED team took his symptoms seriously. They ran several tests to rule out heart attack and to diagnose Robert’s condition: X-rays, CT scan, blood tests. “They did everything but an MRI because my symptoms were all over the place, and they had to narrow it down – which I’m glad they did,” Robert says.

ED physician Alice Suchomel-Olson, MD asked about Robert’s chest pains: When did he feel them? Was he standing, sitting, lying down? (Answer: lying down.) What did the pain feel like? How long did it last?

Robert’s answers – and his test results – pointed to severe acid reflux. Dr. Suchomel-Olson gave Robert a 10-day course of acid reflux medication and encouraged Robert to follow up with his primary care provider, Dr. Adam Ailabouni.

“Before I left, she asked, ‘Did we answer everything? Are there any other concerns you have?’” Robert says. “I really appreciated that.”

He asked again about the groin pain. Turns out that acid reflux can cause pain in that area. And Robert’s many tests didn’t detect prostate problems – but if the pain persisted over the next week or two, Dr. Suchomel-Olson recommended asking Dr. Ailabouni about getting an MRI.

Robert didn’t need it, thanks to the reflux medication: “When the pain started receding in my chest, it receded in the groin too,” he says.

“I really appreciated the way Dr. Suchomel-Olson made a connection about the way these two symptoms could be related, and gave me a plan and a timeline,” Robert says.

“I like how it was all connected: I reached out to my doctor on the portal, and the portal reached out to the nurse, who reached out to me, who sent me to the ED,” he adds. **“I like how the departments work together to make sure the patient is safe.”**

Emergency Department care is about quick diagnosis: Gathering a lot of information as quickly as possible – including what the patient has to say.

“The one thing that really impressed me was how well they listen,” Robert says. “Most doctors I’ve been to dismiss you or try to rush through and tell you what’s wrong with you. This doctor asked me what I thought it was. It made me feel like I knew my body better than some stranger would.”

A few years ago at another health system, Robert’s

doctor dismissed his chest and lower abdominal pain: “He told me it was my aging body having a bad bowel movement. He blew it off.”

That pain increased for a year. By the time it drove Robert to the Emergency Department in his town, two large gallstones had blocked his intestines and become septic. Robert needed emergency surgery to remove his gallbladder. “My liver was damaged too, but they were able to save it,” he says.

It was time to change doctors.

Robert had recently moved to Northfield. He was impressed by NH+C, and reached out to Dr. Ailabouni. It’s been a huge improvement: Dr. Ailabouni has helped Robert get his blood pressure and stress levels under control. Robert quit his high-stress job and went back to independent consulting, working from home, setting his own hours, and managing his workload for better health.

“I was with the same doctor and hospital system for so long and was resistant to change,” Robert realizes. “But I’m so glad I made the change. In other hospitals, it feels like an assembly line. Here, it feels like they truly care.”

Robert’s advice: “Listen to your body. If you feel there’s something wrong and you’re not getting what you need, don’t be afraid to change.”

Robert calls Northfield Hospital “a jewel in our backyard. It has a culture of listening, and partnering with patients in their own care.”

That change? It might be permanent: “This is going to be my hospital forever.”

EMERGENCY DEPARTMENT  
REGISTRATION





# Terry Anderson got a wake-up call. He answered it.

## Terry had some bad habits.

"I ate and drank whatever I wanted," Terry says. "I knew better, but my willpower was terrible."

He had a gym membership, but rarely went. He took medication for high blood pressure and anxiety. When he needed a refill, the pharmacy directed him to the doctor instead.

Terry hadn't seen a doctor for about a year. "I avoided going to the doctor because I knew there was a lot I didn't want to be told, and then I'd have to face it," he says. "Deep down, I knew."

Terry saw Dr. Jeni Robinson, a family medicine provider in the Farmington Clinic. She ordered routine blood tests, and an ultrasound of Terry's liver.

The results were clear: Terry had diabetes. It was undiagnosed, and out of control. He also had high blood pressure, high cholesterol, and severe chronic liver disease.

"It flipped a switch in me. I thought, 'That's it: It's time

to do what I know I should do,'" he recalls. "I was so scared about my health that I made a lot of changes quickly, to get better and correct it all."

Terry's fear – and knowledge – turned into motivation. He adopted a strictly healthy diet, giving up sweets and pop, and cutting way down on beer. He started working out every day – a combination of cardio, weight lifting, resistance training.

Terry lost 40 pounds in about 4 months. His HbA1c level, a measure of diabetes, fell nearly in half, into the pre-diabetic range. ("That's virtually unheard of," Dr. Robinson says.) Terry's blood pressure medication was cut in half, and he was able to stop taking metformin, a diabetes medication that's prescribed when diet and exercise alone can't control blood sugar levels. Terry has more energy, and he's sleeping better.

An MRI after several weeks without beer showed

"Dr. Robinson was so friendly and welcoming, so encouraging and non-judgmental."



Jeni Robinson, MD

no cirrhosis of the liver. "That was a blessing, and a relief," Terry says.

Positive support from Dr. Robinson – and Terry's fiancée, family, and friends – keeps him going.

"Dr. Robinson was so friendly and welcoming, so encouraging and non-judgmental," Terry says. "She told me, 'You're not alone through this; I'm here to help you.' That was just the best. She didn't judge me. She just offered positive solutions."

As his health improved and he lost weight, compliments replaced criticism: "It's keeping me going, those positive comments from family and friends," Terry says. "That really helps a lot."

"Terry is an inspiration," Dr. Robinson says. "To be able to improve his health so much through diet and exercise alone is impressive. His dedication is stunning."

Terry's advice for others who might need a push to tend their own health: "We all want to be around for our family. The best thing you can do for your family is not to ignore your own health. Go in, work with your doctor. They have solutions, and real help."

The best help often comes from within. Sometimes, it needs a wake-up call.

Terry Anderson, Farmington

 **FARMINGTON CLINIC**  
Make an appointment:  
651-460-2300



# 5 cancers close to home

These five cancers are the most common across the U.S. . . . and here at home.

NH+C treats a wide range of cancers. These are the five cancers our Cancer Care team sees most often.

Understand your risks, what to watch for, how to screen . . . and when to see a doctor.

You can control some risk factors, but not all. For risks you can't control, it's important to be aware of your own risk factors; talk with your primary care provider about them; and get appropriate screening.

## 1 BREAST



**Risks you can't control:** aging, genetics, family history, dense breast tissue, early menstruation, late menopause

**Risks you can control:** level of physical activity, being overweight after menopause, taking hormones, reproductive history, drinking alcohol

**Watch for:**

- New lump in breast or underarm
- Thickening or swelling
- Irritation or dimpling of breast skin
- Redness or flaky skin in nipple area
- Pulling in of nipple or pain in nipple area
- Nipple discharge
- Any change in size or shape of breast
- Pain in any area of breast

**See a doctor:** Any symptom above. Get an annual mammogram starting at age 40. Talk with your primary care provider about additional screening if you have risk factors.

## 2 COLON/RECTUM



**Risks you can't control:** aging, history of polyps or irritable bowel syndrome, family history, race, Type 2 diabetes

**Risks you can control:** being overweight, level of physical activity, diet (more veggies, less red meat), smoking, drinking alcohol

**Watch for:**

- A change in bowel habits (diarrhea, constipation, shape of stool) beyond a few days
- Feeling the need for a bowel movement that's not relieved by having one
- Rectal bleeding with bright red blood
- Blood in the stool (dark brown or black)
- Cramping or abdominal pain
- Weakness and fatigue
- Unintended weight loss

**See a doctor:** Any symptom above. Start screening at age 45; colonoscopy is best.

## 3 LUNG



**Risks you can't control:** family history, air pollution, past radiation therapy to the chest

**Risks you can control:** smoking, secondhand smoke, exposure to radon or asbestos

**Watch for:**

- A cough that does not go away or gets worse
- Coughing up blood or rust-colored spit
- Chest pain that's worse when deep breathing, coughing, laughing
- Hoarseness
- Loss of appetite
- Unexplained weight loss
- Shortness of breath
- Feeling tired or weak
- Infections (bronchitis, pneumonia) that don't go away or keep coming back
- New onset of wheezing

**See a doctor:** Any symptom above. If you smoke, talk with your provider about quitting.

## 4 MELANOMA



**Risks you can't control:** UV light exposure, moles, fair complexion, freckles, family history, weakened immune system

**Risks you can control:** exposure to UV rays (sun, tanning beds)

**Watch for:**

- Change in size, shape, color of a mole or spot on your skin
- Mole bigger than a pencil eraser
- A sore that doesn't heal
- Spread of pigment from the border of a spot into surrounding skin
- Redness or a new swelling beyond the border of the mole

- Change in sensation, such as itchiness, tenderness, or pain

**See a doctor:** Any symptom above. Get your skin checked once a year (more if higher-risk).

## 5 BLOOD



(includes leukemia, lymphoma, myeloma)

**Risks you can't control:** aging, race, family history, radiation exposure

**Risks you can control:** being overweight, strong immunity (diet, rest, infection prevention), exposure to herbicides and petroleum products

**Watch for:**

- Fatigue
- Persistent fever
- Night sweats
- Unexplained rash, bleeding, bruising
- Unexplained weight loss
- Frequent infections
- Swollen lymph nodes, enlarged liver or spleen
- Coughing, chest pain

**See a doctor:** Any symptom above that lasts more than a few weeks. Symptoms may feel like severe cold or flu.

Sources: American Cancer Society; Centers for Disease Control; Cleveland Clinic

## FROM DIAGNOSIS TO RECOVERY

Northfield Hospital + Clinics offers complete cancer care, from diagnosis and treatment through recovery.

Scan the QR code to learn more:





# 5 cánceres cerca de casa

## Estos cinco tipos de cáncer son los más frecuentes en EE.UU. . . . y aquí en casa.

Northfield Hospital + Clinics (NH+C) trata una amplia gama de cánceres. Estos son los cinco tipos de cáncer que nuestro equipo de oncología atiende con más frecuencia.

Conozca sus riesgos, a qué debe estar atento, cómo realizar las pruebas de detección...y cuándo debe acudir al médico.

Algunos factores de riesgo se pueden controlar, pero no todos. Para los riesgos que no puede controlar, es importante: conocer sus propios factores de riesgo; hablar con su proveedor de atención primaria sobre ellos; y someterse a las pruebas de detección adecuadas.

### 1 CÁNCER DE MAMA



**Riesgos que no puede controlar:** envejecimiento, genética, antecedentes familiares, tejido mamario denso, menstruación precoz, menopausia tardía

**Riesgos que puede controlar:** nivel de actividad física, sobrepeso después de la menopausia, toma de hormonas, historial reproductivo, consumo de alcohol

#### Preste atención a:

- Un nuevo bulto en la mama o en la axila
- Engrosamiento o hinchazón
- Irritación u hoyuelos en la piel de las mamas
- Enrojecimiento o descamación de la piel en la zona del pezón
- Hundimiento del pezón o dolor en la zona del pezón
- Secreción del pezón
- Cualquier cambio en el tamaño o la forma de la mama
- Dolor en cualquier zona de la mama

**Consulte al médico** ante cualquier síntoma anterior. Hágase una mamografía anual a partir de los 40 años. Hable con su proveedor de atención primaria

sobre la posibilidad de someterse a pruebas adicionales si presenta factores de riesgo.

### 2 CÁNCER DE COLON/RECTO



**Riesgos que no puede controlar:** envejecimiento, antecedentes de pólipos o síndrome del intestino irritable, antecedentes familiares, raza, diabetes tipo 2

**Riesgos que puede controlar:** sobrepeso, nivel de actividad física, dieta (más verduras, menos carne roja), fumar, consumo de alcohol

#### Preste atención a:

- Algún cambio en los hábitos intestinales (diarrea, estreñimiento, forma de las heces) que persista más allá de unos pocos días
- Sensación de necesidad de defecar que no se alivia al hacerlo
- Hemorragia rectal con sangre roja brillante
- Sangre en las heces (marrón oscuro o negro)
- Calambres o dolor abdominal
- Debilidad y fatiga
- Pérdida de peso involuntaria

**Consulte al médico** ante cualquier síntoma anterior. Empezar las pruebas de detección a los 45 años; lo mejor es la colonoscopia.

### 3 CÁNCER DE PULMÓN



**Riesgos que no puede controlar:** antecedentes familiares, contaminación atmosférica, radioterapia anterior en el tórax

**Riesgos que puede controlar:** fumar, ser fumador pasivo, exposición al radón o al asbesto

#### Preste atención a:

- Tos que no desaparece o empeora
- Tos con sangre o saliva de color óxido
- Dolor torácico que empeora al respirar profundamente, toser o reír
- Ronquera
- Pérdida de apetito
- Pérdida inexplicable de peso
- Dificultad para respirar
- Sensación de cansancio o debilidad
- Infecciones (bronquitis, neumonía) que no desaparecen o reaparecen
- Aparición reciente de sibilancias

**Consulte al médico** ante cualquier síntoma anterior. Si fuma, hable con su proveedor de atención primaria para dejar de fumar.

### 4 MELANOMA



**Riesgos que no puede controlar:** exposición a la luz UV, lunares, tez clara, pecas, antecedentes familiares, sistema inmunitario debilitado

**Riesgos que puede controlar:** exposición a los rayos UV (sol, camas de bronceado)

#### Preste atención a:

- Cambio de tamaño, forma o color de un lunar o mancha en la piel
- Un lunar más grande que la goma de borrar de un lápiz
- Una llaga que no se cura
- Propagación del pigmento desde el borde de una mancha a la piel circundante
- Enrojecimiento o una nueva inflamación más allá del borde del lunar
- Cambios en la sensación, como picor, sensibilidad o dolor

**Consulte al médico** ante cualquier síntoma anterior. Hágase una revisión de la piel una vez al año (más si es de alto riesgo).

### 5 CÁNCERES DE LA SANGRE



(incluye leucemia, linfoma y mieloma)

**Riesgos que no puede controlar:** envejecimiento, raza, antecedentes familiares, exposición a la radiación

**Riesgos que puede controlar:** sobrepeso, inmunidad fuerte (dieta, descanso y prevención de infecciones), exposición a herbicidas y productos derivados del petróleo

#### Preste atención a:

- Fatiga
- Fiebre persistente
- Sudores nocturnos
- Erupción inexplicable, hemorragias, moretones
- Pérdida inexplicable de peso
- Infecciones frecuentes
- Ganglios linfáticos inflamados, agrandamiento del hígado o del bazo
- Tos, dolor torácico

**Consulte al médico** ante cualquier síntoma anterior que dure más de unas semanas. Los síntomas pueden parecerse a los de un resfriado grave o una gripe.

Fuentes: Sociedad Estadounidense del Cáncer; Centros para el Control de Enfermedades; Cleveland Clinic

## FROM DIAGNOSIS TO RECOVERY

Northfield Hospital + Clinics ofrece atención oncológica completa, desde el diagnóstico y el tratamiento hasta la recuperación.

Más información:





# Parker Rasmussen took his helmet in stride

## Parker's head was a little lopsided when he was born.

His pediatrician Amy Kraushaar, DO kept an eye on it. At his 2-month checkup, she noticed a flat spot, and torticollis: tightening of neck muscles on one side.

It made Parker's parents Kristin and Taylor a little nervous. "As first-time parents, we felt like we were trying our best," Kristin said.



Heidi Richardson, PT

Parker started physical therapy with pediatric therapist Heidi Richardson, PT – plus lots of tummy time at home.

After two months with little improvement in head shape, Heidi recommended that Parker be seen by the plagiocephaly clinic team to assess for a helmet. Babies who are seen by the plagio clinic team at NH+C's Rehabilitation Services clinic in Northfield are assessed by a physician, physical therapist, and orthotist together.

The team recommended a helmet to reshape Parker's head as he grew: A custom helmet has cushioning with open spaces over the flat areas, allowing the skull to grow into those open spaces and develop a rounder shape as the baby grows.

Correcting Parker's head shape now would help prevent possible dental problems in the future, align his ears (important for wearing glasses), and ensure a safe fit for bike and sports helmets in the future.

Parker was fitted for his helmet through Orthotic Care Services at 4 months old, and wore it for just under three months. "He had a tremendous growth spurt in the first two weeks that he wore it, so it was perfect time to get him into the helmet," Kristin says. "We captured his growth at the perfect time period to make the most of the helmet treatment."

Parker adjusted well to wearing his helmet 23 hours a day. "He got sweaty and stinky, but we figured hey, he's probably going to play hockey in the future and he's just breaking us in," Kristin laughs. The helmet didn't stop Parker from experiencing lots of firsts, and meeting all his developmental milestones.

At the same time, Kristin focused on PT and exercises to correct the torticollis. At first, it felt overwhelming going to PT every two weeks, and helmet measurements every two weeks – "the pressure we felt about whether we were doing the right thing," Kristin recalls.

Support from Dr. Kraushaar and Heidi (plus orthotist Sara Marmar, CPO) helped Kristin and Taylor take Parker's care in stride: "They're all such great care partners, and were really reassuring to us. I'd ask a thousand questions, and they were super chill about

answering them all. That grounded me to realize this is the right thing for Parker for his future.

"I struggle with trying to be the perfect mom," Kristin adds. "I realized I just need to be the perfect mom for Parker."

Seeing other babies in helmets helped, too. (Nearly half of infants have flat spots on their heads.) A friend whose baby had a helmet; a Facebook group for families; a mom at ECFE classes. "We supported each other, and shared tips on things like breastfeeding. Breastfeeding was very important to me," Kristin says. She also credits the Birth Center

nurses, certified lactation consultant Jennifer Kleine, BSN, IBCLC and home-health visits from Rice County Public Health with helping make breastfeeding a success.

Kristin's advice for first-time parents: "Trust yourself. We had Post-It notes with positive affirmations posted around the house. In the moments when we felt overwhelmed, those notes reminded us that we are enough, and we're doing okay. Trust your intuition – it's crazy how much you know naturally."

And how you, too, can take it all in stride.





# Hazel Miller liked to suck her thumb. (A lot.)

## Hazel liked to lie on her side to reach her favorite thumb.

Sleeping on the same side every night left a flat spot on her head.

Hazel's mom Laure Benjamin Miller brought it up at Hazel's 3-month checkup. Her doctor referred Hazel to pediatric physical therapist Heidi Richardson, PT at NH+C's Rehabilitation Services.

They tried physical therapy – and a new bedtime routine. "We tried switching sleeping positions, but it didn't change her habit because she liked sucking her thumb too much," Laure laughs. Despite these efforts, Hazel's head shape wasn't improving. A helmet was recommended to reshape Hazel's head as she grew: A custom helmet has cushioning with open spaces over the flat areas, allowing the skull to grow into those open spaces and develop a rounder shape as the baby grows.

Orthotist Sara Marmar, CPO fitted Hazel for her helmet through NH+C's partner Orthotic Care Services. "Sara did a great job explaining everything," Laure says. "She was always very easy to work with, and very accommodating with our schedule. A few

"I feel very fortunate to have this available in Northfield. If we had to drive up to the Cities every two weeks, that would have been a lot."

times Hazel had big growth spurts, and Sara took care of adjusting her helmet right away."

Growth spurts are good. As the baby grows, the orthotist adjusts the cushioning inside the helmet to make space for the head to grow into its rounder shape.

Hazel wore her helmet for two months – shorter than usual, thanks to those growth spurts. Most babies wear a plagio helmet for 3-6 months.

Hazel's helmet "didn't even phase her," Laure says. When Sara put Hazel's helmet on during her first fitting, "Sara said, 'Let's leave this on for about 15 minutes and see how she does,' and Hazel fell asleep, she was so comfortable."

It takes frequent appointments (typically every two weeks) to check on the baby's growth, and make adjustments. "I feel very fortunate to have this available in Northfield," Laure says. "If we had to drive up to the Cities every two weeks, that would have been a lot.

"They made it as convenient as possible for us. Knowing that it wasn't a huge inconvenience to Hazel made the whole process totally worth it," Laure says.

"It was a great experience for a situation we've never experienced before," she adds.

NH+C's partner Orthotic Care Services even helped with insurance coverage: "They provide information to your insurance carrier to make it go well," Laure says. "They were also conscious of our deductible, which was really considerate."

Laure's advice for parents who may worry about their own child: "Just push for what you think is right. It might seem like a lot of work, but in the end it flies by like everything else with young kids, and it's worth it."



*Laure Benjamin Miller, Northfield*



# What Inspired Me



**Courtney Krautkremer, RDMS, RVT**  
Sonographer, Diagnostic Imaging

My dad had been sick for months with no diagnosis, until imaging technology finally discovered the cause of his illness: cancer. And doctors continued to use imaging to help monitor his cancer during treatment.

That's what inspired me to go into healthcare. I specifically chose ultrasound because I wanted to give personalized

hands-on care. During an ultrasound, I maneuver the transducer to look at areas of the body from multiple angles, which not all imaging scans can do. With ultrasound, I can get a deeper view and more perspective to help the provider with diagnoses and give patients the highest quality of care. [I want to do everything I can to get an answer.](#)

Plus, the physical touch of ultrasound gives me a

chance to soothe patients while they're having a test that might make them uneasy. I can smile and talk with patients, and that makes it a little bit lighter. I can explain what we're doing and also why we're doing it this way, so it doesn't feel as scary.

And it's sheer joy to watch the faces of parents and listen to them giggle as they see their baby for the first time.

Imaging is an important part of someone's care. We work alongside doctors, nurses and other medical staff, and my ultrasound is my contribution to solving the diagnostic puzzle and care for each patient. I always do what I can to advocate for my patients, and to be there for them in any way I can.

I appreciate the medical team that took great care of my dad, and he is forever in my heart. His inspiration gave me purpose, and sharing his experience has allowed me to truly empathize with patients so they don't feel alone.

Whatever direction your journey takes you, I will be with you.

*Sharing the stories of people and how their personal journey led them to careers in healthcare, and to NH+C.*

**Learn more: [northfieldhospital.org/careers](https://northfieldhospital.org/careers)**

**Ian English, RN**

Registered Nurse, Emergency Department



When I was in high school, I was set on being a police officer. I wanted to help people, and to keep people safe. I was in Police Explorers for years, and went to college in Mankato for law enforcement. I joined the Army during college to round out my experience. I became a military police officer in the Army Reserves, deployed to Guantanamo Bay in Cuba.

When I came back to finish college, I got a job doing hospital security. I worked with a lot of nurses and doctors and medical staff. I finished my degree – a double major in law enforcement and political science – but realized that I didn't want to be a police officer after all.

I liked working in the hospital environment. I looked for a supervisor position in public safety, and found it at Northfield Hospital. I loved working with the hospital staff, and the ED staff in particular.

But [I felt like I could do more to help people and keep people safe](#), be more involved as part of the team. So I went to nursing school, while still working full-time in public safety.

As a nurse, you can see directly that you're helping people, and they appreciate what you do for them. It's very rewarding to be able to feel like you're making a difference in someone's life.

I chose to work in the ED because I like the pace, and I appreciate the mindset of the ED staff. It's a very direct communication environment, because things need to get done right away. In the ED, the staff are versatile and can roll with the punches. I fit well in that environment.

As a new nursing grad, I was comfortable asking a lot of questions and recognizing that there's always something new to learn. I've been fortunate to have fantastic mentors in the ED who have helped me grow as a nurse.

My experience in public safety in the hospital setting certainly gave me a portion of the skills I use today as a nurse. In the ED, I tend to get assigned more of the behavioral issue patients, which I'm happy to do because it's in my wheelhouse. Sometimes it is hard when I see another nurse working with a patient or visitor who is having a behavioral outburst or acting inappropriately, and I want to step in and help. But as a nurse now, I'm responsible for different things, so I can't always be able to step in to help, even when I feel like I should.

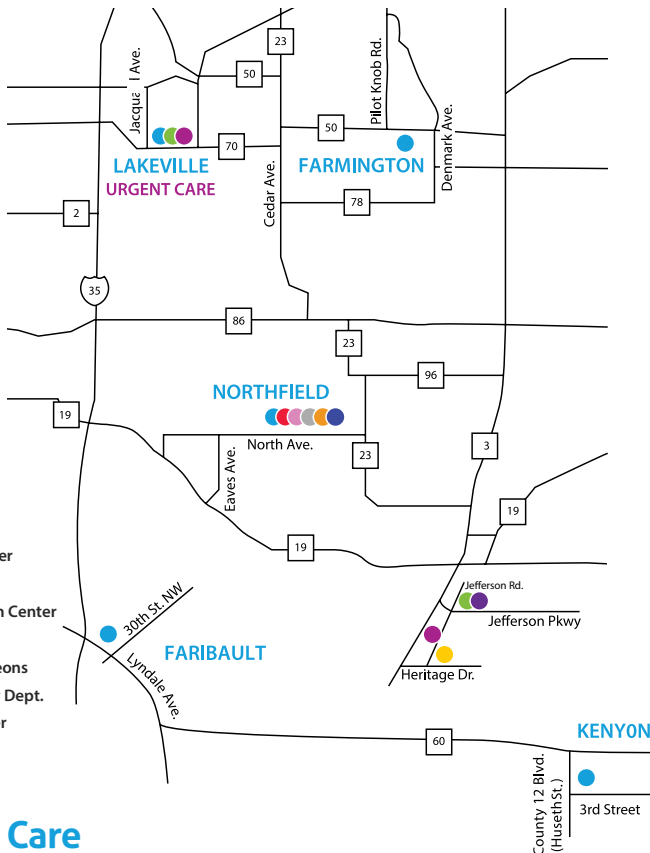
My advice for young people thinking about their career options: Keep an open mind. You don't need to tie yourself to one option; it's OK to change your mind. My experiences helped shape my working style, my personality, and my work ethic; I believe that has made me a better person and a better nurse today.

Life is a journey; make the most of it.



2000 North Avenue  
Northfield, MN 55057

## Clinics, Hospital + Specialty Care close to you



### Hospital + Emergency

#### Northfield Hospital + Emergency

2000 North Avenue, Tel: 507-646-1000

### Clinics + Urgent Care

#### Faribault Clinic

1980 30th St. NW (at Lyndale Ave.), Tel: 507-334-1601

#### Farmington Clinic

4645 Knutsen Drive, Tel: 651-460-2300

#### Kenyon Clinic

225 Huseth Street, Tel: 507-623-0123

#### Lakeville Clinic + URGENT CARE

9974 214th Street W., Tel: 952-469-0500

#### Northfield Clinic

2000 North Avenue, Tel: 507-646-1494

#### Northfield URGENT CARE

2014 Jefferson Road (Hwy 3), Tel: 507-646-6700

*Specialty care available at multiple clinic locations*

## Specialty Care

**Breast Care Center – Northfield**  
2000 North Avenue, Tel: 507-646-1143

**Cancer Care & Infusion Center – Northfield**  
2000 North Avenue, Tel: 507-646-6979

**Endoscopy – Northfield**  
2000 North Avenue, Tel: 507-646-1201

**Northfield Eye Physicians + Surgeons**  
2019 Jefferson Road, Tel: 507-645-9202

**Orthopedics Clinic – Northfield**  
1381 Jefferson Road, Tel: 507-646-8900

**Rehabilitation Clinics**  
Northfield: 1381 Jefferson Road  
Tel: 507-646-8800  
Lakeville: 9913 – 214th Street West  
Tel: 952-985-2020

**Sleep Center – Northfield**  
2000 North Avenue, Tel: 507-646-1099

**Women's Health Center – Northfield**  
2000 North Avenue, Tel: 507-646-1478

**Wound Healing Center – Northfield**  
2000 North Avenue, Tel: 507-646-6900



This magazine is published as a community service for households served by Northfield Hospital + Clinics. Additional copies are available by calling Community Relations, 507-646-1034. Information comes from a wide range of medical experts. If you have any concerns or questions about specific content that may affect your health, please contact your health care provider. Contents copyrighted. All rights reserved.

Steve Underdahl - President and CEO  
Sarah Carlsen - Chair, Board of Trustees  
Jeff Meland, MD - Chief Medical Director  
Betsy Spethmann - Editor

