In "The importance of using AutoCorrect," I wrote about how anyone who uses Word on a regular basis can save precious time by using Word's AutoCorrect feature. You can create your own "keyboard shorthand" by creating a library of shortcuts that lets you quickly enter long words and phrases into your documents.

To begin, I'd like to discuss some of the specific tricks I've used to create the list of AutoCorrect entries I use when I'm typing medical records. In Appendix A, you can review my entire AutoCorrect list. I hope you'll find some tricks you (or your users) can use to get more work done with fewer keystrokes when you're creating and editing documents.

Jeff Davis
TechRepublic columnist

Reminders: There are two ways to create an AutoCorrect entry:
1. Go to Tools | AutoCorrect, type the shortcut in the Replace field, type the expanded word or phrase in the With field, and click OK.
2. Select a word, phrase, or block of text, then go to Tools | AutoCorrect. When you do, Word will automatically fill in the With field using the selection. All you have to do is fill in the shortcut.

Tip #1: Create shortcuts for the months of the year.
You should never type out the months of the year. AutoCorrect's cousin, AutoText, will try to fill in the days of the week and months of the year for you. However, you have to press [Enter] to accept the AutoText entry, once it appears above your text. I prefer to use AutoCorrect, which converts the shortcut as soon as you press the spacebar, [Enter], [Tab], or any punctuation mark.

I use the following shortcuts for months:

<table>
<thead>
<tr>
<th>REPLACE</th>
<th>WITH</th>
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<tbody>
<tr>
<td>janu</td>
<td>January</td>
</tr>
<tr>
<td>feb</td>
<td>February</td>
</tr>
<tr>
<td>march</td>
<td>March</td>
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<tr>
<td>apr</td>
<td>April</td>
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<tr>
<td>april</td>
<td>April</td>
</tr>
<tr>
<td>mayy</td>
<td>May</td>
</tr>
<tr>
<td>jun</td>
<td>June</td>
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<tr>
<td>jul</td>
<td>July</td>
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<td>aug</td>
<td>August</td>
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<tr>
<td>sept</td>
<td>September</td>
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<tr>
<td>oct</td>
<td>October</td>
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<tr>
<td>nov</td>
<td>November</td>
</tr>
<tr>
<td>dec</td>
<td>December</td>
</tr>
</tbody>
</table>

Discussion: I don't use "jan" for January because it's a pretty common first name. I use the word "march" for the month of the same name because, in my documents, I almost never type the word "march" in the context of meaning "to walk in an orderly fashion." I have two abbreviations for April because it's such an easy word to type, I find myself typing it out, but I want AutoCorrect to initial cap it. I use "mayy" for May because may is such a common word, and typing may1 seemed harder than simply typing the y the second time.

Of course, you can use the same approach to the days of the week. Just create shortcuts that are easy for you to remember. In medical reports, doctors are always saying "return in three weeks" or "return in three months." To save time in typing those phrases, I created a number of shortcuts that use the number plus the first letter of the time period (months or weeks). Specifically, these shortcuts save me many keystrokes in medical notes:

<table>
<thead>
<tr>
<th>REPLACE</th>
<th>WITH</th>
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<tbody>
<tr>
<td>tww</td>
<td>two weeks</td>
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<tr>
<td>twom</td>
<td>two months</td>
</tr>
<tr>
<td>thrw</td>
<td>three weeks</td>
</tr>
<tr>
<td>thrm</td>
<td>three months</td>
</tr>
<tr>
<td>fourw</td>
<td>four weeks</td>
</tr>
<tr>
<td>fourm</td>
<td>four months</td>
</tr>
</tbody>
</table>
Tip #2: Focus on verbs.
If you frequently use the same verbs, consider creating AutoCorrect shortcuts for the main verb, plus all of the variations of those verbs. In medical transcription, doctors frequently dictate the same verbs in every report. Here are some of the shortcuts that have been helpful for me.

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<thead>
<tr>
<th>REPLACE</th>
<th>WITH</th>
<th>evalu</th>
<th>evaluation</th>
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</thead>
<tbody>
<tr>
<td>adm</td>
<td>admission</td>
<td>eval</td>
<td>evaluation</td>
</tr>
<tr>
<td>admd</td>
<td>administered</td>
<td>exa</td>
<td>examine</td>
</tr>
<tr>
<td>admg</td>
<td>administering</td>
<td>exas</td>
<td>examines</td>
</tr>
<tr>
<td>comd</td>
<td>completed</td>
<td>exgd</td>
<td>examining</td>
</tr>
<tr>
<td>comg</td>
<td>completing</td>
<td>exmg</td>
<td>examining</td>
</tr>
<tr>
<td>dc</td>
<td>discontinue</td>
<td>fx</td>
<td>fracture</td>
</tr>
<tr>
<td>dcd</td>
<td>discontinued</td>
<td>fx</td>
<td>fractured</td>
</tr>
<tr>
<td>des</td>
<td>describes</td>
<td>fxds</td>
<td>fractures</td>
</tr>
<tr>
<td>desd</td>
<td>described</td>
<td>gg</td>
<td>going</td>
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<tr>
<td>devd</td>
<td>developed</td>
<td>recd</td>
<td>received</td>
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<tr>
<td>devg</td>
<td>developing</td>
<td>recg</td>
<td>receiving</td>
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<td>eval</td>
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<td>st</td>
<td>states</td>
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<td>evaluated</td>
<td>std</td>
<td>stated</td>
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<td>evalg</td>
<td>evaluating</td>
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<td>treating</td>
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<tr>
<td>tx</td>
<td>treatment</td>
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</tbody>
</table>

Discussion: The verb "discontinue" is a perfect example of the kind of verb for which I like to create shortcuts. Discontinue isn't exactly easy to type, and it comes up all the time in medical reports, as does its past-tense cousin, "discontinued." By typing dc and dcd for discontinue and discontinued, respectively, I knock out those words with just one finger (the middle finger of the left hand).

Tip #3: Don't be afraid to create multiple shortcuts for the same word or phrase.
One of the reasons some people use to defend not using AutoCorrect is that they can't remember which shortcut they've assigned to a particular word or phrase. By the time you go to Tools | AutoCorrect to look up the shortcut, you might as well have typed the text, right?

That's why, in some cases, I'll go ahead and create two or three different shortcuts for the same word or phrase. That way, if I start typing too fast, or if I forget one of the shortcuts, I increase my chances of remembering one of the variations. Here are some of the common words for which multiple shortcuts have helped me.

<table>
<thead>
<tr>
<th>REPLACE</th>
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<tbody>
<tr>
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<td>apparently</td>
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<td>app</td>
<td>apparently</td>
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<td>apl</td>
<td>apparently</td>
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<tr>
<td>crad</td>
<td>consolidative radiotherapy</td>
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<tr>
<td>cradio</td>
<td>consolidative radiotherapy</td>
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<td>fivem</td>
<td>five months</td>
</tr>
<tr>
<td>fivm</td>
<td>five months</td>
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<tr>
<td>fivw</td>
<td>five weeks</td>
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<tr>
<td>funcg</td>
<td>functioning</td>
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<tr>
<td>fung</td>
<td>functioning</td>
</tr>
</tbody>
</table>
Appendix A: Alphabetical list of sample AutoCorrect
Customized for Medical Transcription

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
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<tbody>
<tr>
<td>aaa</td>
<td>abdominal aortic aneurysm</td>
</tr>
<tr>
<td>ab</td>
<td>abdomen</td>
</tr>
<tr>
<td>abd</td>
<td>abdominal</td>
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<tr>
<td>abl</td>
<td>androgen blockade</td>
</tr>
<tr>
<td>abn</td>
<td>abnormal</td>
</tr>
<tr>
<td>abns</td>
<td>abnormalities</td>
</tr>
<tr>
<td>aby</td>
<td>abnormality</td>
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<tr>
<td>acc</td>
<td>according to</td>
</tr>
<tr>
<td>acp</td>
<td>adenocarcinoma of the prostate</td>
</tr>
<tr>
<td>ad</td>
<td>admitted</td>
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<tr>
<td>addl</td>
<td>additional</td>
</tr>
<tr>
<td>ade</td>
<td>adequate</td>
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<td>adel</td>
<td>adequately</td>
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<td>aden</td>
<td>adenopathy</td>
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<td>adencc</td>
<td>adenocarcinoma of the prostate</td>
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<td>adeno</td>
<td>adenocarcinoma</td>
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<td>adenop</td>
<td>adenocarcinoma of the prostate</td>
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<td>adenop</td>
<td>adenocarcinoma of the prostate</td>
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<td>adenop</td>
<td>adenocarcinoma of the prostate</td>
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<td>adj</td>
<td>adjuvant</td>
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<td>adm</td>
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<td>administered</td>
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<td>admg</td>
<td>administering</td>
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<td>adv</td>
<td>advanced</td>
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<td>af</td>
<td>after</td>
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<tr>
<td>alc</td>
<td>alcohol</td>
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<tr>
<td>alcc</td>
<td>alcoholic</td>
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<tr>
<td>alk</td>
<td>alkaline phosphatase</td>
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<tr>
<td>alph</td>
<td>alkaline phosphatase</td>
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<tr>
<td>anb</td>
<td>antibiotic</td>
</tr>
<tr>
<td>anbs</td>
<td>antibiotics</td>
</tr>
<tr>
<td>aned</td>
<td>anesthetized</td>
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<tr>
<td>anes</td>
<td>anesthesia</td>
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<tr>
<td>ant</td>
<td>anterior</td>
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<tr>
<td>antd</td>
<td>anticipated</td>
</tr>
<tr>
<td>apd</td>
<td>appreciated</td>
</tr>
<tr>
<td>apl</td>
<td>apparently</td>
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<tr>
<td>app</td>
<td>apparently</td>
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<td>appr</td>
<td>approximately</td>
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<td>appt</td>
<td>appointment</td>
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<td>apr</td>
<td>April</td>
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<td>april</td>
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<tr>
<td>assoc</td>
<td>associated</td>
</tr>
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<td>asw</td>
<td>associated with</td>
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<tr>
<td>asy</td>
<td>asymptomatic</td>
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<td>aua</td>
<td>AUA score of</td>
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<tr>
<td>aug</td>
<td>August</td>
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<td>ausc</td>
<td>auscultation</td>
</tr>
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<td>ausd</td>
<td>auscultated</td>
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<tr>
<td>ava</td>
<td>available</td>
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<tr>
<td>aw</td>
<td>as well</td>
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<tr>
<td>awa</td>
<td>as well as</td>
</tr>
<tr>
<td>ay</td>
<td>abnormality</td>
</tr>
<tr>
<td>ayk</td>
<td>as you know</td>
</tr>
<tr>
<td>bct</td>
<td>breast-conservation therapy</td>
</tr>
<tr>
<td>bec</td>
<td>because</td>
</tr>
<tr>
<td>bef</td>
<td>before</td>
</tr>
<tr>
<td>ben</td>
<td>benign</td>
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<tr>
<td>bg</td>
<td>breathing</td>
</tr>
<tr>
<td>bily</td>
<td>bilaterally</td>
</tr>
<tr>
<td>bla</td>
<td>bladder</td>
</tr>
<tr>
<td>ble</td>
<td>bleeding</td>
</tr>
<tr>
<td>bo</td>
<td>because of</td>
</tr>
<tr>
<td>bp</td>
<td>blood pressure</td>
</tr>
<tr>
<td>bph</td>
<td>benign prostate hypertrophy</td>
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<td>br</td>
<td>breast</td>
</tr>
<tr>
<td>brb</td>
<td>bright red blood</td>
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<tr>
<td>brc</td>
<td>breast cancer</td>
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<tr>
<td>brg</td>
<td>breathing</td>
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<td>brh</td>
<td>breath sounds</td>
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<td>brs</td>
<td>breasts</td>
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<tr>
<td>bry</td>
<td>bronchoscopy</td>
</tr>
<tr>
<td>bso</td>
<td>bilateral salpingo-oophorectomy</td>
</tr>
<tr>
<td>bsp</td>
<td>bowel sounds are positive</td>
</tr>
<tr>
<td>bx</td>
<td>biopsy</td>
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<td>bxd</td>
<td>biopsied</td>
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<td>bxs</td>
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<td>ca</td>
<td>carcinoma</td>
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<td>cau</td>
<td>Caucasian</td>
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<td>cc:</td>
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<td>cce</td>
<td>clubbing, cyanosis, or edema</td>
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<td>cg</td>
<td>cGy</td>
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<td>ch</td>
<td>chest</td>
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<td>chemo</td>
<td>chemotherapy</td>
</tr>
<tr>
<td>chf</td>
<td>congestive heart failure</td>
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</tbody>
</table>

Page 3 of 9
chm  Change Management
deg  degenerative
chole  cholecystectomy
dem  demonstrate
chr  chemo-radiotherapy
demd  demonstrated
chra  chemo-radiotherapy
demg  demonstrating
chw  chest wall
dems  demonstrates
cig  cigarette
den  denies
cigs  cigarettes
dep  depressed
cl  certainly
depnt  department
clt  complaint
des  describes
cmd  completed
desd  described
cmg  completing
desq  desquamation
cml  completely
devd  developed
cms  centimeters
devg  developing
cn  continue
df  discomfort
cng  continuing
dfd  differentiated
cm  colon
dia  diabetes
comd  completed
dia  diabetes
comg  completing
diarr  diarrhea
coml  completely
dicd  discussed
comleting  completing
dif  difficult
comps  complications
difs  difficulties
con  continues
dify  difficulty
cond  condition
discd  discharged
cong  continuing
discg  discussing
conradio  consolidative radiotherapy
disd  discussed
cov  cooperative
disg  discussing
copd  chronic obstructive pulmonary
diss  dissection
disease  dissected
copmletely  completely
div  divorced
coum  Coumadin
djd  degenerative joint disease
cp  chest pain
dm  diabetes mellitus
crad  consolidative radiotherapy
dmd  demonstrated
cradio  consolidative radiotherapy
dmg  demonstrating
crt  chemo-radiotherapy
dms  demonstrates
csp  cough or sputum production
dnd  denied
c  CT
doe  dyspnea on exertion
cta  clear to auscultation
dr  Dr.
ctd  continued

dradi  definitive radiotherapy

cuts  complaints
dradio  definitive radiotherapy
cur  current
dtr  deep tendon reflexes
curr  currently
dvd  developed
cv  cardiovascular
dvg  developing
cva  cerebrovascular accident
dvt  deep venous thrombosis
cvat  CVA tenderness
dx  diagnosis
cw  consistent with

dxd  diagnosed
cxr  chest x-ray
ebr  external beam radiotherapy
cy  colonoscopy
ebri  external beam radiotherapy
da  daily
egd  esophagogastroduodenoscopy
dc  discontinue
elev  elevated
dcd  discontinued

emr  emergency room
dec  December
endy  endoscopy
deca  Decadron
eo  evidence of
ded  decided

eom  extraocular movements
decr  decreased

eomi  extraocular movements intact
There are total abdominal hysterectomy, bilateral salpingo-oophorectomy.

The breast was treated.

The prostate is flat without palpable abnormalities.

The prostate is flat without palpable abnormalities.

There is no evidence of

There is normal sphincter tone.

There is no evidence of

Transperineal seed implant.

Ultrasound guided transperineal seed implant.

Tumor.

Tumors.

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<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>undfd</td>
<td>undifferentiated</td>
</tr>
<tr>
<td>undif</td>
<td>undifferentiated</td>
</tr>
<tr>
<td>undiff</td>
<td>undifferentiated</td>
</tr>
<tr>
<td>unf</td>
<td>unfortunately</td>
</tr>
<tr>
<td>unk</td>
<td>unknown</td>
</tr>
<tr>
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<td>unremarkable</td>
</tr>
<tr>
<td>uri</td>
<td>urinary</td>
</tr>
<tr>
<td>urin</td>
<td>urinary</td>
</tr>
<tr>
<td>uti</td>
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**Jeff's Note:** When you add multiline entries to your AutoCorrect list, those entries appear in alphabetical order when you view the list by going to Tools | AutoCorrect. The macro that creates the AutoCorrect list puts those multiline entries at the end of the list. In my "real" AutoCorrect list, I have stored the names and addresses of nearly 100 physicians. I always make my Replace string the first initial and last name of the physician. I have very little overlap, such as two people named "Asmith," but when those names come up, I usually add a number to to the end of the additional entries. So I might have Djones, Djones2, and Djones3.

- ajones    Arnold C. Jones, M.D.
  PO Box 123
  456 South Street
  Somecity, Somestate 40123
- asmith    Alan Smith, Ph.D.
  1234 Wall Street
  Somecity, Somestate 40124