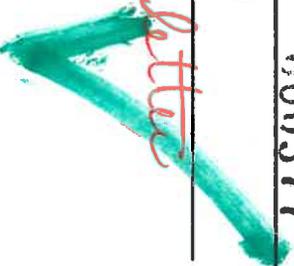


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Myers/Burton</i>	DATE <i>1-14-09</i>
----------------------------------	-------------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <p align="center"><i>100377</i></p>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <p align="center"><i>Claudia 1/16/09, letter attached.</i></p> <p align="center"></p>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-26-09</i> DATE DUE _____ <input type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

COASTAL SURGICAL
VASCULAR & VEIN SPECIALISTS

Edward C. Morrison, M.D.
General of Vascular Surgery
Board Certified

Thomas C. Appleby, M.D.
General of Vascular Surgery
Board Certified

P. Kevin Beach, M.D.
General of Vascular Surgery
Board Certified

January 12, 2009

9 pages

RECEIVED

Dr. Marion Burton
Medical Director
S.C. Dept of Health & Human Services
P. O. Box 8206
Columbia, S.C. 29202-8206

JAN 14 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: Linda Brown
ID# 5780472700

Dear Dr. Burton,

Ms. Linda Brown was initially seen by me on 8/26/08 for evaluation of bilateral pain in the lower extremities. She is symptomatic with swelling and numbness.

A bilateral lower extremity venous ultrasound performed on 9/18/08 revealed reflux disease bilaterally. She was given a prescription for compression stockings on 8/26/08. Evaluation again on 1/8/09 revealed that Ms. Brown was still symptomatic with pain and significant edema. Her toes are purple. I feel that Ms. Brown would benefit from endovenous ablation as she has been compliant with her compression hose with no relief of symptoms. We would like to perform the closure first on the right leg and then schedule the left leg at a later date. A copy of my office notes and venous study are attached.

The patient has Medicare primary and she meets the insurance requirements for this service to be approved. We would appreciate your consideration of this service based on the above and attached information. This surgery is not typically a covered service by Medicaid. The CPT code is 36475.

We will await your response. Please feel free to contact me with any questions.

Sincerely,

Edward C. Morrison M.D.
Edward C. Morrison, M.D.

Moncks Corner
2061 Highway 52

Mr. Pleasant
570 Longpoint Rd., Suite 130

1327 Ashley River Rd., Bldg. B
Charleston, SC 29407

Telephone (843) 577-4551
Fax (843) 577-8868

Waterboro
416 B Robertson Blvd.

Account # 73911
Linda Brown
PO Box 46

843-509-3666

Ladson, SC 29456

07/29/1950

AUG 26 2008

BP

PULSE

PLEASE SEE HANDWRITTEN AND DICTATED H&P FORM IN CHART

TEMP

SEP 23 2008 DUK

ALLERGIES

DEC 23 2008 dnka

JAN. 8, 2009

BROWN, Linda P. 73911

Brandy Englert, PA-C

01/08/2009

Ms. Brown was seen today for follow up of her venous stasis disease. The patient states that she is not doing any better. She states that she continues to wear her compression hose but that symptomatically she has gotten worse.

PHYSICAL EXAM: The patient's neck is supple. There are no bruits. The patient's chest is clear. Heart is regular. There is a systolic ejection murmur. The patient's lower extremities are edematous. There are peripheral pulses noted bilaterally. It is to be noted that the patient's toes are purple. There is no skin breakdown but there is pretty significant edema bilaterally.

IMPRESSION: Venous stasis disease - I do think this patient has now reached the threshold for intervention.

PLAN: We will get her scheduled for VNUS Closure procedure on the right lower extremity first. BRANDY ENGLERT, PA-C/hma

cc Dr. Browder

80210111113

Coastal Surgical Vascular and Vein Specialists
History and Physical Form

- Edward C. Morrison, M.D.
- Thomas C. Appleby, M.D.
- P. Kevin Beach, M.D.

Patient Name: Linda P. Brown Today's Date: 8/26/08
Account Number 73911

Patient seen at the request of: Dr. Browder
Primary Care Physician: Dr. Cohen
Other: CHF

CC: Left foot color change

HPI (Document location, duration, timing, quality, severity, context, modifying factors, associated signs/symptoms or status of 3 chronic conditions)

58 yo ♀ ± PMHx of CHF on dialysis, DM, CHF
~~Diast~~ Hypertension & DJD 1/2 "BUNNINGS" INSTANT
PAIN FLOW @ HEEL TO TOES & COLOR CHANGE x 2 WEEKS
NEURIES E/C

HISTORY OF PRESENT ILLNESS:

Ms. Brown is referred at this time by Dr. Browder. This lady seems distant and chronically ill. She is 58. She is attended by her male friend here. She has a history of heart failure and dialyzes 3 times a week. She is dialyzing on Monday, Wednesday, and Friday. She has been 2 years on dialysis. She cannot really answer why she is on dialysis. She is apparently diabetic and has severe hypertension. She complains of pain in both legs, left worse than right. She has had swelling and numbness. She is walking with a walker. She has had apparently a lot of trauma in the last year including hip and pelvic fractures and lower extremity fractures. Again, she states that the left leg is worse than the right. She wants to know what can be done about it.

History: Symptoms began _____ weeks months years ago

Conservative Therapy: _____ month(s) trial of Compression Stockings
 Mild Exercise
 Periodic Leg Elevation
 Weight Reduction

Patient: Brown, Linda P.

Date _____

Account Number 73911

ROS: Circle pertinent symptoms. Line through pertinent negatives

Const: Malaise - Fatigue - Wt loss/gain - Appetite - Fever - Night Sweats - Obese

Eye: Blindness or blind spots - Vision Change - Blurring - Glaucoma + CATARACTS & DIABETIC RETINOPATHY

ENT: Vertigo - Deafness - Tinnitus - Epistaxis - Sinusitis - Hoarseness - Dysphagia - Odympnophagia

Resp: SOB - DOE - PHD - Orthopnea - Wheezing - Cough - Hemoptysis - Hx TB/PPD

Cardiac: Angina - MI - Murrur - Palpitations - Pedal Edema + CHF

Vascular: Am Fu - TIA, Claudication - Rest Pain - Ulcers - DVT - Phlebitis - AAA

Veins: DVT - Phlebitis - Ulcer - Previous Operation - Injection - Stocking use

GI: Abd Pain - NV - PUD - GERD - Constipation - Diarrhea - Melena - BRBPR - Bowel Changes

GU: Nocturia - Dysuria - Pyuria - Hematuria - Urgency - Frequency - Decreased Stream

MS: Weakness - Pain - Joint Pain - ↓ ROM - Swelling - Gout - Arthritis FX ANKLE/PELVIS 2008

Hem/Lymph: Anemia - Bruising - Bleeding - Transfusion nodes - Malignancy

Endo: Thyroid problems - Goiter - DM - Heat/cold intolerance - Polydipsia - Polyruia

Skin: Rash - Lesion/Mole _____ Ulcer _____

Breast: Lumps - Nipple Retraction/Discharge - Skin changes - Breast Pain

Psych: Anxiety - Memory Loss - Depression - Nervousness - Hallucinations (-)

Neuro: Headache - Numbness - Dizziness - CVA/stroke - Syncope - Seizures - Weakness - Aphasia LEGS/HAIRS (-) (-) (-)

Imm: Allergy - Asthma - Hay Fever

Exercise Tolerance _____
 All Other Systems Negative

Allergies: _____

Medications: See attached list

Patient: Brown Linda P.

Date: _____

Account Number 73911

Chest: No masses, lumps, or tenderness Existing Catheter Previous Catheter

Breast: Negative exam with no masses, tenderness, or discharge

Abdomen: No masses or tenderness Liver and spleen non-tender Soft, nondistended

Musco: Normal Gait Extremities intact Extremities: No clubbing, cyanosis, or edema

Skin: No rashes, lesions, or ulcers

Neuro: Alert and oriented x 3 No motor or sensory deficit

DATA:

Her extensive records are reviewed.

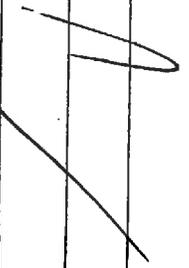
IMPRESSION:

This lady appears to have some element of venous reflux disease.

PLAN:

I will place her in a gradient stocking and check her back in 1 month. I do think she needs to be evaluated for reflux. There is no evidence of any pedal ischemia. I will see her back in a month. Edward C. Morrison, M.D./hma

Provider Signature:



Patient told to follow up pm and/or: _____ month(s) _____ wk(s) _____ days

pc: Dr. _____



CVE Systems

VEN

17207 Wyeth Circle, Spring Texas 77379
Phone: 800-338-0360 Email: Support@cvesystems.com

Coastal Surgical Associates
1327 Ashley River Road
Charleston, SC 29407
843-577-4551 Fax 843-577-8868

Lower Venous Duplex Scan

Patient Name: BROWN, LINDA	Study Date: 9/18/2008	Time: 12:36:49 PM
DOB: 7/29/1950	Age: 58	Gender: Female
MR/Case#: 73911	Referring Phy: EDWARD C. MORRISON, MD	Lab: COASTAL SURGICAL ASSOCIATES
Indication: BILATERAL LEG NUMBNESS/BURNING	Examiner: Fostl, Liberty, RVT	

CONCLUSION/SUMMARY:

NEGATIVE EXAM FOR DEEP OR SUPERFICIAL VEIN THROMBOSIS BILATERALLY.

THE RIGHT LOWER EXTREMITY IS POSITIVE FOR DEEP AND SUPERFICIAL VEIN THROMBOSIS AS DESCRIBED WITH SUFFICIENT GSV AND ANTERIOR ACCESSORY VEIN DIAMETERS IF CLOSURE IS CONSIDERED.

THE LEFT LOWER EXTREMITY IS POSITIVE FOR DEEP AND SUPERFICIAL VEIN THROMBOSIS AS DESCRIBED WITH SUFFICIENT GSV DIAMETERS IF CLOSURE IS CONSIDERED.

Edwards
Date 9.19.08

L



CVE Systems

17207 Myeth Circle, Spring Texas 77379
Phone: 800-338-0360 Email: Support@cvesystems.com

Crastal Surgical Associates
1327 Ashley River Road
Charleston, SC 29407
843-577-4551 Fax 843-577-8868

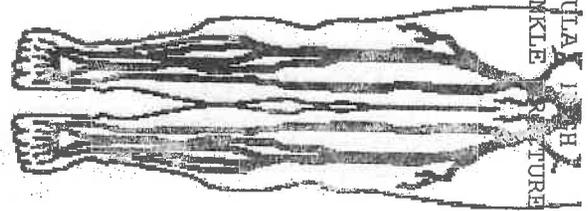
Lower Venous Duplex Scan

Patient Name: BROWN, LINDA Study Date: 9/18/2008 Time: 12:36:49 EM
DOB: 7/29/1950 Age: 58 Gender: Female MR/Case#: 73911
Referring Phy: EDWARD C. MORRISON, MD Lab: COASTAL SURGICAL ASSOCIATES
Indication: BILATERAL LEG NUMBNESS/BURNING Examiner: Tosti, Liberty, RVT

HISTORY:
DIABETIC RETINOPATHY, DIABETES, CRF ON DIALYSIS, LEFT UPPER ARM DIALYSIS FISTULA WITH CHOLESTEROL, DJD, HTN, CHF, HYPOTHYROIDISM, HIP AND PELVIC FRACTURES, RIGHT ANKLE FRACTURE IN 2008, LEFT ANKLE FRACTURE 20 YEARS AGO.

INDICATION:
BILATERAL LEG NUMBNESS, PAIN AND BURNING, LT > RT; CVI.

TECHNOLOGIST NOTES:



Summary of Vascular Findings

Impression/Recommendation:

BILATERAL LOWER EXTREMITY VENOUS DUPLEX EXAMINATION OF THE DEEP FEMORAL SYSTEM, POPLITEAL, POSTERIOR TIBIALS, PERFORATORS AND GSV COMPLETED WITH THE FOLLOWING FINDINGS:

RIGHT:

NEGATIVE EXAM FOR DEEP AND SUPERFICIAL VEIN THROMBOSIS. REFLUX WAS DEMONSTRATED IN THE FEMORAL SYSTEM, GSV, ANTERIOR ACCESSORY VEIN AND ANKLE PERFORATOR VEIN MEASURING 0.25CM. THE GSV MEASURED: JUNCTION 0.38CM, PROXIMAL THIGH 0.39CM, MID 0.34CM, DISTAL THIGH 0.37CM, PROXIMAL CALF 0.32CM, MID CALF 0.30CM. THE ANTERIOR ACCESSORY VEIN MEASURES: JUNCTION 0.57CM, PROXIMAL THIGH 0.51CM, MID 0.49CM, DISTAL THIGH 0.40CM. A BRANCH FROM THE GSV AND ACCESSORY VEIN CONNECT AT THE MEDIAL KNEE LEVEL. MULTIPLE BRANCHES WERE NOTED FROM THE GSV AND ANTERIOR ACCESSORY VEIN ABOVE AND BELOW THE KNEE.

LEFT:

NEGATIVE EXAM FOR DEEP AND SUPERFICIAL VEIN THROMBOSIS. REFLUX WAS DEMONSTRATED IN THE FEMORAL SYSTEM AND BELOW-KNEE GSV. THE GSV TRAVELS POSTERIORLY WITH A MID-THIGH LEVEL BRANCH FOLLOWING THE SAME COURSE SUPERFICIALLY. THE GSV MEASURES: JUNCTION 0.42CM, PROXIMAL THIGH 0.47CM, MID 0.27CM (BRANCH TAKES OFF), DISTAL 0.33CM, PROXIMAL CALF 0.28CM AND MID CALF 0.25CM. THE ANTERIOR ACCESSORY VEIN DOES NOT SHOW REFLUX. MULTIPLE BRANCHES WERE NOTED FROM THE GSV AND ANTERIOR ACCESSORY VEIN ABOVE AND BELOW THE KNEE.

800.333.6334
For more information about Medi Products and leg
health visit our web site at www.medusa.com

medivon Graduated Medical Compression Stockings

Date: 8.26.08

Patient Name: Linda Shaw

USA

Diagnosis:

Physician Signature: [Signature] (Required for insurance reimbursement)

(Dispense as written)

Please Indicate Type, Compression and Style.

TYPE (select one)

Ready-to-Wear Stocking Custom Stocking

RX COMPRESSION (select one)

Class I: 20-30 mmHg Class II: 30-40 mmHg Class III: 40-50 mmHg

THERAPEUTIC SUPPORT

16-20mmHg

STYLE (select one style from chart below)

Include Butler Application Aid

Ca	Thigh	Panty	Maternity	Men's	Lymph
	w/waist attach	Hose	Panty	Leotard	Sleeve
<input type="checkbox"/>					
	Left	Right		Left	Right
Caunter					

medi medical stockings are available in a range of colors.



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

January 16, 2009

Edward C. Morrison, M.D.
Coastal Surgical Vascular &
Vein Specialists
1327 Ashley River Road
Charleston, SC 29407

Re: Linda Brown
ID# 5780472700

Dear Dr. Morrison,

Thank you for corresponding with me regarding this patient. I certainly concur that this individual would benefit from endovenous ablation to relieve the symptoms in her extremities. Please include a copy of this letter with your request for reimbursement related to this work.

If you have any further difficulties, please do not hesitate to contact me by mail or at 803-255-3400 or 803-898-2580. Thank you for your advocacy regarding this patient and for caring for SC Medicaid beneficiaries.

Sincerely,

A handwritten signature in black ink, appearing to read "O. Marion Burton".

O. Marion Burton, MD
Medical Director

ONB/mk

Office of the Director
P.O. Box 8206 • Columbia, South Carolina 29202-8206
(803) 898-2504 • Fax (803) 255-8235



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Myers/Burton</i>	DATE <i>1-14-09</i>
----------------------------------	-------------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>200377</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-26-09</i> DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

COASTAL SURGICAL VASCULAR & VEIN SPECIALISTS

Edward C. Morrison, M.D.
General of Vascular Surgery
Board Certified

Thomas C. Appleby, M.D.
General of Vascular Surgery
Board Certified

P. Kevin Beach, M.D.
General of Vascular Surgery
Board Certified

January 12, 2009

9 pages

Dr. Marion Burton
Medical Director
S.C. Dept of Health & Human Services
P. O. Box 8206
Columbia, S.C. 29202-8206

RECEIVED
JAN 14 2009
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: Linda Brown
ID# 5780472700

Dear Dr. Burton,

Ms. Linda Brown was initially seen by me on 8/26/08 for evaluation of bilateral pain in the lower extremities. She is symptomatic with swelling and numbness.

A bilateral lower extremity venous ultrasound performed on 9/18/08 revealed reflux disease bilaterally. She was given a prescription for compression stockings on 8/26/08. Evaluation again on 1/8/09 revealed that Ms. Brown was still symptomatic with pain and significant edema. Her toes are purple. I feel that Ms. Brown would benefit from endovenous ablation as she has been compliant with her compression hose with no relief of symptoms. We would like to perform the closure first on the right leg and then schedule the left leg at a later date. A copy of my office notes and venous study are attached.

The patient has Medicare primary and she meets the insurance requirements for this service to be approved. We would appreciate your consideration of this service based on the above and attached information. This surgery is not typically a covered service by Medicaid. The CPT code is 36475.

We will await your response. Please feel free to contact me with any questions.

Sincerely,

Edward C. Morrison M.D.
Edward C. Morrison, M.D.

Moncks Corner
2061 Highway 52

Mt. Pleasant
570 Longpoint Rd., Suite 130

1327 Ashley River Rd., Bldg. B
Charleston, SC 29407
Telephone (843) 577-4551
Fax (843) 577-8868

Walterboro
416 B Robertson Blvd.

Account # 73911
Linda Brown
PO Box 48

842-509-3666

Ladson, SC 29456

07/29/1950

AUG 26 2008

BP	
PULSE	
TEMP	
ALLERGIES	

PLEASE SEE HANDWRITTEN AND DICTATED H&P FORM IN CHART

SEP 23 2008 *DLK*

DEC 23 2008 *DLK*

JAN. 8, 2009

BP	
PULSE	
TEMP	
ALLERGIES	

BROWN, Linda P. 73911

Brandy Englert, PA-C

01/08/2009

Ms. Brown was seen today for follow up of her venous stasis disease. The patient states that she is not doing any better. She states that she continues to wear her compression hose but that symptomatically she has gotten worse.

PHYSICAL EXAM: The patient's neck is supple. There are no bruits. The patient's chest is clear. Heart is regular. There is a systolic ejection murmur. The patient's lower extremities are edematous. There are peripheral pulses noted bilaterally. It is to be noted that the patient's toes are purple. There is no skin breakdown but there is pretty significant edema bilaterally.

IMPRESSION: Venous stasis disease - I do think this patient has now reached the threshold for intervention.

PLAN: We will get her scheduled for VNUS Closure procedure on the right lower extremity first. BRANDY ENGLERT, PA-C/hma

cc Dr. Browder

BRANDY ENGLERT

**Coastal Surgical Vascular and Vein Specialists
History and Physical Form**

- Edward C. Morrison, M.D.
- Thomas C. Appleby, M.D.
- P. Kevin Beach, M.D.

Patient Name: Linda P. Brown Today's Date: 8/26/08
Account Number 73911

Patient seen at the request of:

Dr. Browder

Primary Care Physician:

Dr. Coran

Other:

CUP

CC: Left Foot Color Change

HPI (Document location, duration, timing, quality, severity, context, modifying factors, associated signs/symptoms or status of 3 chronic conditions)

58 yo ♀ ± PMH of CRT on Dialysis, DM, CHF
~~Diast~~ Hypertension & DJD "no "burning" in foot
PAIN flow @ heel to toes & color change x 2 weeks
Numbness etc

HISTORY OF PRESENT ILLNESS:

Ms. Brown is referred at this time by Dr. Browder. This lady seems distant and chronically ill. She is 58. She is attended by her male friend here. She has a history of heart failure and dialyzes 3 times a week. She is dialyzing on Monday, Wednesday, and Friday. She has been 2 years on dialysis. She cannot really answer why she is on dialysis. She is apparently diabetic and has severe hypertension. She complains of pain in both legs, left worse than right. She has had swelling and numbness. She is walking with a walker. She has had apparently a lot of trauma in the last year including hip and pelvic fractures and lower extremity fractures. Again, she states that the left leg is worse than the right. She wants to know what can be done about it.

History: Symptoms began _____ weeks months years ago

Conservative Therapy: _____ month(s) trial of Compression Stockings
 Mild Exercise
 Periodic Leg Elevation
 Weight Reduction

Patient: Brown, Linda P.

Date _____

Account Number 73911

ROS: Circle pertinent symptoms. Line through pertinent negatives

Const: Malaise - Fatigue - Wt loss/gain - Appetite - Fever - Night Sweats - Obese

Eyes: Blindness or blind spots - Vision Change - Blurring - Glaucoma

+ Cataracts &

NABERG RETINOPATHY

ENT: Vertigo - Deafness - Tinnitus - Epistaxis - Sinusitis - Hoarseness - Dysphagia - Odynophagia

Resp: SOB - DOE - PND Orthopnea - Wheezing - Cough - Hemoptysis - Hx TB/PPD

Cardiac: Angina - MI - Murmur - Palpitations - Pedal Edema

+ CHF

Vascular: Am Fu - TIA, Claudication - Rest Pain - Ulcers - DVT - Phlebitis - AAA

Veins: DVT - Phlebitis - Ulcer - Previous Operation - Injection - Stocking use

GI: Abd Pain - NV - PUD - GERD - Constipation - Diarrhea - Melena - BRBPR - Bowel Changes

GU: Nocturia - Dysuria - Pyuria - Hematuria - Urgency - Frequency - Decreased Stream

MS: Weakness - Pain - Joint Pain

↓ ROM - Swelling - Gout - Arthritis

FX ANKLE/PELVIS 2008

Hem/Lymph: Anemia - Bruising - Bleeding - Transfusion nodes - Malignancy

Endo: Thyroid problems - Goiter - DM - Heat/cold intolerance - Polydipsia - Polyuria

Skin: Rash - Lesion/Mole

Ulcer

Breast: Lumps - Nipple Retraction/Discharge - Skin changes - Breast Pain

Psych: Anxiety - Memory Loss - Depression - Nervousness - Hallucinations

Neuro: Headache - Numbness - Dizziness - CVA/Stroke - Syncope - Seizures - Weakness - Aphasia

LEGS/HANDS

+ + + +

Imm: Allergy - Asthma - Hay Fever

Exercise Tolerance _____

All Other Systems Negative

Allergies: _____

Medications: See attached list

Patient Name: Brown, Linda R.
Account Number: 73911

Date: _____

PMHx:

See attached Patient Hx Form Dated _____

PSHx:

Tonsillectomy 8yo

Daskl

Racine

PAST MEDICAL HISTORY:

Her extensive past medical history is reviewed.

Social Hx: (Circle pertinent)
S, M, W, D, SEP Occupation Retail

Family Hx:

Arter 65 stroke

Tobacco quit 16 years ago

Sister 67 stroke

Caffeine - Drugs -

EXAM: √ = Normal Findings (except as noted)

CONST: Temp _____ Pulse _____ BP: _____ Resp _____ Wt _____

healthy appearing ill appearing Well nourished Malnourished Obese

Add notes: _____

HEENT: Normocephalic PERLLA EOM's intact Oral mucosa moist

NECK: Trachea Midline No JVD No thyromegaly or masses

Lymph: No lymphadenopathy axilla/cervical/groin

Resp: Clear to auscultation bilaterally Respiration non-labored

Cardio: RRR No murmurs

Vascular:	Aorta	<input type="checkbox"/>	Bruits:	<input type="checkbox"/>	
<input type="checkbox"/> R <input checked="" type="checkbox"/> L	Radial	<input type="checkbox"/> L <input checked="" type="checkbox"/>	<input type="checkbox"/> R <input checked="" type="checkbox"/>	Carotid	<input type="checkbox"/> L <input checked="" type="checkbox"/>
<input type="checkbox"/> R <input checked="" type="checkbox"/> L	Brachial	<input type="checkbox"/> L <input checked="" type="checkbox"/>	<input type="checkbox"/> R <input checked="" type="checkbox"/>	Vertebral	<input type="checkbox"/> L <input checked="" type="checkbox"/>
<input type="checkbox"/> R <input checked="" type="checkbox"/> L	STA	<input type="checkbox"/> L <input checked="" type="checkbox"/>	<input type="checkbox"/> R <input checked="" type="checkbox"/>	Subclavian	<input type="checkbox"/> L <input checked="" type="checkbox"/>
<input type="checkbox"/> R <input checked="" type="checkbox"/> L	CCA	<input type="checkbox"/> L <input checked="" type="checkbox"/>	<input type="checkbox"/> R <input checked="" type="checkbox"/>	Flank	<input type="checkbox"/> L <input checked="" type="checkbox"/>
<input type="checkbox"/> R <input checked="" type="checkbox"/> L	Femoral	<input type="checkbox"/> L <input checked="" type="checkbox"/>	<input type="checkbox"/> R <input checked="" type="checkbox"/>	Iliac	<input type="checkbox"/> L <input checked="" type="checkbox"/>
<input type="checkbox"/> R <input checked="" type="checkbox"/> L	Popliteal	<input type="checkbox"/> L <input checked="" type="checkbox"/>	<input type="checkbox"/> R <input checked="" type="checkbox"/>	Epigastric	<input type="checkbox"/> L <input checked="" type="checkbox"/>
<input type="checkbox"/> R <input checked="" type="checkbox"/> L	PT	<input type="checkbox"/> L <input checked="" type="checkbox"/>	<input type="checkbox"/> R <input checked="" type="checkbox"/>		
<input type="checkbox"/> R <input checked="" type="checkbox"/> L	DP	<input type="checkbox"/> L <input checked="" type="checkbox"/>	<input type="checkbox"/> R <input checked="" type="checkbox"/>		

No Ulcers No Gangrene No trophic changes Pedal pulses 2+ throughout

No edema or venous varicosities

Doppler Survey: LC 3 abnormally

Diminished perfusion

Patient: Brown Linda P.
Account Number 73911

Date: _____

Chest: No masses, lumps, or tenderness Existing Catheter Previous Catheter

Breast: Negative exam with no masses, tenderness, or discharge

Abdomen: No masses or tenderness Liver and spleen non-tender Soft, nondistended

Muscle: Normal Gait Extremities intact Extremities: No clubbing, cyanosis, or edema

Skin: No rashes, lesions, or ulcers

Neuro: Alert and oriented x 3 No motor or sensory deficit

DATA:

Her extensive records are reviewed.

IMPRESSION:

This lady appears to have some element of venous reflux disease.

PLAN:

I will place her in a gradient stocking and check her back in 1 month. I do think she needs to be evaluated for reflux. There is no evidence of any pedal ischemia. I will see her back in a month. Edward C. Morrison, M.D./hna

Provider Signature:

Patient told to follow up pri and/or: _____ month(s) _____ wk(s) _____ days

pc: Dr. _____



CVE Systems

132M1

17207 Wyeck Circle, Spring Texas 77379
Phone: 800-338-0360 Email: Support@cvesystems.com

Coastal Surgical Associates
1327 Ashley River Road
Charleston, SC 29407
843-577-4551 Fax: 343-577-8838

Lower Venous Duplex Scan

Patient Name: BROWN, LINDA	Study Date: 9/18/2008	Time: 12:36:49 PM
DOB: 7/29/1950	Age: 58	Gender: Female
MR/CASE#: 73911	Referring Phy: EDWARD C. MORRISON, MD	Lab: COASTAL SURGICAL ASSOCIATES
Indication: BILATERAL LEG NUMBNESS/BURNING	Examiner: Tostl, Liberty, RVT	

CONCLUSION/SUMMARY:

NEGATIVE EXAM FOR DEEP OR SUPERFICIAL VEIN THROMBOSIS BILATERALLY.

THE RIGHT LOWER EXTREMITY IS POSITIVE FOR DEEP AND SUPERFICIAL VEIN THROMBOSIS AS DESCRIBED WITH SUFFICIENT GSV AND ANTERIOR ACCESSORY VEIN DIAMETERS IF CLOSURE IS CONSIDERED.

THE LEFT LOWER EXTREMITY IS POSITIVE FOR DEEP AND SUPERFICIAL VEIN THROMBOSIS AS DESCRIBED WITH SUFFICIENT GSV DIAMETERS IF CLOSURE IS CONSIDERED.

L Brown
Date 9.19.08

L



CVE Systems

17207 Myeth Circle, Spring Texas 77379

Phone: 800-338-0360 Email: Support@cvesystems.com

Lower Venous Duplex Scan

Crestal Surgical Associates
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Charleston, SC 29407
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Patient Name: BROWN, LINDA Study Date: 9/18/2008 Time: 12:36:49 PM
DOB: 7/29/1950 Age: 58 Gender: Female MR/Case#: 73911
Referring Phy: EDWARD C. MORRISON, MD Lab: COASTAL SURGICAL ASSOCIATES
Indication: BILATERAL LEG NUMBNESS/BURNING Examiner: Tosti, Liberty, RVT

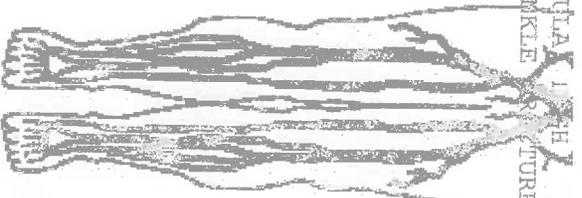
HISTORY:

DIABETIC RETINOPATHY, DIABETES, CRE ON DIALYSIS, LEFT UPPER ARM DIALYSIS FISTULA WITH CHOLESTEROL, DJD, HTN, CHF, HYPOTHYROIDISM, HIP AND PELVIC FRACTURES, RIGHT ANKLE FRACTURE IN 2008, LEFT ANKLE FRACTURE 20 YEARS AGO.

INDICATION:

BILATERAL LEG NUMBNESS, PAIN AND BURNING, LT > RT; CVI.

TECHNOLOGIST NOTES:



Summary of Vascular Findings

Impression/Recommendation:

BILATERAL LOWER EXTREMITY VENOUS DUPLX EXAMINATION OF THE DEEP FEMORAL SYSTEM, POPLITEAL, POSTERIOR TIBIALS, PERFORATORS AND GSV COMPLETED WITH THE FOLLOWING FINDINGS:

RIGHT:

NEGATIVE EXAM FOR DEEP AND SUPERFICIAL VEIN THROMBOSIS. REFLUX WAS DEMONSTRATED IN THE FEMORAL SYSTEM, GSV, ANTERIOR ACCESSORY VEIN AND ANKLE PERFORATOR VEIN MEASURING 0.25CM. THE GSV MEASURED: JUNCTION 0.38CM, PROXIMAL THIGH 0.39CM, MID 0.34CM, DISTAL THIGH 0.37CM, PROXIMAL CALF 0.32CM, MID CALF 0.30CM. THE ANTERIOR ACCESSORY VEIN MEASURES: JUNCTION 0.57CM, PROXIMAL THIGH 0.51CM, MID 0.49CM, DISTAL THIGH 0.40CM. A BRANCH FROM THE GSV AND ACCESSORY VEIN CONNECT AT THE MEDIAL KNEE LEVEL. MULTIPLE BRANCHES WERE NOTED FROM THE GSV AND ANTERIOR ACCESSORY VEIN ABOVE AND BELOW THE KNEE.

LEFT:

NEGATIVE EXAM FOR DEEP AND SUPERFICIAL VEIN THROMBOSIS. REFLUX WAS DEMONSTRATED IN THE FEMORAL SYSTEM AND BELOW-KNEE GSV. THE GSV TRAVELS POSTERIORLY WITH A MID-THIGH LEVEL BRANCH FOLLOWING THE SAME COURSE SUPERFICIALLY. THE GSV MEASURES: JUNCTION 0.42CM, PROXIMAL THIGH 0.47CM, MID 0.27CM (BRANCH TAKES OFF), DISTAL 0.33CM, PROXIMAL CALF 0.28CM AND MID CALF 0.25CM. THE ANTERIOR ACCESSORY VEIN DOES NOT SHOW REFLUX. MULTIPLE BRANCHES WERE NOTED FROM THE GSV AND ANTERIOR ACCESSORY VEIN ABOVE AND BELOW THE KNEE.

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medivon Graduated Medical Compression Stockings

Date: 8.26.08

Patient Name: Luide Moore

D. diagnosis: VSD

Physician Signature: [Signature] (Required for Insurance reimbursement)
(Dispense as written)

Please Indicate Type, Compression and Style.

15-20mmHg (select one)

Ready-to-Wear Stocking Custom Stocking

RX COMPRESSION (select one)

Class I: 20-30 mmHg Class II: 30-40 mmHg Class III: 40-50 mmHg

THERAPEUTIC SUPPO

15-20mmHg

STYLE (select one style from chart below)

Include Butler Application Aid

Cell	Thigh	Thigh/Waist	Panty Hose	Maternity Panty	Men's Leotard	Lapfish Sleeve
<input type="checkbox"/>						
	Left	Right				Left
						Right
						<input type="checkbox"/>
						Caundet

medi medical stockings are available in a range of colors.