

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers/Burton</i>	DATE <i>9-28-09</i>
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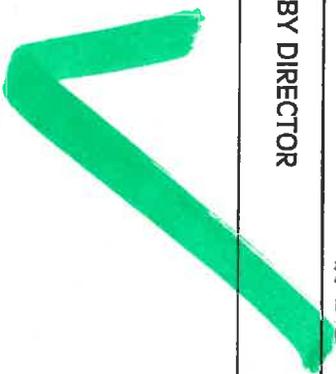
DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>301144</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 9/29/09, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-7-09</i> <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.			

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

ACTION REFERRAL

TO <i>Myers/Burton</i>	DATE <i>9-28-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>001144</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>10-1-09</i>
	<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.			

LOWCOUNTRY VEIN & MEDICAL SPA

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

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

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

RECEIVED

September 16, 2009

SEP 18 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RECEIVED

SEP 28 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Come from William Feagin

Dr. Marion Burton
Medical Director
SC Dept of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Re: Catherine Freeman
ID# 0780821627

Dear Dr. Burton,

Mrs. Catherine Freeman is a 70 year-old female initially seen by me on 04/29/09 at the request of Dr. Charles Way for evaluation of left leg pain and swelling. A lower extremity venous ultrasound performed on 08/19/09 was positive for deep and superficial venous system reflux. Mrs. Smith has worn compression stockings for several months with no relief. I feel that it would benefit her to undergo endovenous ablation of the left leg to treat the greater saphenous vein. A copy of my office notes and venous studies are attached.

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,

PK Beach, MD

P. Kevin Beach, M.D.

1331 Ashley River Road
Building C
Charleston, South Carolina 29407
843.573.9600 telephone 843.573.9660 fax

Account # 76963
Catherine Freeman
120 1/2 Patio Lane

803-496-5239

Holly Hill, SC 29059

03/07/1939

Dr. P. Kevin Beach

FREEMAN, Catherine 76963
08/19/2009

Ms. Freeman returns today for follow up of her venous insufficiency. She is here today for her VNUS protocol ultrasound.

PHYSICAL EXAM: Unchanged.

DATA: The VNUS protocol ultrasound is reviewed and does demonstrate significant deep vein greater saphenous vein reflux.

IMPRESSION: Venous insufficiency with failed conservative therapy.

PLAN: The risks and benefits of elective VNUS Closure have been discussed with the patient and she wants to proceed, so we will make arrangements for her at a time of her convenience in the near future. P. KEVIN BEACH, M.D./hna

cc Caroline Yerrich, FNP (ENC VNUS protocol ultrasound)

SEP 17 2009

BP	_____
PULSE	_____
TEMP	_____
ALLERGIES	<u>None</u>

APR 29 2009 please see 4pg HHP

BP	_____
PULSE	_____
TEMP	_____
ALLERGIES	_____

FREEMAN, Catherine 76963
07/22/2009
MONCKS CORNER OFFICE

Dr. P. Kevin Beach

Ms. Freeman returns today for follow up of her venous insufficiency. She was last seen in April of this year and given compression stockings. She still has pain and edema, particularly of her left lower forefoot, despite using her compression stockings, which she has been compliant with. She hasn't been in the hospital for any reason and denies any stroke or TIA.

PAST MEDICAL HISTORY:

1. Venous insufficiency
2. Hypertension
3. Arthritis
4. Cataracts
5. Diabetes
6. Hypercholesterolemia

PAST SURGICAL HISTORY:

1. Shoulder surgery
2. Cholecystectomy
3. Bilateral TKR
4. Right leg vein stripping 35 years ago

SOCIAL HISTORY: No alcohol. No tobacco. She is retired.

FAMILY HISTORY: Noncontributory.

ALLERGIES: No known drug allergies.

MEDICATIONS: Metformin, atenolol, glyburide, omeprazole, amlodipine, Diovan, aspirin, Zocor, Lasix, Reocyte

REVIEW OF SYSTEMS: No fever, chills, nausea or vomiting. Positive for edema. No ulcerations. All systems, otherwise, negative.

PHYSICAL EXAM: Standard exam. Black female, obese with doppler signals present distally. She has venous stasis changes to both lower extremities with particularly darkening of the medial gaiter areas of both legs, left greater than right.

IMPRESSION: Venous insufficiency with failed conservative therapy.

PLAN: We will go ahead and obtain an ultrasound looking specifically for reflux to see what her further treatment options are and make further recommendations at that time. P. KEVIN BEACH, M.D./hma

cc Caroline Yerrich, FNP

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.
- Brandy J. Englert, PA-C

Patient Name: Catherine Freeman Today's Date: 4/29/09
Account Number 70963

Patient seen at the request of: Dr. Way

Primary Care Physician: _____

Other: _____

cc: pain in L leg, edema

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

70 year old female

lpo pain below both legs @ 5x/24 hr ulcer
2-3 weeks had phlebitis @ leg in camp
dx = NS

Varicose Veins with Symptoms:	<input type="checkbox"/> Aching	<input type="checkbox"/> Dilated	<input type="checkbox"/> Itching	<input type="checkbox"/> Tortuous vessels of	<input type="checkbox"/> Right
	<input type="checkbox"/> Left Leg	<input type="checkbox"/> Swelling during activity or after prolonged standing			
History:	Symptoms began _____	<input type="checkbox"/> weeks	<input type="checkbox"/> months	<input type="checkbox"/> years ago	
Conservative Therapy:	_____	month(s) trial of	<input type="checkbox"/> Compression Stockings		
			<input type="checkbox"/> Mild Exercise		
			<input type="checkbox"/> Periodic Leg Elevation		
			<input type="checkbox"/> Weight Reduction		

Patient : Freeman, Catherine Date _____

Account Number 70963

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

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

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

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

Vascular: ~~Arm Fu - IKA~~, Claudication - Rest Pain - Ulcers - DVT - Phlebitis - AAA

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

GI: Abd Pain - N/V - 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

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

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

Skin: Rash - Lesion/Mole - Ulcer - (+) scab Ar

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

Imm: Allergy - Asthma - Hay Fever

Exercise Tolerance Ex

All Other Systems Negative

Allergies: _____

Medications: See attached list

Melformin 10mg Atenolol 50mg

ASA 81mg Glyburide 5mg DMEprazole 40mg

Simvastatin 30mg Nivan 100mg Amiodipine 5mg

Furosemide 20mg 2

Reocyte Plus

Patient Name: Freeman, Catherine Date 4/29/09

Account Number 712963

PMHx: See attached Patient Hx Form Dated HTN

Arthritis

Cataracts

DM
Cholesterol

Misc carriage

PSHx: Shoulder Surgery - 07

Cholecystectomy

2 Knee Replacements

Reg VN Remove
? ASU 35Y

Social Hx: (Circle pertinent) PT's
S, M, W, D, SEP Occupation RD

Family Hx:

Tobacco (-) ETOH (-)

nil

Caffeine _____ Drugs _____

EXAM: Normal Findings (except as noted)

CONST: Temp _____ Pulse _____ BP: _____ Resp _____ Wt 221 est.

healthy appearing Ill appearing Well nourished Malnourishd Obese

HEENT: Normocephalic PERRLA ROM's intact Oral mucosa moist oral Add notes: _____

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

No Ulcers No Gangrene No trophic changes Pedal pulses 2+ throughout
 No edema or venous varicosities

Doppler Survey: _____

Patient: Freeman, Catherine

Date: _____

Account Number 769103

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

VS A3 B = Dist median gait mac D

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

DATA: _____

Assessment (Diagnoses):

VI

Plan: COMPOSS

Provider Signature:



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

pc: Dr. _____

CVE
Systems

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

CVE Systems

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

Lower Venous Duplex Scan

Patient Name: FREEMAN, CATHERINE	Study Date: 8/19/2009	Time: 2:51:07 PM
DOB: 3/7/1939	Age: 70	Gender: Female
MR/Case#: 76963	Referring Phy: BEACH, KEVIN MD	Lab: COASTAL SURGICAL ASSOCIATES
Indication: Venous Insufficiency	Technologist: Regan, Debra, RVT	

HISTORY:

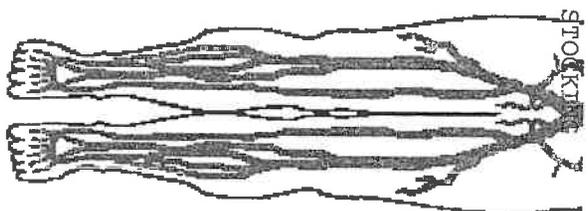
HTN, ARTHRITIS, DM, HIGH CHOLESTEROL, BILAT TKR, RLE STRIPPING 35 YEARS AGO, STOCKING
USAGE

INDICATION:

LLE, VI, PAIN

939911
19, 10, M0
459.81
729.5

(221)



TECHNOLOGIST NOTES:

Summary of Vascular Findings

Impression/Recommendation:

VENOUS DUPLIX OF THE RIGHT SAPHENO-FEMORAL JUNCTION, LEFT FEMORAL SYSTEM, POPLITEAL,
POSTERIOR TIBIAL, GSV AND PERFORATOR'S COMPLETED WITH THE FOLLOWING FINDINGS:

Regan, Debra 8/19/09



CVI Systems

CVI
Systems

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

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

Lower Venous Duplex Scan

Patient Name: FREEMAN, CATHERINE	Study Date: 8/19/2009	Time: 2:51:07 PM
DOB: 3/7/1939	Age: 70	Gender: Female
MR/Case#: 76963	MR/Case#: 76963	
Referring Phy: BEACH, KEVIN MD	Lab: COASTAL SURGICAL ASSOCIATES	
Indication: Venous Insufficiency	Technologist: Regan, Debra, RVT	

RIGHT:

CURSORY ASSESSMENT OF THE SAPHENO-FEMORAL JUNCTION SHOWS NO EVIDENCE OF THROMBUS.

LEFT:

THE ABOVE MENTIONED VESSELS WERE PATENT WITH COLOF FLOW DEMONSTRATED AUGMENTATION AND FULLY COMPRESSIBLE WITH NO EVIDENCE OF THROMBUS. REFLUX WAS NOTED IN THE FOLLOWING: FEMORAL SYSTEM, POPLITEAL AND GSV. GSV DIAMETER: JUNCTION 0.72, UPPER BRANCH, MID 0.36, LOW BRANCH, AND AK @ 0.31cm. THE PERFORATOR'S APPEAR TO BE COMPETENT.

CONCLUSION/SUMMARY:

LEFT LOWER EXTREMITY IS NEGATIVE FOR THROMBOSIS,
POSITIVE FOR DEEP REFLUX AS DESCRIBED ABOVE,
POSITIVE FOR GSV REFLUX WITH SUFFICIENT DIAMETER IF CLOSURE IS CONSIDERED.


Date



September 29, 2008

P. Kevin Beach, M.D.
Lowcountry Vein & Medical SPA
1331 Ashley River Road
Building C
Charleston, SC 29407

Re: Catherine Freeman
ID# 0780821627

Dear Dr. Beach:

Thank you for corresponding regarding this patient. I concur that endovenous ablation is clinically appropriate for management of her left leg pain and swelling due to the deep and superficial venous system reflux. Please attach a copy of this correspondence to your request for payment so that my South Carolina Department of Health and Human Services colleagues can process your remittance.

If you have any further difficulty, please call me at 803-898-2580 or 803-255-3400. Thank you for your advocacy for this patient and for caring for South Carolina Medicaid beneficiaries.

Sincerely,

Marion Burton

O. Marion Burton, M.D.
Medical Director

LOWCOUNTRY VEIN & MEDICAL SPA

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

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

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

RECEIVED

September 16, 2009

SEP 18 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RECEIVED

SEP 28 2009

Re: Catherine Freeman
ID# 0780821627

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Came from William Feagin

Dear Dr. Burton,

Mrs. Catherine Freeman is a 70 year-old female initially seen by me on 04/29/09 at the request of Dr. Charles Way for evaluation of left leg pain and swelling. A lower extremity venous ultrasound performed on 08/19/09 was positive for deep and superficial venous system reflux. Mrs. Smith has worn compression stockings for several months with no relief. I feel that it would benefit her to undergo endovenous ablation of the left leg to treat the greater saphenous vein. A copy of my office notes and venous studies are attached.

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,

PK Beach, MD

P. Kevin Beach, M.D.

1331 Ashley River Road
Building C
Charleston, South Carolina 29407
843.573.9600 telephone 843.573.9660 fax

APR 29 2009 please see 4pg HHP

FREEMAN, Catherine 76963
07/22/2009

Dr. P. Kevin Beach

MONCK'S CORNER OFFICE

Ms. Freeman returns today for follow up of her venous insufficiency. She was last seen in April of this year and given compression stockings. She still has pain and edema, particularly of her left lower forefoot, despite using her compression stockings, which she has been compliant with. She hasn't been in the hospital for any reason and denies any stroke or TIA.

PAST MEDICAL HISTORY:

1. Venous insufficiency
2. Hypertension
3. Arthritis
4. Cataracts
5. Diabetes
6. Hypercholesterolemia

PAST SURGICAL HISTORY:

1. Shoulder surgery
2. Cholecystectomy
3. Bilateral TKR
4. Right leg vein stripping 35 years ago

SOCIAL HISTORY: No alcohol. No tobacco. She is retired.

FAMILY HISTORY: Noncontributory.

ALLERGIES: No known drug allergies.

MEDICATIONS: Metformin, atenolol, glyburide, omeprazole, amlodipine, Diovan, aspirin, Zocor, Lasix, Reocyte

REVIEW OF SYSTEMS: No fever, chills, nausea or vomiting. Positive for edema. No ulcerations. All systems, otherwise, negative.

PHYSICAL EXAM: Standard exam. Black female, obese with doppler signals present distally. She has venous stasis changes to both lower extremities with particularly darkening of the medial gaiter areas of both legs, left greater than right.

IMPRESSION: Venous insufficiency with failed conservative therapy.

PLAN: We will go ahead and obtain an ultrasound looking specifically for reflux to see what her further treatment options are and make further recommendations at that time. P. KEVIN BEACH, M.D./hna

cc Caroline Yerrich, FNP

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.
- Brandy J. Englert, PA-C

Patient Name: Catherine Freeman Today's Date: 4/29/09
 Account Number 70963

Patient seen at the request of: Dr. Way

Primary Care Physician: _____

Other: _____

cc: pain in @ leg, edema

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

70 year old female
10 yrs before born legs @ XB lower
2-3 months had phlebot @ legs; long
LF = NY

Varicose Veins with Symptoms: Aching Dilated Itching Tortuous vessels of Right Left Leg Swelling during activity or after prolonged standing

History: Symptoms began _____ weeks months years ago

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

Patient: Freeman, Catherine

Date _____

Account Number 7109463

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

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

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

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

GI: Abd Pain - N/V - 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

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

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

Skin: Rash - Lesion/Mole - Ulcer - (+) Spider N

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

Imm: Allergy - Asthma - Hay Fever

Exercise Tolerance _____

All Other Systems Negative

Allergies: _____

Medications: See attached list

Melformin 10mg Atenolol 50mg

ASA 81mg Glyburide 5mg DMEprazole 40mg

Simvastatin 20mg Nivan 100mg Amiodipine 5mg

Furosemide 20mg ²

Reocyte Plus

Patient Name: Freeman, Catherine

Date 4/29/09

Account Number 710903

PMHx:

See attached Patient Hx Form Dated

HTN

Arthritis

Cataracts

PM
Glaucoma

Miscarriage

PSHx:

Shoulder Surgery -07

Cholecystectomy

2 Knee Replacements
2 Leg VN Remove
?ASU 35Y

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

Occupation RM

Family Hx:

Tobacco ✓

ETOH ✓

NK

Caffeine _____

Drugs _____

EXAM: ✓ = Normal Findings (except as noted)

CONST: Temp _____

Pulse _____

BP: _____

Resp _____

Wt 221

est.

healthy appearing

Ill appearing

Well nourished

Malnourished

Obese

Add notes: _____

HEENT: Normocephalic

PERRLA

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

Bruits:

R

Carotid

L

Radial

Brachial

STA

Femoral

R

Vertebral

L

STA

CCA

Popliteal

R

Subclavian

L

CCA

Femoral

PT

R

Flank

L

PT

DP

L

R

Iliac

L

DP

L

L

R

Epigastric

L

PT

DP

L

L

R

Iliac

L

DP

L

L

R

Iliac

L

No Ulcers

No Gangrene

No trophic changes

Pedal pulses 2+ throughout

No edema or venous varicosities

Doppler Survey: _____

Patient: FREEMAN, Catherine

Date: _____

Account Number 76963

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
4 VS A's B = Dark medial malleolus D

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

DATA: _____

Assessment (Diagnoses):

✓ I

Plan: CM POSSIBLE

Provider Signature:

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

pc: Dr. _____

CVE
Systems

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

CVE Systems

Lower Venous Duplex Scan

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

Patient Name: FREEMAN, CATHERINE Study Date: 8/19/2009 Time: 2:51:07 PM
DOB: 3/7/1939 Age: 70 Gender: Female MR/Case#: 76963
Referring Phy: BEACH, KEVIN MD Lab: COASTAL SURGICAL ASSOCIATES
Indication: Venous Insufficiency Technologist: Regan, Debra, RVT

HISTORY:

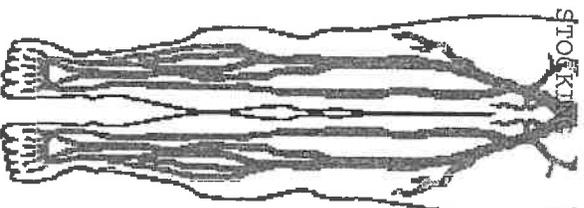
HTN, ARTHRITIS, DM, HIGH CHOLESTEROL, BILAT TKR, RLE STRIPPING 35 YEARS AGO, STOCK

INDICATION:

LLE, VI, PAIN

939911
17, 10, M0
459.81
729.5

2211



TECHNOLOGIST NOTES:

Summary of Vascular Findings

Impression/Recommendation:

VENOUS DUPLEX OF THE RIGHT SAPHENO-FEMORAL JUNCTION, LEFT FEMORAL SYSTEM, POPLITEAL, POSTERIOR TIBIAL, GSV AND PERFORATOR'S COMPLETED WITH THE FOLLOWING FINDINGS:

Regan, Debra 8/19/09



CVE Systems

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: FREEMAN, CATHERINE Study Date: 8/19/2009 Time: 2:51:07 PM
DOB: 3/7/1939 Age: 70 Gender: Female MR/Case#: 76963
Referring Phy: BEACH, KEVIN MD Lab: COASTAL SURGICAL ASSOCIATES
Indication: Venous Insufficiency Technologist: Regan, Debra, RVT

RIGHT:

CURSORY ASSESSMENT OF THE SAPHENO-FEMORAL JUNCTION SHOWS NO EVIDENCE OF THROMBUS.

LEFT:

THE ABOVE MENTIONED VESSELS WERE PATENT WITH COLOF FLOW DEMONSTRATED AUGMENTATION AND FULLY COMPRESSIBLE WITH NO EVIDENCE OF THROMBUS. REFLUX WAS NOTED IN THE FOLLOWING: FEMORAL SYSTEM, POPLITEAL AND GSV. GSV DIAMETER: JUNCTION 0.72, UPPER BRANCH, MID 0.36, LOW BRANCH, AND AK @ 0.31cm. THE PERFORATOR'S APPEAR TO BE COMPETENT.

CONCLUSION/SUMMARY:

LEFT LOWER EXTREMITY IS NEGATIVE FOR THROMBOSIS,
POSITIVE FOR DEEP REFLUX AS DESCRIBED ABOVE,
POSITIVE FOR GSV REFLUX WITH SUFFICIENT DIAMETER IF CLOSURE IS CONSIDERED.


Date