

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers/Bursten</i>	DATE <i>9-28-09</i>
----------------------------	------------------------

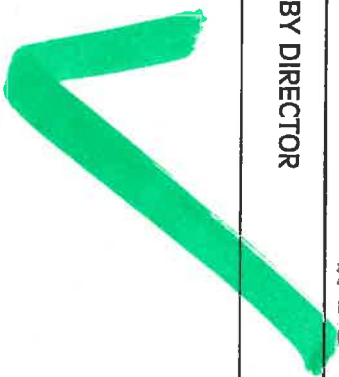
DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>300144</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 9/29/09, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <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>
---------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000344</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>10-7-09</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.			

# 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

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,

Department of Health & Human Services  
OFFICE OF THE DIRECTOR  
*Came from William Feagin*

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	_____
	_____
	_____
	_____

*PKB*

3/24/2009

APR 29 2009 please see 4pg HHP

BP	_____
PULSE	_____
TEMP	_____
ALLERGIES	_____
_____	_____
_____	_____

**FREEMAN, Catherine** 76963  
07/22/2009

Dr. P. Kevin Beach

MONCKS 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./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 709023

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

l/o pain/edema both legs @ 2x/yr ulcer  
2-3 months had phlebitis @ legs in 1 yr  
l/r = AS

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 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 - Murmur - Palpitations - Pedal Edema

Vascular: Am Fu - TK, 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 Divan 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

Miscarriage

PSHx:

Shoulder Surgery - 07

Cholecystectomy

2 knee replacements  
Bleg VN Remove  
? ASU 3575

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

Tobacco 10 ETOH 10

Caffeine \_\_\_\_\_ Drugs \_\_\_\_\_

Family Hx:

NK

EXAM: ✓ = Normal Findings (except as noted)

CONST: Temp \_\_\_\_\_ Pulse \_\_\_\_\_ BP: \_\_\_\_\_ Resp \_\_\_\_\_ Wt 221 <sup>est.</sup>

☐ healthy appearing ☐ Ill appearing ☐ Well nourished ☐ Malnourished ☒ Obese

HEENT: ☒ Normocephalic ☒ PERRLA ☒ ROM's intact ☒ Oral mucosa moist 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 ☐ \_\_\_\_\_ Bruits: ☐ R ☒ Carotid ☐ L ☒  
Radial ☐ L \_\_\_\_\_ Vertebral ☐ L \_\_\_\_\_  
Brachial ☐ L \_\_\_\_\_ Subclavian ☐ L \_\_\_\_\_  
STA ☐ L \_\_\_\_\_ Flank ☐ L \_\_\_\_\_  
CCA ☐ L \_\_\_\_\_ Iliac ☐ L \_\_\_\_\_  
Femoral ☐ L \_\_\_\_\_  
Popliteal ☐ L \_\_\_\_\_  
PT ☐ L \_\_\_\_\_  
DP ☐ L 2+ \_\_\_\_\_

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

Doppler Survey: \_\_\_\_\_



Patient: Freeman, Catherine

Date: \_\_\_\_\_

Account Number 769163

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  
2 + edema (R)

Skin: ☐ No rashes, lesions, or ulcers

4 VS A's (3) + dist medial gait (R)

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

DATA: \_\_\_\_\_


Assessment (Diagnoses):

✓ I

Plan:

compass

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](mailto: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
Referring Phy: BEACH, KEVIN MD	MR/Case#: 76963	
Indication: Venous Insufficiency	Lab: COASTAL SURGICAL ASSOCIATES	
	Technologist: Regan, Debra, RVT	

### HISTORY:

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

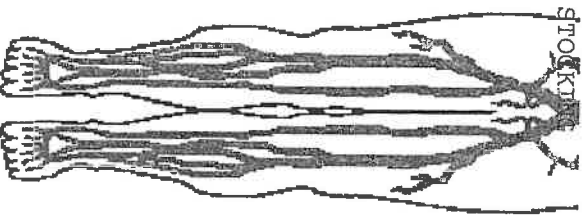
### INDICATION:

LLE, VI, PAIN

93991  
17, 10, M0  
459.81  
729.5

(221)

### 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



## CVS Systems

CVS  
Systems

17207 Wyeth Circle, Spring Texas 77379

Phone: 800-338-0360 Email: [Support@cvssystem.com](mailto:Support@cvssystem.com)

Coastal Surgical Associates

1327 Ashley River Road  
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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
Referring Phy: BEACH, KEVIN MD	MR/Case#: 76963	
Indication: Venous Insufficiency	Lab: COASTAL SURGICAL ASSOCIATES	
	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.

Regan MD 8/19/09  
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.**  
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**Thomas C. Appleby, M.D.**  
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**P. Kevin Beach, M.D.**  
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**RECEIVED**

September 16, 2009

SEP 18 2009

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

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SEP 28 2009

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

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ID# 0780821627

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Department of Health & Human Services  
OFFICE OF THE DIRECTOR  
*Came from William Feagin*

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.

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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	_____
_____	_____
_____	_____
ALLERGIES	_____
_____	_____
_____	_____
_____	_____

*PKB*

APR 29 2009 please see 4pg HHP

**FREEMAN, Catherine** 76963

Dr. P. Kevin Beach

07/22/2009

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./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 @ 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  
1/0 per se due both legs @ 2X4 ulcer  
2-3 months had phlebot @ legs 1cm  
2x = 1X

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 709463

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 - (+) scab di

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 Glybude 5mg DMEprazole 40mg

Simvastatin 20mg Diovan 160mg Amiodipine 5mg

Furosemide 20mg 2

Reocyte Plus

Patient Name: Freeman, Catherine

Date 4/29/09

Account Number 716963

PMHx:

☐ See attached Patient Hx Form Dated HTN

Arthritis

Cataracts

DM

Cholesterol

Miscarriage

PSHx:

Shoulder Surgery - 07

Cholecystectomy

2 Knee Replacements

Bleg VN Remove

? ASU 3575

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

Family Hx:

Tobacco ✓ ETOH ✓

~ /

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 ☒ PERLA ☒ ROM'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 ☐ \_\_\_\_\_  
Radial ☐ L \_\_\_\_\_

Bruits:

Carotid ☐ R ☒ L ☒  
Vertebral ☐ R ☐ L

Brachial ☐ R ☐ L

Subclavian ☐ R ☐ L

STA ☐ R ☐ L

Flank ☐ R ☐ L

CCA ☐ R ☐ L

Iliac ☐ R ☐ L

Femoral ☐ R ☐ L

Epigastric \_\_\_\_\_

Popliteal ☐ R ☐ L

\_\_\_\_\_

PT ☐ R ☐ L

\_\_\_\_\_

DP ☐ R ☒ L

\_\_\_\_\_

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

Doppler Survey: \_\_\_\_\_

Patient: Fremman, 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  
2+ edema (2)

Skin: ☐ No rashes, lesions, or ulcers  
4 VS A's (3) = dark med. color area (1)

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

DATA: \_\_\_\_\_

Assessment (Diagnoses):

✓ I

Plan:

CM position

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@cvesystems.com

## CVE Systems

Coastal Surgical Associates  
1327 Ashley River Road  
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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
Referring Phy: BEACH, KEVIN MD	MR/Case#: 76963	
Indication: Venous Insufficiency	Lab: COASTAL SURGICAL ASSOCIATES	
	Technologist: Regan, Debra, RVT	

#### HISTORY:

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



#### INDICATION:

LLE, VI, PAIN

93991  
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



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#### RIGHT:

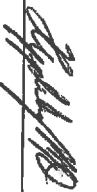
CURSORY ASSESSMENT OF THE SAPHENO-FEMORAL JUNCTION SHOWS NO EVIDENCE OF THROMBUS.

#### 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