

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

**ACTION REFERRAL**

<b>TO</b> <i>Myers Gardner</i>	<b>DATE</b> <i>11-9-09</i>
-----------------------------------	-------------------------------

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <i>1000214</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Claud 12/7/09, Bellin Attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11-18-09</i> <input type="checkbox"/> FOIA 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.			

# 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**

November 3, 2009

NOV 09 2009

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

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

Re: Mary L. Frazier  
ID# 4150831701

Dear Dr. Burton,

Mrs. Mary Frazier is a 67 year-old female initially seen by me on 12/05/07 at the request of Dr. Creel for evaluation of bilateral leg pain. A lower extremity venous ultrasound performed on 10/07/09 was positive for deep and superficial venous system reflux. Mrs. Frazier has worn compression stockings for several years with no relief. I feel that it would benefit her to undergo endovenous ablation of the right 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 # 70127  
Mary Frazier  
23804 Augusta Hwy

835-8187

12/12/1941

BP Cottageville, SC 29435

**FRAZIER, Mary L. 70127**

Dr. P. Kevin Beach

09/09/2009

WALTERBORO OFFICE

Ms. Frazier re-presents in follow up evaluation of her varicose veins. She has been seen in the past for vascular disease as well as leg pain. She has pretty significant lumbar disk disease and was seen by Southeastern Spine for that. She just has worsening pain at her knee and behind it from a large varicosity of her right leg and Dr. Creel has asked us to evaluate her for that. She has not been in the hospital for any reason. She denies any stroke or TIAs.

**PHYSICAL EXAM:** Black female in no apparent distress. She is awake, alert and oriented.

Head is normocephalic, atraumatic. Pupils are equally round and reactive to light. Sclerae nonicteric. Oropharynx is clear. Neck is supple. There are no cervical bruits. Heart is regular rate without murmurs. Lungs are clear to auscultation bilaterally. Abdomen is soft, nontender, nondistended and without masses. Lymphadenopathy - No cervical or axillary lymphadenopathy. Musculoskeletal - Normal gait. Extremities - She has 2+ edema of both lower extremities with multiple varicosities. She has a large greater saphenous vein varicosity on the right side. Skin is warm and dry without ulcerations. Neurologic - Nonfocal. Vascular exam - Radial pulses 2+. Femoral pulses 2+. Dorsalis pedis 2+. Posterior tibial 2+.

**DATA:** ABIs are normal.

**IMPRESSION:** Venous insufficiency

**PLAN:** We will obtain a VNUS protocol ultrasound and make further recommendations from there. P. KEVIN BEACH, M.D./hma

**FRAZIER, Mary L. 70127**  
10/07/2009

Dr. P. Kevin Beach

WALTERBORO OFFICE

Ms. Frazier returns today for follow up of her venous insufficiency. She was seen last week and has had compression stockings for some time. She has a large varicosity of the right leg associated with some edema. This is very troublesome to her.

**PHYSICAL EXAM:** On exam today this varicosity is basically unchanged.

**DATA:** The ultrasound is reviewed today and this demonstrates significant venous reflux.

**IMPRESSION:** Longstanding venous insufficiency and failed conservative therapy.

**PLAN:** We discussed the risks and benefits of elective VNUS Closure. She wants to proceed. Therefore, we will make arrangements for VNUS Closure for her at a time of her convenience in the near future. P. KEVIN BEACH, M.D./hma

Account # 70127  
Mary Frazier  
23804 Augusta Hwy

833-8197

Cottageville, SC 29435

12/12/1941

DEC 05 2007

PLEASE SEE 4PG HANDWRITTEN H&P

BP	_____
PULSE	_____
TEMP	_____
ALLERGIES	_____
	_____
	_____

FRAZIER, Mary L. 70127

Dr. P. Kevin Beach

12/19/2007

WALTERBORO OFFICE

Ms. Frazier returns today for follow up. She complains of significant leg pain.

**DATA:** She has had her noninvasive studies and these are essentially normal.

**PHYSICAL EXAM:** She has palpable pulses bilaterally.

**IMPRESSION:** I am wondering if she really has more of a neurogenic component to her pain. She apparently has had 2 epidurals in the past with minimal relief and I think she needs further imaging.

**PLAN:** We are going to make arrangements for her to have an MRI of the lumbar spine and I will see her back thereafter. P. Kevin Beach, M.D./Jma

cc Dr. John Creel (ENC Lower Extremity Arterial Study)

FRAZIER, Mary L. 70127  
01/02/2008

Dr. P. Kevin Beach

WALTERBORO OFFICE

Ms. Frazier returns today for follow up. She has been evaluated for leg pain and after our initial office visit, we had her obtain an MRI of the lumbar spine.

**DATA:** MRI of the lumbar spine demonstrates severe multi-level disk disease.

**IMPRESSION:** I think this disk disease is really more the cause of her pain than any type of arterial situation. I have discussed this with her at length.

**PLAN:** I told her that I would like for her to see a spine surgeon in consultation. It might be that physical therapy and another round of epidurals would be the best way to go. Nevertheless, we will make arrangements for spine consultation and see her back thereafter. P. Kevin Beach, M.D./hma

cc Dr. John Creel (ENC MRI of lumbar spine)

Dr. Steve Miller (ENC MRI of lumbar spine)

### 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: Mary Frazier Today's Date: 12-5-01

Medical Record #: 10127 Patient seen at the request of: Dr. Creel

Primary Care Physician: \_\_\_\_\_

Other: S. Miller MD

CC: \_\_\_\_\_

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

45 year old female

C/O leg pain @ L @ R

duration 2-3 months

hepers down wellg; ; hepers

Phin in calves; doesn't improve w/ rest

no edw 20 weeks compression hose

**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: Mary Frazier Date 12-5-07

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 - 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 - Hear/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 - CV/stroke - Syncope - Seizures - Weakness - Aphasia

Imm: Allergy - Asthma - Hay Fever

Exercise Tolerance few

All Other Systems Negative

Allergies:

Medications:  See attached list

SKIN CVAS  
LOIP CRAB  
GRAPE  
US W/S

Patient Name: Mary Frazier

Date 12-5-07

PMHX:  See attached Patient Hx Form Dated \_\_\_\_\_

PSHX:

CAD Gen. TH

CAD  
ESBP  
HTN  
diabetes  
↑ chol

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

Family Hx:

Tobacco quit 60 yrs ETOH

↑ CAD

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  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

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

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

No edema or venous varicosities

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

Patient: Mary Frazier

Date: 12-5-07

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Assessment (Diagnoses):**

1° S. pain

**Plan:**

VMS  
disks on rx

**Provider Signature:**

[Signature]

Patient told to follow up pm 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

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

221.00

## Lower Venous Duplex Scan

Patient Name: FRAZIER, MARY	Study Date: 10/7/2009	Time: 11:22:59 AM
DOB: 12/12/1941	Age: 67	Gender: Female
MR/Case#: 70127	Referring Phy: BEACH, KEVIN MD	Lab: COASTAL SURGICAL ASSOCIATES
Indication: Venous Insufficiency	Technologist: Regan, Debra, RVT	

### HISTORY:

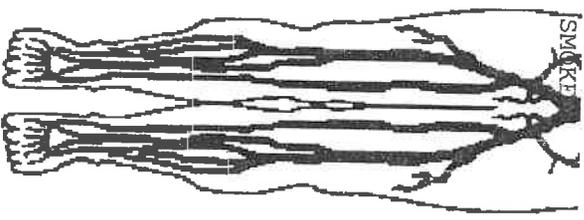
CAD WITH CABG (RT GSV HARESTED), HTN, HIGH CHOLESTEROL, LOW THYROID, PREVIOUS SMOKE

### INDICATION:

RLE VI, EDEMA, LARGE VV

93991  
19, 19, WBVL  
454.1

### TECHNOLOGIST NOTES:



### Summary of Vascular Findings

### Impression/Recommendation:

VENOUS DUPLEX OF THE LEFT SAPHEMO-FEMORAL JUNCTION, RIGHT FEMORAL SYSTEM, POPLITEAL, POSTERIOR TIBIAL, GSV AND PERFORATORS COMPLETED WITH THE FOLLOWING FINDINGS:

# 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: FRAZIER, MARY Study Date: 10/7/2009 Time: 11:22:59 AM  
DOB: 12/12/1941 Age: 67 Gender: Female MR/Case#: 70127  
Referring Phy: BEACH, KEVIN MD Lab: COASTAL SURGICAL ASSOCIATES  
Indication: Venous Insufficiency Technologist: Regan, Debra, RVT

### RIGHT:

THE ABOVE MENTIONED VESSELS WERE PATENT WITH COLOR FLOW, DEMONSTRATED AUGMENTATION AND FULLY COMPRESSIBLE WITH NO EVIDENCE OF THROMBUS NOTED. REFLUX WAS NOTED IN THE FOLLOWING: COMMON, S.FEMORAL, GSV AND MID PERFORATOR. GSV DIAMETER: JUNCTION 1.18, UPPER BRANCH THAN THE VESSEL CURVES, 0.75, 0.97, 0.72 AND MID THIGH @ 0.73cm. THIS VESSEL THAN DOES MULTIPLE 360'S AND TRAVELS UNDER THE SKIN LINE TO BK. REFLUXING MID PERFORATOR: 0.44cm. A BAKER'S CYST WAS NOTED MEASURING 1.68 X 3.99cm.

### LEFT:

CURSORY ASSESSMENT SHOWS NO EVIDENCE OF FEMORAL JUNCTION THROMBUS.

### CONCLUSION/SUMMARY:

RIGHT LOWER EXTREMITY IS NEGATIVE FOR THROMBOSIS,  
POSITIVE FOR DEEP REFLUX,  
POSITIVE FOR GSV WITH BRANCH ACCESS TO MID THIGH REFLUX WITH SUFFICIENT DIAMETER IF CLOSURE IS CONSIDERED AS DESCRIBED ABOVE (NATIVE HARVESTED FOR CABG),  
POSITIVE FOR MID PERFORATOR CLOSURE WITH SUFFICIENT DIAMETER IF CLOSURE IS CONSIDERED.

PLS P/A 10/8/19  
Date

*Emailed to Brenda  
Turner 12-1-09 cl*

December 1, 2009

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

Re: Mary L. Frazier  
ID# 4150831701

Dear Dr. Beach:

Thank you for corresponding regarding this Medicaid beneficiary. I concur that endovenous ablation is clinically appropriate for this patient. Please forward a copy of this letter with your claim so that our SC DHHS staff colleagues can override the edit and pay you for this care.

If you have any further difficulty please let me know. Thank you for your advocacy regarding this patient and for caring for South Carolina Medicaid beneficiaries.

Sincerely,

O. Marion Burton, MD  
Medical Director

*Ready  
Ready to  
mail*

December 7, 2009

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

Re: Mary L. Frazier  
ID# 4150831701

Dear Dr. Beach:

Thank you for corresponding regarding this Medicaid beneficiary. I concur that endovenous ablation is clinically appropriate for this patient. Please forward a copy of this letter with your claim so that our SC DHHS staff colleagues can override the edit and pay you for this care.

If you have any further difficulty please let me know. Thank you for your advocacy regarding this patient and for caring for South Carolina Medicaid beneficiaries.

Sincerely,

*Marion Burton*

O. Marion Burton, MD  
Medical Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers/Burstein</i>	DATE <i>11-9-09</i>
-----------------------------	------------------------

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <i>100214</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>11-18-09</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

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

November 3, 2009

NOV 09 2009

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

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

Re: Mary L. Frazier  
ID# 4150831701

Dear Dr. Burton,

Mrs. Mary Frazier is a 67 year-old female initially seen by me on 12/05/07 at the request of Dr. Creel for evaluation of bilateral leg pain. A lower extremity venous ultrasound performed on 10/07/09 was positive for deep and superficial venous system reflux. Mrs. Frazier has worn compression stockings for several years with no relief. I feel that it would benefit her to undergo endovenous ablation of the right 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 # 70127  
Mary Frazier  
23804 Augusta Hwy

835-8187

12/12/1941

BP \_\_\_\_\_ Cottageville, SC 29435

**FRAZIER, Mary L. 70127**

Dr. P. Kevin Beach

PULSE \_\_\_\_\_

09/09/2009

TEMP \_\_\_\_\_

WALTERBORO OFFICE

Ms. Frazier re-presents in follow up evaluation of her varicose veins. She has been seen in the past for vascular disease as well as leg pain. She has pretty significant lumbar disk disease and was seen by Southeastern Spine for that. She just has worsening pain at her knee and behind it from a large varicosity of her right leg and Dr. Creel has asked us to evaluate her for that. She has not been in the hospital for any reason. She denies any stroke or TIAs.

ALLERGIES \_\_\_\_\_

**PHYSICAL EXAM:** Black female in no apparent distress. She is awake, alert and oriented.

Head is normocephalic, atraumatic. Pupils are equally round and reactive to light. Sclerae nonicteric. Oropharynx is clear. Neck is supple. There are no cervical bruits. Heart is regular rate without murmurs. Lungs are clear to auscultation bilaterally. Abdomen is soft, nontender, nondistended and without masses. Lymphadenopathy - No cervical or axillary lymphadenopathy. Musculoskeletal - Normal gait. Extremities - She has 2+ edema of both lower extremities with multiple varicosities. She has a large greater saphenous vein varicosity on the right side. Skin is warm and dry without ulcerations. Neurologic - Nonfocal. Vascular exam - Radial pulses 2+. Femoral pulses 2+. Dorsalis pedis 2+. Posterior tibial 2+.

**DATA:** ABIs are normal.

**IMPRESSION:** Venous insufficiency

**PLAN:** We will obtain a VNUS protocol ultrasound and make further recommendations from there. P. KEVIN BEACH, M.D./hma

**FRAZIER, Mary L. 70127**

Dr. P. Kevin Beach

10/07/2009

WALTERBORO OFFICE

Ms. Frazier returns today for follow up of her venous insufficiency. She was seen last week and has had compression stockings for some time. She has a large varicosity of the right leg associated with some edema. This is very troublesome to her.

**PHYSICAL EXAM:** On exam today this varicosity is basically unchanged.

**DATA:** The ultrasound is reviewed today and this demonstrates significant venous reflux.

**IMPRESSION:** Longstanding venous insufficiency and failed conservative therapy.

**PLAN:** We discussed the risks and benefits of elective VNUS Closure. She wants to proceed. Therefore, we will make arrangements for VNUS Closure for her at a time of her convenience in the near future. P. KEVIN BEACH, M.D./hma

Account # 70127  
Mary Frazier  
23804 Augusta Hwy

835-8187

Cottageville, SC 29435

12/12/1941

DEC 05 2007

PLEASE SEE 4PG HANDWRITTEN H&P

FRAZIER, Mary L. 70127

Dr. P. Kevin Beach

12/19/2007

WALTERBORO OFFICE

Ms. Frazier returns today for follow up. She complains of significant leg pain.

**DATA:** She has had her noninvasive studies and these are essentially normal.

**PHYSICAL EXAM:** She has palpable pulses bilaterally.

**IMPRESSION:** I am wondering if she really has more of a neurogenic component to her pain. She apparently has had 2 epidurals in the past with minimal relief and I think she needs further imaging.

**PLAN:** We are going to make arrangements for her to have an MRI of the lumbar spine and I will see her back thereafter. P. Kevin Beach, M.D./Jma

cc Dr. John Creel (ENCC Lower Extremity Arterial Study)

FRAZIER, Mary L. 70127

Dr. P. Kevin Beach

01/02/2008

WALTERBORO OFFICE

Ms. Frazier returns today for follow up. She has been evaluated for leg pain and after our initial office visit, we had her obtain an MRI of the lumbar spine.

**DATA:** MRI of the lumbar spine demonstrates severe multi-level disk disease.

**IMPRESSION:** I think this disk disease is really more the cause of her pain than any type of arterial situation. I have discussed this with her at length.

**PLAN:** I told her that I would like for her to see a spine surgeon in consultation. It might be that physical therapy and another round of epidurals would be the best way to go. Nevertheless, we will make arrangements for spine consultation and see her back thereafter. P. Kevin Beach, M.D./Jma

cc Dr. John Creel (ENCC MRI of lumbar spine)

Dr. Steve Miller (ENCC MRI of lumbar spine)

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: Mary Frazier Today's Date: 12-5-01

Medical Record #: 110127 Patient seen at the request of: Dr. Creel

Primary Care Physician: \_\_\_\_\_

Other: S. Miller MD

CC: \_\_\_\_\_

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

65 year old female

C/O leg pain @ > @ R  
duration 2-3 months  
hears a/bn w/ lgs; i/ heaves  
phn in calves; absent impulse i/ rest  
no edw 2° swelling compression hoso

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: Mary Frazier

Date: 12-5-07

ROS: Circle pertinent symptoms. Line through pertinent negatives

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

Eyes: Blurredness 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 - 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

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 - CVM/stroke - Syncope - Seizures - Weakness - Aphasia

Imm: Allergy - Asthma - Hay Fever

Exercise Tolerance few

All Other Systems Negative

Allergies:

Medications:  See attached list

steroids

loraz

gabap

perc

aspir

147 lbs

Patient Name: Mary Frazier

Date 12-5-07

PMHx:  
 See attached Patient Hx Form Dated \_\_\_\_\_

PSHx:

CBA Cur-THT

CAD

BBP

HTN

diabetes  
↑ Chol

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

Occupation retiree

Family Hx:

Tobacco quit 60 yrs

CCA

Caffeine \_\_\_\_\_

Drugs \_\_\_\_\_

**EXAM:  Normal Findings (except as noted)**

CONST: Temp \_\_\_\_\_ Pulse \_\_\_\_\_ BP: \_\_\_\_\_ Resp \_\_\_\_\_ Wt \_\_\_\_\_

healthy appearing  ill appearing  Well nourished  Malnourished  Obese

HEENT:  Normocephalic  PERRLA  EOM'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	<input type="checkbox"/>	Bruits:	Carotid	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> R	Radial	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> R	Vertebral	<input type="checkbox"/>
<input type="checkbox"/> R	Brachial	<input type="checkbox"/>	<input type="checkbox"/> R	Subclavian	<input type="checkbox"/>
<input type="checkbox"/> R	STA	<input type="checkbox"/>	<input type="checkbox"/> R	Flank	<input type="checkbox"/>
<input type="checkbox"/> R	CCA	<input type="checkbox"/>	<input type="checkbox"/> R	Iliac	<input type="checkbox"/>
<input type="checkbox"/> R	Femoral	<input type="checkbox"/>	<input type="checkbox"/> R	Epigastric	<input type="checkbox"/>
<input type="checkbox"/> R	Popliteal	<input type="checkbox"/>			
<input type="checkbox"/> R	PT	<input type="checkbox"/>			
<input type="checkbox"/> R	DP	<input type="checkbox"/>			

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

No edema or venous varicosities

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

Patient: Mary Frazier Date: 12-5-07

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:

Assessment (Diagnoses):

1st pass

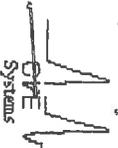
Plan: VMS

dislike on rx

Provider Signature:

Patient told to follow up pm 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

Coastal Surgical Associates  
1327 Ashley River Road  
Charleston, SC 29407

843-577-4551 Fax: 843-577-8868

291.00

## Lower Venous Duplex Scan

Patient Name: FRAZIER, MARY      Study Date: 10/7/2009      Time: 11:22:59 AM  
DOB: 12/12/1941      Age: 67      Gender: Female      MR/Case#: 70127  
Referring Phy: BEACH, KEVIN MD      Lab: COASTAL SURGICAL ASSOCIATES  
Indication: Venous Insufficiency      Technologist: Regan, Debra, RVT

### HISTORY:

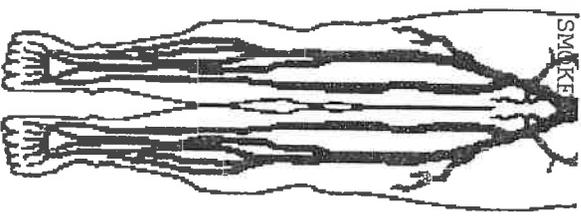
CAD WITH CABG (RT GSV HARESTED), HTN, HIGH CHOLESTEROL, LOW THYROID, PREVIOUS SMOKE

### INDICATION:

RLE VI, EDEMA, LARGE VV

93991  
19, 17, WBVL  
454.1

### TECHNOLOGIST NOTES:



### Summary of Vascular Findings

### Impression/Recommendation:

VENOUS DUPLX OF THE LEFT SAPHENO-FEMORAL JUNCTION, RIGHT FEMORAL SYSTEM, POPLITEAL, POSTERIOR TIBIAL, GSV AND PERFORATORS COMPLETED WITH THE FOLLOWING FINDINGS:

