

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>12-22-08</i>
--------------------	-------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER J00328	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Claudia Lopez, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-6-09</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.)	
1.			
2.			
3.			
4.			

Log #328

COASTAL SURGICAL
VASCULAR & VEIN SPECIALISTS

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

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

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

December 19, 2008

RECEIVED

DEC 22 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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

Re: Linh K. Vo
ID# 9107576401

Dear Dr. Burton,

Ms. Linh Vo was initially seen by me on 8/5/08 for evaluation of bilateral varicose veins in the lower extremities. She reports a five-year history of bilateral lower extremity varicosities, the left greater than the right. She has aching as well as swelling. A lower extremity venous ultrasound performed on 8/14/08 revealed reflux disease bilaterally. She was given a prescription for compression stockings on 9/15/08. Evaluation again on 12/16/08 revealed that Ms. Vo was still symptomatic with pain and swelling. I feel that Ms. Vo would benefit from endovenous ablation as she has been very compliant with her compression hose with no relief of symptoms. Since her left leg is more symptomatic we would like to perform the closure first on the left leg and then schedule the right leg at a later date.

Please consider approval of this service as it is not 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,


Thomas C. Appleby, 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 Roberson Blvd.

Medical Section, SIC 05402

AUG 05 2008 *Please see Handwritten and Dictated H&P form in chart*

BP	
PULSE	
TEMP	
ALLERGIES	

AUG 26 2008 *RSCP*

AUG 27 2008 *pt-oxd (TTA in surgery)*

SEP 15 2008

VO, Linh K. 73521
09/15/2008

Dr. Thomas C. Appleby

Ms. Vo returns today for follow up. She continues to complain of lower extremity pain and swelling. She certainly does admit that she doesn't like the looks of the veins either. Her left leg is worse than the right.

PHYSICAL EXAM: On exam she does have superficial spider varicosities and moderately large varicosities particularly on the left anatomic leg in the greater saphenous distribution.

DATA: Vascular Lab reveals deep, superficial and perforator reflux on the right. Left has deep and superficial reflux.

IMPRESSION: Symptomatic varicosities. I have had a lengthy discussion with her in regards to the anatomy and pathophysiology of valvular incompetency and all the various treatment options.

PLAN: After a lengthy discussion and question and answer session, we have elected the following. She will get a 20-30 below knee stocking. The orientation process and proper wearing instructions have been discussed at length and in detail with her. She is to see me in 3-4 months or p.r.n. Thomas C. Appleby, M.D./hna

RRR 1 2 0008
VO, Linh K. 73521

Dr. Thomas C. Appleby

12/16/2008

Ms. Vo returns today for follow up. She has been very compliant with her stocking but she has not gotten over the hump as far as symptoms are concerned. She is interested in pursuing further options.

DATA: I have reviewed her venous duplex scan and she would be a suitable candidate for VNUS Closure.

IMPRESSION: The left leg is more symptomatic than the right. The left leg would be suitable for VNUS Closure. We talked about realistic expectations of the procedure, including potential need for secondary procedures. We discussed the risks, benefits and potential complications of the procedure including failure of the procedure, DVT, PE including fatal PE, saphenous neuritis, etc. I have also emphasized to her that treating veins is a process and that she may need further procedures. The patient understands. All questions are answered.

PLAN: She desires to proceed with VNUS Closure. THOMAS C. APPLEBY, M.D./hna

Coastal Surgical Vascular and Vein Specialists
History and Physical Form

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

VO, Lih X. 73521
08/05/2008

Dr. Thomas C. Appleby

Primary Care Physician: _____

Other: _____

self referred

cc: Varicose Veins Evaluation

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

35 year old female Pt C/O
varicose veins that gets worse
when she stands.

HISTORY OF PRESENT ILLNESS: Ms. VO is a 35-year-old Asian female who is self referred for a venous evaluation. She reports a greater than 5 year history of bilateral lower extremity varicosities, left greater than right. She has 2 children, ages 5 and 7, and her varicosities got significantly worse after her second child. She describes mild aching as well as swelling. She denies any prior history of DVT or phlebitis.

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

73521

Patient: VO, Link

Date 8-5-08

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~~ – ~~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~~ – ~~CVA/Stroke~~ – ~~Syncope~~ – ~~Seizures~~ – Weakness – Aphasia

Imm: Allergy – Asthma – Hay Fever

Exercise Tolerance

All Other Systems Negative

Allergies: NKDA

Medications: See attached list

Ø

73621

Patient Name: YD, Linh K.

Date 8-5-08

PMHx:

See attached Patient Hx Form Dated _____

PSHx:

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

Occupation

Accountant
NAKATO

Family Hx:

Diabetes-mother

Tobacco

FTOH

Caffeine

Drugs

EXAM: = Normal Findings (except as noted)

CONST: Temp _____

Pulse _____

BP: _____

Resp _____

Wt _____

est.
115

healthy appearing

Ill appearing

Well nourished

Malnourished

Obese

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

PHYSICAL EXAM: She is a well developed, Asian female in no acute distress. HEENT - Sclerae anicteric, conjunctivae pink, PERL, EOMI. Neck supple without mass. Chest clear. Cardiac - Negative JVD. Regular rate and rhythm without gallop, murmur or rub. Vascular - Femorals, popliteals, DP and PT pulses are 2+ bilaterally. Abdomen is soft, nondistended, nontender. No hepatosplenomegaly. Neurologic - She is awake, alert, and oriented x 3. Cranial nerves II -XII are intact. Strength 5/5.

78521

Patient: Ms. Linn K. Date: 8-5-08

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
multiple spider Angiomas (not BIF) ; medium aged VV in ESV distribution BIF

DATA: _____

IMPRESSION: Symptomatic varicosities, left greater than right.

I have had a very lengthy discussion with Ms. Vo about the anatomy, pathophysiology and various treatment options of varicosities.

PLAN: Will get her in the Vascular Lab for full venous evaluation. I have talked to her about stocking usage, but given the time of year, will hold on prescribing them until after seeing her ultrasound. Thomas C. Appleby, M.D./hna

Provider Signature: _____

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

pc: Dr. _____



CVE
Systems

CVE Systems

LCR 8/15/08

17207 Wjeth 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: VO, LINH
DOB: 9/3/1972 Age: 35
Referring Phy:
Indication: VARICOSE VEINS

Study Date: 8/14/2008 Time: 12:41:20 PM
MR/Case#: 73521
Lab: COASTAL SURGICAL ASSOCIATES
Examiner: Tosti, Liberty, RVT

CONCLUSION/SUMMARY:

NEGATIVE EXAM FOR DEEP OR SUPERFICIAL VEIN THROMBOSIS BIATERALLY.

THE RIGHT LOWER EXTREMITY WAS POSITIVE FOR REFLUX IN THE FEMORAL SYSTEM, POPLITEAL VEIN, PTVs, GSV, PROXIMAL AND LOW CALF PERFORATORS. THE GSV DIAMETERS ARE SUFFICIENT IF CLOSURE IS CONSIDERED.

THE LEFT LOWER EXTREMITY WAS POSITIVE FOR REFLUX IN THE FEMORAL SYSTEM, PTVs AND GSV. THE GSV DIAMETERS ARE SUFFICIENT IF CLOSURE IS CONSIDERED.

Stevens *8.15.08*
Date



CWE Systems

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

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

Lower Venous Duplex Scan

Patient Name: VO, LINH
DOB: 9/3/1972 Age: 35
Referring Phy:
Indication: VARICOSE VEINS

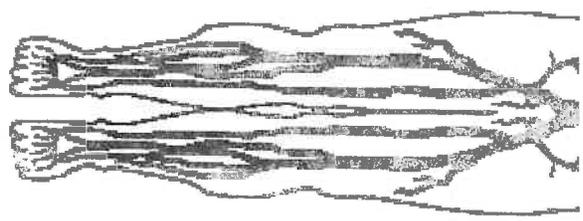
Study Date: 8/14/2008 Time: 12:41:20 PM
MR/Case#: 73521
Lab: COASTAL SURGICAL ASSOCIATES
Examiner: Tosti, Liberty, RVT

HISTORY:
HEALTHY

INDICATION:
BILATERAL LOWER EXTREMITY VARICOSE VEINS

TECHNOLOGIST NOTES:

Summary of Vascular Findings



Impression/Recommendation:

BILATERAL VENOUS DUPLIX EXAMINATION OF THE FEMORAL SYSTEM, POPLITEAL, PTVs, GSV AND PERFORATOR VEINS COMPLETED WITH THE FOLLOWING FINDINGS:

RIGHT:

NEGATIVE EXAM FOR DEEP OR SUPERFICIAL VEIN THROMBOSIS. REFLUX WAS DEMONSTRATED IN THE FEMORAL SYSTEM, POPLITEAL VEIN, PTVs, GSV, PROXIMAL AND LOW CALF PERFORATORS. THE GSV MEASURED: JUNCTION 0.43CM, PROXIMAL THIGH 0.35CM, MID 0.34CM, DISTAL THIGH 0.35CM, PROXIMAL CALF 0.31CM, MID 0.23CM, DISTAL CALF 0.23CM. THE REFLUXING PROXIMAL CALF PERFORATOR MEASURED 0.20CM; THE REFLUXING LOW CALF PERFORATOR MEASURED 0.22CM.

LEFT:

NEGATIVE EXAM FOR DEEP OR SUPERFICIAL VEIN THROMBOSIS. REFLUX WAS DEMONSTRATED IN THE FEMORAL SYSTEM, PTVs AND GSV. THE GSV MEASURED: JUNCTION 0.32CM, PROXIMAL THIGH 0.40CM, MID 0.47CM, DISTAL THIGH 0.44CM, PROXIMAL CALF 0.43CM, MID 0.23CM, DISTAL CALF 0.26CM. THE MEDIAL CALF VARICOSITIES ARE BRANCHES OF THE GSV.

Prescription for Juzo® Medical Compression Stockings

Patient Name: Zilke

Date: 2/15/16

Diagnosis: CVE IV

Extremity: Left Right Both

Upper extremity Rx pads also available.

Indications for Compression:

Support
Tired, aching legs, mild varicosities, prophylactic treatment during pregnancy

Class I
20-30 mmHg
Light venous insufficiency, prophylactic treatment during pregnancy, mild varicosities without tendency toward edema, hereditary tendency toward varicose veins, post-sclerotherapy, burn scar management

Class II
30-40 mmHg
Chronic venous insufficiency, tendencies toward edema, post-thrombosis, post-sclerotherapy, post-pherectomy, varicosities during pregnancy, venous ulcer (healed), burn scar management

Class III
40-50 mmHg
After treatment of severe ulcerations, severe tendencies toward edema, Lymphedema, severe chronic venous insufficiency

Class IV
60+ mmHg
Severe post-thrombotic conditions, Elephantiasis, Lymphedema

Contra-Indications:
Unreduced edema, open ulcer, circulatory disturbance, weeping dermatosis, acute thrombophlebitis, phlebotrombosis, arterial insufficiency

Requested Form:

 A-D knee-high	 A-G thigh high	 A-G with hip attachment	 A-T panty hose	 A-T maternity panty hose
--	---	---	---	---

Physician's Signature

[Signature]
-DISPENSE AS WRITTEN - DO NOT SUBSTITUTE

Phone _____



Juzo® compression garments are available at:



or call toll free
1 888 255-1300
for your local dealer



State of South Carolina
Department of Health and Human Services

Log # 3228

Mark Sanford
Governor

Emma Forkner
Director

January 12, 2009

Thomas Appleby, M.D.
Coastal Surgical Vascular &
Vein Specialists
1327 Ashley River Road, Bldg. B
Charleston, SC 29407

Re: Linh K. Vo

Dear Dr. Appleby:

I have reviewed this request and agree that it is clinically appropriate to proceed with endovenous ablation for this Medicaid beneficiary. Please submit a copy of this letter with your request for payment so that my colleagues at the SC Department of Health and Human Services can appropriately process your reimbursement.

If you have any further difficulty or concerns, please do not hesitate to contact me.

Thank you for your advocacy for this patient and for caring for South Carolina Medicaid beneficiaries.

Sincerely,

Handwritten signature of O. Marion Burton in black ink.

O. Marion Burton, M.D.
Medical Director

OMB/mk

Medical Director
P.O. Box 8206, Columbia, SC
(803) 898-2500 – Fax 803-255-8235

January 12, 2009
Page 2

Bc: Val Williams
William Feagin
Erica Dimes

DEI Dr. B will send
Letter to Mengq
in tomorrow.

Val

Note →

TO
Myers

HUMAN SERVICES
DIRECTOR

Val Burton

REFERRAL

DATE

12-22-08

ACTION REQUESTED

1. LOG NUMBER

J00328

Prepare reply for the Director's signature

DATE DUE

2. DATE SIGNED BY DIRECTOR

Prepare reply for appropriate signature

DATE DUE 1-6-09

FOIA

DATE DUE

APPROVALS
(Only when prepared
for director's signature)

I will not sign off on
log w/out seeing the letter,
Beaz

Beaz

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

RECEIVED

December 19, 2008

DEC 22 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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

Re: Linh K. Vo
ID# 9107576401

Dear Dr. Burton,

Ms. Linh Vo was initially seen by me on 8/5/08 for evaluation of bilateral varicose veins in the lower extremities. She reports a five-year history of bilateral lower extremity varicosities, the left greater than the right. She has aching as well as swelling. A lower extremity venous ultrasound performed on 8/14/08 revealed reflux disease bilaterally. She was given a prescription for compression stockings on 9/15/08. Evaluation again on 12/16/08 revealed that Ms. Vo was still symptomatic with pain and swelling. I feel that Ms. Vo would benefit from endovenous ablation as she has been very compliant with her compression hose with no relief of symptoms. Since her left leg is more symptomatic we would like to perform the closure first on the left leg and then schedule the right leg at a later date.

Please consider approval of this service as it is not 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,


Thomas C. Appleby, 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

Walterboro
416 B Robertson Blvd.

No. 1000000000, SU 20000000

AUG 05 2008 Please see Handwritten and Dictated HSP form in chart

BP	_____
PULSE	_____
TEMP	_____
ALLERGIES	_____

AUG 26 2008 PSCR
AUG 27 2008 P-CXel (ITA in surgery)
SEP 15 2008

VO, Linh K. 73521
09/15/2008

Dr. Thomas C. Appleby

M/s. Vo returns today for follow up. She continues to complain of lower extremity pain and swelling. She certainly does admit that she doesn't like the looks of the veins either. Her left leg is worse than the right.

PHYSICAL EXAM: On exam she does have superficial spider varicosities and moderately large varicosities particularly on the left anatomic leg in the greater saphenous distribution.

DATA: Vascular Lab reveals deep, superficial and perforator reflux on the right. Left has deep and superficial reflux.

IMPRESSION: Symptomatic varicosities. I have had a lengthy discussion with her in regards to the anatomy and pathophysiology of valvular incompetency and all the various treatment options.

PLAN: After a lengthy discussion and question and answer session, we have elected the following. She will get a 20-30 below knee stocking. The orientation process and proper wearing instructions have been discussed at length and in detail with her. She is to see me in 3-4 months or p.r.n. Thomas C. Appleby, M.D./ma

BP	_____
PULSE	_____
TEMP	_____
ALLERGIES	_____

PP 4 2 2008
VO, Linh K. 73521
12/16/2008

Dr. Thomas C. Appleby

Ms. Vo returns today for follow up. She has been very compliant with her stocking but she has not gotten over the hump as far as symptoms are concerned. She is interested in pursuing further options.

DATA: I have reviewed her venous duplex scan and she would be a suitable candidate for VNUS Closure.

IMPRESSION: The left leg is more symptomatic than the right. The left leg would be suitable for VNUS Closure. We talked about realistic expectations of the procedure, including potential need for secondary procedures. We discussed the risks, benefits and potential complications of the procedure including failure of the procedure, DVT, PE including fatal PE, saphenous neuritis, etc. I have also emphasized to her that treating veins is a process and that she may need further procedures. The patient understands. All questions are answered.

PLAN: She desires to proceed with VNUS Closure. THOMAS C. APPLEBY, M.D./ma

Coastal Surgical Vascular and Vein Specialists
History and Physical Form

- Edward C. Morrison, M.D.
- Thomas C. Appleby, M.D.
- Dr. Kevin Rasmussen, M.D.

VO, Linda X. 73521
08/05/2008

Dr. Thomas C. Appleby

Primary Care Physician: _____

Other: _____

self referral

cc: *Varicose Veins Evaluation*

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

*35 year old female Pt C/O
varicose veins that gets worse
when she stands.*

HISTORY OF PRESENT ILLNESS: Ms. Vo is a 35-year-old Asian female who is self referred for a venous evaluation. She reports a greater than 5 year history of bilateral lower extremity varicosities, left greater than right. She has 2 children, ages 5 and 7, and her varicosities got significantly worse after her second child. She describes mild aching as well as swelling. She denies any prior history of DVT or phlebitis.

7 - 7

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

73621

Patient: VD, Linn K

Date 8-5-08

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~~ - ~~PPD~~ - 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~~ - ~~PUP~~ - ~~GERD~~ - Constipation - Diarrhea - Melena - BRBPR - Bowel Changes

GU: ~~Nocturia~~ - ~~Dysuria~~ - ~~Dyuria~~ - ~~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~~ - ~~CV/Stroke~~ - ~~Syncope~~ - ~~Seizures~~ - Weakness - Aphasia

Imm: Allergy - Asthma - Hay Fever

Exercise Tolerance _____

All Other Systems Negative

Allergies: NKDA

Medications: See attached list

D

Patient Name: VO, Linh K.

Date 8-5-08

PMHx:

See attached Patient Hx Form Dated _____

PSHx:

Ø

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

Occupation

Not working
Nakafo

Family Hx:

Diabetes - mother

Tobacco

Ø

ETOH

Ø

Caffeine

Drugs

Ø

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

CONST: Temp _____ Pulse _____ BP: _____ Resp _____ Wt: 115 *est.*

healthy appearing Ill appearing Well nourished Malnourished Obese

HEENT: Normocephalic PERLLA EOM's intact Oral mucosa moist *Add notes:* _____

NECK: Trachea Midline No JVD No thyromegaly or masses _____

Lymph: No lymphadenopathy axillar/cervical/groin _____

Resp: Clear to auscultation bilaterally Respiration non-labored _____

Cardio: RRR No murmurs _____

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

PHYSICAL EXAM: She is a well developed, Asian female in no acute distress. HEENT - Sclerae anicteric, conjunctivae pink, PERL, EOMI. Neck supple without mass. Chest clear. Cardiac - Negative JVD. Regular rate and rhythm without gallop, murmur or rub. Vascular - Femorals, popliteals, DP and PT pulses are 2+ bilaterally. Abdomen is soft, nondistended, nontender. No hepatosplenomegaly. Neurologic - She is awake, alert, and oriented x 3. Cranial nerves II - XII are intact. Strength 5/5.

78521

Patient: Vo, Linh K. Date: 8-5-08

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
multiple spider angiomas left side, median aged w in OSV distribution in

DATA: _____

IMPRESSION: Symptomatic varicosities, left greater than right.

I have had a very lengthy discussion with Ms. Vo about the anatomy, pathophysiology and various treatment options of varicosities.

PLAN: Will get her in the Vascular Lab for full venous evaluation. I have talked to her about stocking usage, but given the time of year, will hold on prescribing them until after seeing her ultrasound. Thomas C. Appleby, M.D./hna

Provider Signature:

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

pc: Dr. _____



CVE Systems

*100%
8/12/08*

CVE Systems
17207 W. yedh 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: 843-577-8888

Lower Venous Duplex Scan

Patient Name: VO, LINH	Study Date: 8/14/2008	Time: 12:41:20 PM
DOB: 9/3/1972 Age: 35	MR/Case#: 73521	
Referring Phy:	Lab: COASTAL SURGICAL ASSOCIATES	
Indication: VARICOSE VEINS	Examiner: Tosti, Liberty, RVM	

CONCLUSION/SUMMARY:

NEGATIVE EXAM FOR DEEP OR SUPERFICIAL VEIN THROMBOSIS BILATERALLY.

THE RIGHT LOWER EXTREMITY WAS POSITIVE FOR REFLUX IN THE FEMORAL SYSTEM, POPLITEAL VEIN, PTVs, GSV, PROXIMAL AND LOW CALF PERFORATORS. THE GSV DIAMETERS ARE SUFFICIENT IF CLOSURE IS CONSIDERED.

THE LEFT LOWER EXTREMITY WAS POSITIVE FOR REFLUX IN THE FEMORAL SYSTEM, PTVs AND GSV. THE GSV DIAMETERS ARE SUFFICIENT IF CLOSURE IS CONSIDERED.

Stevens
Date 8.15.08



CVE Systems

17207 Wyeth Circle, Spring Texas 77379
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1327 Ashley River Road
Charleston, SC 29407
843-577-4551 Fax: 843-577-0368

Lower Venous Duplex Scan

Patient Name: VO, LINH
DOB: 9/3/1972 Age: 35
Referring Phy:
Indication: VARICOSE VEINS

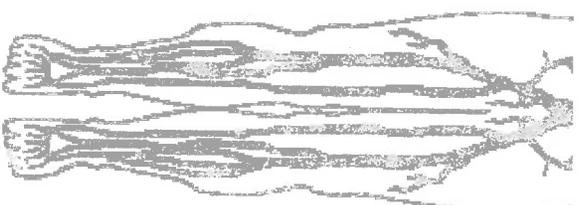
Study Date: 8/14/2008 Time: 12:41:20 PM
MR/Case#: 73521
Lab: COASTAL SURGICAL ASSOCIATES
Examiner: Tosti, Liberty, RVP

HISTORY:
HEALTHY

INDICATION:
BILATERAL LOWER EXTREMITY VARICOSE VEINS

TECHNOLOGIST NOTES:

Summary of Vascular Findings



Impression/Recommendation:

BILATERAL VENOUS DUPLIX EXAMINATION OF THE FEMORAL SYSTEM, POPLITEAL, PTVs, GSV AND PERFORATOR VEINS COMPLETED WITH THE FOLLOWING FINDINGS:

RIGHT:

NEGATIVE EXAM FOR DEEP OR SUPERFICIAL VEIN THROMBOSIS. REFLUX WAS DEMONSTRATED IN THE FEMORAL SYSTEM, POPLITEAL VEIN, PTVs, GSV, PROXIMAL AND LOW CALF PERFORATORS. THE GSV MEASURED: JUNCTION 0.43CM, PROXIMAL THIGH 0.35CM, MID 0.34CM, DISTAL THIGH 0.35CM, PROXIMAL CALF 0.31CM, MID 0.23CM, DISTAL CALF 0.23CM. THE REFLUXING PROXIMAL CALF PERFORATOR MEASURED 0.20CM; THE REFLUXING LOW CALF PERFORATOR MEASURED 0.22CM.

LEFT:

NEGATIVE EXAM FOR DEEP OR SUPERFICIAL VEIN THROMBOSIS. REFLUX WAS DEMONSTRATED IN THE FEMORAL SYSTEM, PTVs AND GSV. THE GSV MEASURED: JUNCTION 0.32CM, PROXIMAL THIGH 0.40CM, MID 0.47CM, DISTAL THIGH 0.44CM, PROXIMAL CALF 0.43CM, MID 0.23CM, DISTAL CALF 0.26CM. THE MEDIAL CALF VARICOSITIES ARE BRANCHES OF THE GSV.

Prescription for Juzo® Medical Compression Stockings

Patient Name: Ed H. Date: 7/15/16

Diagnosis: CVE IV

Extremity: Left Right air Upper extremity fix pads also available.

Indications for Compression:

Support Tired, aching legs, mild varicosities, prophylactic treatment during pregnancy

Class I **20-30 mmHg** Light venous insufficiency, prophylactic treatment during pregnancy, mild varicosities without tendency toward edema, hereditary tendency toward varicose veins, post-sclerotherapy, burn scar management

Class II **30-40 mmHg** Chronic venous insufficiency, tendencies toward edema, post-thrombosis, post-sclerotherapy, post-pherectomy, varicosities during pregnancy, venous ulcer (healed), burn scar management

Class III **40-50 mmHg** After treatment of severe ulcerations, severe tendencies toward edema, lymphedema, severe chronic venous insufficiency

Class IV **60+ mmHg** Severe post-thrombotic conditions, Elephantiasis, lymphedema

Contra-Indications: Unreduced edema, open ulcer, circulatory disturbance, weeping dermatosis, acute thrombophlebitis, phlebotrombosis, arterial insufficiency

Requested Form:

 A-D knee-high	 A-G thigh high	 A-G with hip attachment	 A-T panty hose	 A-T maternity panty hose
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Physician's Signature [Signature] Phone _____

DISPENSE AS WRITTEN - DO NOT SUBSTITUTE


Juzo® compression garments are available at:
 or call toll free **1 888 255-1300**
 for your local dealer

Log # 328

From: Nancy Rabert
To: Brenda James
Date: 1/12/2009 10:21 am
Subject: Re: Fwd: beneficiary Linh re varicose vein surgery

I have the blue copy of Log 000328 - if you need it back.

>>> Nancy Rabert 1/12/2009 9:36 AM >>>
Think it is a log already - Log 000328. Does it need to be relogged to Dr. Burton - instead of BZ?

>>> Melanie Glese 1/12/2009 9:06 AM >>>
FYI. I need to make sure that this gets logged or at least documented somewhere. thanks

M. Melanie "Bz" Glese, RN
Bureau Director, Health Services
SC DHHS
PO Box 8206
1801 Main Street, J-1224
Columbia, SC 29202
803-898-2868
803-255-8353 (fax)

From: Jan Polatty
To: Brenda James; Nancy Rabert
Date: 1/12/2009 9:51 am
Subject: Re: Fwd: beneficiary Linh re varicose vein surgery

I think it is fine as is - I think the main idea was to make sure there was official documentation. Agree?
Thanks, Jan.

>>> Nancy Rabert 1/12/2009 9:36 AM >>>
Think it is a log already - Log 000328. Does it need to be relogged to Dr. Burton - instead of BZ?

>>> Melanie Giese 1/12/2009 9:06 AM >>>
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