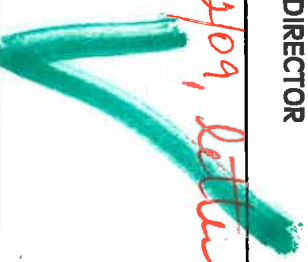


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

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

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000328</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Claudia (1/14/09, 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

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

December 19, 2008

RECEIVED

DEC 22 2008

Dr. Marion Burton
Medical Director

Department of Health & Human Services
OFFICE OF THE 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.

Account # 7205
John Vo
6662 Meeting Street

Area 4006

09/03/1975

Neurovascular, SC 05002

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

BP	
PULSE	
TEMP	
ALLERGIES	

AUG 26 2008 PSC

AUG 27 2008 H&P (T&A 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./hma

PRO 4 0 0000

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./hma

Coastal Surgical Vascular and Vein Specialists History and Physical Form

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

VO, Lih X. 73521
08/05/2008

Dr. Thomas C. Appleby

Primary Care Physician: _____

Other: _____

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: Yo, 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~~ – ~~POD~~ – 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~~ – ~~PU/D~~ – ~~GERD~~ – ~~Constipation~~ – Diarrhea – Melena – BRBPR – Bowel Changes

GU: ~~Nocturia~~ – ~~Dysuria~~ – ~~Burna~~ – ~~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 – Polyruia

Skin: Rash – Lesion/Mole – Ulcer

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

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

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

Imm: Allergy – Asthma – Hay Fever

Exercise Tolerance

☒ All Other Systems Negative

Allergies: NKA

Medications: ☐ See attached list

Ø

73621

Patient Name: Yo, 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 factory worker
NAKAFO

Family Hx: Diabetes-mother

Tobacco Ø ETOH Ø

Caffeine _____ Drugs Ø

EXAM: √ = Normal Findings (except as noted)

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

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

Add notes:

HEENT: ☐ Normocephalic ☐ PERLLA ☐ EOM's intact ☐ Oral mucosa moist _____

NECK: ☐ Trachea Midline ☐ No JVD ☐ No thyromegaly or masses _____

Lymph: ☐ No lymphadenopathy axilla/cervical/groin _____

Resp: ☐ Clear to auscultation bilaterally ☐ Respiration non-labored _____

Cardio: ☐ RRR ☐ No murmurs _____

Vascular:	Aorta		Bruits:		
<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"/> R _____	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: 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 nodular thigh/leg/foot BUE; medium sized VU in BSV distribution BUE*

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

17207 Wjeth Circle, Spring Texas 77379

Phone: 800-338-0360

Email: Support@cvesystems.com

128
6/27/08

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 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.

Elenna 8.15.08
Date



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

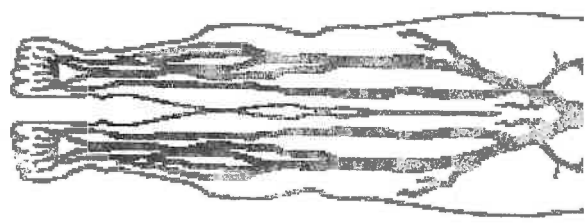
Study Date: 8/14/2008 Time: 12:41:20 PM
MR/Case#: 73521
Lab: COASTAL SURGICAL ASSOCIATES
Examiner: Tosti, Liberty, RV

HISTORY:
HEALTHY

INDICATION:
BILATERAL LOWER EXTREMITY VARICOSE VEINS

TECHNOLOGIST NOTES:

Summary of Vascular Findings



Impression/Recommendation:

BILATERAL VENOUS DUPLEX 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: Julia Date: 2/15/18

Diagnosis: CVE IVV

Extremity: ☐ Left ☐ Right ☒ Bilateral 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:



Physician's 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

Log # 328



State of South Carolina
Department of Health and Human Services

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,

A handwritten signature in cursive script, appearing to read "Marion Burton".

O. Marion Burton, M.D.
Medical Director

OMB/mk

January 12, 2009
Page 2

Bc: Val Williams
William Feagin
Erica Dimes

DEPT. OF JUSTICE
HUMAN SERVICES
DIRECTOR
Val Burton

Dr. B will send
Letter to Mary
in tomorrow.

Val

TO

DATE

Myers

12-22-08

Note →

DIRECTOR'S USE ONLY

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)

1.

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

2.

3.

4.

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*

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

December 19, 2008

RECEIVED

DEC 22 2008

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

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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*

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

*Mt. Pleasant
570 Longpoint Rd., Suite 130*

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

*Walterboro
416 B Robertson Blvd.*

08/05/2008

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

BP	
PULSE	
TEMP	
ALLERGIES	

AUG 26 2008 PSC

AUG 27 2008 Pt OK (ITA 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./ma

BP	
PULSE	
TEMP	
ALLERGIES	

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, Lin 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.

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 - ~~Weight 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~~ - ~~Dyuria~~ - ~~Hematuria~~ - Urgency - Frequency - Decreased Stream

MS: Weakness - Pain - Joint Pain - ↓ ROM - Swelling - Gout - ~~Arthritis~~

Hem/Lymph: Anemia - ~~Brusing~~ - ~~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: NKA

Medications: ☐ See attached list

8

73621

Patient Name: Yo, 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

doctor/assistant
Nakafo

Family Hx:

Diabetes - mother

Tobacco Ø

ETOH Ø

Caffeine _____

Drugs Ø

EXAM: ✓ = Normal Findings (except as noted)

CONST: Temp _____

Pulse _____

BP: _____

Resp _____

Wt. est. 115

☐ healthy appearing

☐ Ill appearing

☐ Well nourished

☐ Malnourished

☐ Obese

HEENT: ☐ Normocephalic ☐ PERLA ☐ 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

☐ _____

Bruits:

☐ R _____

Carotid

☐ L _____

☐ R _____

Radial

☐ L _____

☐ R _____

Vertebral

☐ L _____

☐ R _____

Brachial

☐ L _____

☐ R _____

Subclavian

☐ L _____

☐ R _____

STA

☐ L _____

☐ R _____

Flank

☐ L _____

☐ R _____

CCA

☐ L _____

☐ R _____

Iliac

☐ L _____

☐ R _____

Femoral

☐ L _____

☐ R _____

Epigastric

☐ L _____

☐ R _____

Popliteal

☐ L _____

☐ R _____

☐ R _____

PT

☐ L _____

☐ R _____

☐ R _____

DP

☐ L _____

☐ R _____

PHYSICAL EXAM:

She is a well developed, Asian female in no acute distress. HEENT - Sclerae anicteric, conjunctivae pink, PERL, EOML. 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 nodules right/left ankle, median sized w/ in GSV.
distribution in GSV

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 pm and/or: _____ month(s) _____ wk(s) _____ days

pc: Dr. _____



CVE Systems

100
4/27/08

17207 Wyched 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: 843-577-6868

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, RVN

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.

Elleana 8.15.08
Date



CWE Systems

17207 Wyeth Circle, Spring Texas 77379
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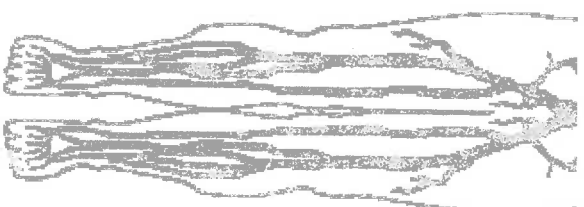
Study Date: 8/14/2008 Time: 12:41:20 PM
MR/Case#: 73521
Lab: COASTAL SURGICAL ASSOCIATES
Examiner: Tosti, Liberty, RVT

HISTORY:
HEALTHY

INDICATION:
BILATERAL LOWER EXTREMITY VARICOSE VEINS

TECHNOLOGIST NOTES:

Summary of Vascular Findings



Impression/Recommendation:

BILATERAL VENOUS DUPLEX 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: Julia H.

Diagnosis: CVE IV

Date: 7/15/16

Extremity: ☐ Left ☐ Right ☒ Bilateral

Upper extremity fix pads also available.

Indications for Compression:

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

☒ Class I
20-30 mmHg

☐ Class II
30-40 mmHg

☐ Class III
40-50 mmHg

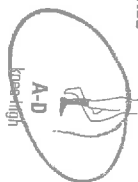
☐ Class IV
60+ mmHg

Light venous insufficiency, prophylactic treatment during pregnancy, mild varicosities without tendency toward edema, hereditary tendency toward varicose veins, post-sclerotherapy, burn scar management
Chronic venous insufficiency, tendencies toward edema, post-thrombosis, post-sclerotherapy, post-pherectomy, varicosities during pregnancy, venous ulcer (healed), burn scar management
After treatment of severe ulcerations, severe tendencies toward edema, lymphedema, severe chronic venous insufficiency
Severe post-thrombotic conditions, Elephantiasis, lymphedema

Contra-Indications:

Unreduced edema, open ulcer, circulatory disturbance, weeping dermatosis, acute thrombophlebitis, phlebotrombosis, arterial insufficiency

Requested Form:



Physician's 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

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 Giese 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" Giese, 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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