

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO Myers / Dr. Burton	DATE 3-18-09
------------------------------	---------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000512	<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 <u>3-27-08</u> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action		
CC: Emma Forkner Cleared 3/24/09, letter attached.			

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
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

RECEIVED

March 16, 2009

MAR 13 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: Shirley D. Thomas
ID# 5251459201

Dear Dr. Burton,

Mrs. Shirley D. Thomas was initially seen by me 11/10/08 for evaluation of bilateral leg pain and edema. She has a history of right lower extremity DVT and pulmonary embolism in 2007. A right lower extremity venous ultrasound performed on 11/10/08 was positive for chronic thrombus and reflux disease. Mrs. Thomas has worn compression hose for greater than four months without relief of symptoms. I believe that it would benefit her to undergo endovenous ablation of the right lower extremity. A copy of my office notes and venous study 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.

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 Robertson Blvd.

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: Shirley Thomas Today's Date: 11/10/08
Account Number 11003

Patient seen at the request of: Dr. Meyer

Primary Care Physician: _____

Other: _____

cc: H/O DVTs

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

55 year old female

clb (B) leg for 1 decade
can't get comfortable

2007 b leg clb A-T: PE
(B) DVT

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: Thomas, Shirley

Date 11/10/08

Account Number 71003

ROS: Circle pertinent symptoms. Line through pertinent negatives

Const: Melaise - 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: Amp/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 - \downarrow 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:

Medications: ☐ See attached list

Previous - Levenox Detrol
Plavix Lipitor Advair Tricor 145mg Asacol
ASA Lexapro 200mg Protonix

Patient Name: SHIRLEY THOMAS

Patient ID: 706435

MEDICATION LIST

09/11/08

START DATE	MEDICATION
09/11/08	TRICOR (OUT) 145 1 daily
09/11/08	TRAMADOL HCL 50mg 1 every 8 hours PRN
09/11/08	SOMA 350mg 1 twice each day PRN
09/11/08	PROMETHAZINE HCL 12.5mg 1 every eight hour PRN prn
09/11/08	PRINIVIL 5mg 1 daily
09/11/08	HYDROCODONE /APAP 10/325 1 six times a day PRN prn
09/11/08	GABAPENTIN 400mg <i>2</i> twice each day
09/11/08	FOLATE (OUT) 1MG daily
09/11/08	FAMOTIDINE 40mg 1 twice each day
09/11/08	DOXYCYCLINE 100mg 1 twice each day
09/11/08	CYCLOBENZAPRINE HCL (OFF) 10mg 1 three times each day
09/11/08	B 12 (OUT) 400MCG daily
08/09/07	PLAVIX 75MG daily
08/09/07	LIPITOR 20MG daily
08/09/07	ASPIRIN 81MG daily
08/09/07	ASACOL 400mg 2 twice a day
06/08/07	SYNTHROID 0.1mg 1 TABLET DAILY
03/10/06	PROTONIX 40 mg 1 tablet once each day
03/10/06	NITROSTAT 0.4MG PLACE ONE TABLET UNDER THE TONGUE FOR CHEST PAIN EVERY FIVE MINUTES, MAXIMUM THREE DOSES, THEN CALL PHYSICIAN.
03/10/06	METOPROLOL TARTRATE 50MG 1 TAB twice each day
03/10/06	DETROL 4mg 1 TAB once each day
03/10/06	HYOSCYAMINE SULFATE CR 0.125mg 1 TAB every four hours prn

Patient Name: Thomas, Shirley

Date 11/10/08

Account Number 71003

PMHx:

☐ See attached Patient Hx Form Dated _____

PSHx:

Cataracts

Hypothyroidism
Chronic D2 Athyria
PE-2007 Thyroid
DVT-2007 Miscarriage
CAD ↑ Chol.

Thyroid surgery
Gallbladder
lumps in Arms
Hysterectomy

Social Hx: (Circle pertinent)

S, M, W, D, SEP

Occupation _____

Family Hx:

Cancer

Tobacco Ø

ETOH _____

Heart

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 ☒ PERRLA ☒ EOM's intact ☒ Oral mucosa moist

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

Lymph: ☐ No lymphadenopathy axilla/cervical/groin

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

Cardio: ☒ RRR ☒ No murmurs

Vascular: _____

<input type="checkbox"/> R _____	Aorta	<input type="checkbox"/> _____
<input type="checkbox"/> R _____	Radial	<input type="checkbox"/> L _____
<input type="checkbox"/> R _____	Brachial	<input type="checkbox"/> L _____
<input type="checkbox"/> R _____	STA	<input type="checkbox"/> L _____
<input type="checkbox"/> R _____	CCA	<input type="checkbox"/> L _____
<input type="checkbox"/> R _____	Femoral	<input type="checkbox"/> L _____
<input type="checkbox"/> R _____	Popliteal	<input type="checkbox"/> L _____
<input type="checkbox"/> R _____	PT	<input type="checkbox"/> L _____
<input type="checkbox"/> R <u>2+</u>	DP	<input type="checkbox"/> L <u>2+</u>

Bruits: _____

<input type="checkbox"/> R <u>X</u>	Carotid	<input type="checkbox"/> L <u>X</u>
<input type="checkbox"/> R _____	Vertebral	<input type="checkbox"/> L _____
<input type="checkbox"/> R _____	Subclavian	<input type="checkbox"/> L _____
<input type="checkbox"/> R _____	Flank	<input type="checkbox"/> L _____
<input type="checkbox"/> R _____	Iliac	<input type="checkbox"/> L _____
<input type="checkbox"/> Epigastric		

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

Doppler Survey: _____

Patient: Thomas, Shirley

Date: 11/08

Account Number 71003

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:

U.S. Navy Refinery

Assessment (Diagnoses):

5

Plan:

Competition

Provider Signature:

Patient told to follow up ptn and/or:

_____ month(s) _____ wk(s) _____ days

pc: Dr.



Juzo®

Freedom in Motion™

**Physician's Prescription for
Medical Compression Garments**

Patient Name

Shirley Thakur

Date 11/10/14

Diagnosis

VS

Extremity

☐ Left

☐ Right

☒ Pair

*This product is a medical necessity and requires
a diagnosis for insurance reimbursement.*

Compression:

☐ Support
15-20 mmHg

Aching/fatigued legs, mild ankle and foot edema, mild varicosities, prophylaxis during pregnancy, post
sclerotherapy

☒ 20-30 mmHg

Aching/fatigued legs, mild venous insufficiency, prophylaxis during pregnancy, moderate varicosities,
hereditary tendency toward varicose veins, post sclerotherapy, mild edema or lymphedema, burn scar
management, hypertrophic scar treatment, prevention of venous ulcers, in conjunction with the
management of open venous ulcers, DVT prevention, superficial thrombophlebitis

☐ 30-40 mmHg

Chronic venous insufficiency, severe varicosities, post surgical, moderate and post traumatic edema, post
phlebectomy, post sclerotherapy, pronounced varicosities during pregnancy, orthostatic hypotension,
moderate lymphedema, prevention of venous ulcers, in conjunction with the management of open venous
ulcers, burn scar management, DVT/post thrombotic syndrome

☐ 40-50 mmHg

Severe tendencies toward edema, severe lymphedema, severe chronic venous insufficiency, in conjunction
with the management of open venous ulcers

☐ 50+ mmHg

Severe post thrombotic conditions, severe lymphedema, elephantiasis

Contraindications

Untreated open venous ulcers, intermittent claudication, acute thrombophlebitis, phlebotrombosis,
arterial disease, uncontrolled congestive heart failure, acute dermatitis, weeping dermatosis

Options:

☐ Silver

Anti-microbial protection against infection, hypoallergenic and surface-cooling for rashes and
skin sensitivities, anti-odor

☐ Slippers®

An application aid for donning and doffing medical compression garments. Not required by prescription.

Style:

<input type="checkbox"/> Knee-high	<input type="checkbox"/> Thigh-high	<input type="checkbox"/> Thigh-high w/ hip attachment	<input type="checkbox"/> Pantyhose	<input type="checkbox"/> Maternity pantyhose	<input type="checkbox"/> Arm sleeve	<input type="checkbox"/> Hand gauntlet

Physician's Signature - DISPENSES WRITTEN

SSM

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www.juzousa.com or visit:

Physician's Phone Number

For additional Juzo Rx pads
please call 1-888-255-1300

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CVE Systems

PKB
2-11-09

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: THOMAS, SHIRLEY	Study Date: 11/10/2008	Time: 4:38:34 PM
DOB: 10/11/1953	Age: 55	Gender: Female
MR/Case#: 71003		
Referring Phy: BEACH, KEVIN MD	Lab: COASTAL SURGICAL ASSOCIATES	
Indication: Venous Insufficiency	Technologist: Regan, Debra, RVT	

RIGHT:

NEGATIVE FOR ACUTE THROMBUS, POSITIVE FOR CHRONIC THROMBUS, POSITIVE FOR REFLUX. THE FOLLOWING VESSELS REVEAL CHRONIC THROMBUS AS WELL AS REFLUX: COMMON, S.FEMORAL, POPLITEAL, POSTERIOR TIBIAL AND GSV. THE FLOW PATTERN WAS RECANALIZED WITH AREAS OF HYPERECHOIC ECHOES ALL SUGGESTIVE FOR CHRONIC THROMBUS. GSV DIAMETER: JUNCT 0.91, MID 0.31, AK 0.35 AND BK @ 0.25cm. REFLUXING DISTAL (ANKLE) PERFORATOR DIAMETER 0.22cm. MID REFLUXING MID PERFORATOR SMALL @ 0.18cm.

LEFT:

NEGATIVE FOR CURSORY FEMORAL JUNCTION THROMBUS.

CONCLUSION/SUMMARY:

RIGHT LOWER EXTREMITY IS NEGATIVE FOR ACUTE THROMBUS,
POSITIVE FOR CHRONIC DEEP AND SUPERFICIAL THROMBUS,
GSV DIAMETER IS SUFFICIENT IF CLOSURE IS CONSIDERED, AREAS OF CHRONIC THROMBUS WAS NOTED HOWEVER, VESSEL IS FULLY COMPRESSIBLE.

PKB
11/10/08
Date



CVE Systems

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

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Lower Venous Duplex Scan

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Referring Phy: BEACH, KEVIN MD	MR/Case#: 71003	
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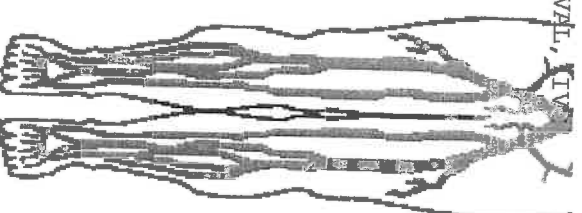
HISTORY:

CHRONES, CAD, HIGH CHOLESTEROL, PO RT LEG DVT WITH PE AFTER GALLBLADDER REMOVAL, IV
FILTER 3/2007

INDICATION:

RT LEG EDEMA, BRONZING, PAINFUL

TECHNOLOGIST NOTES:



Summary of Vascular Findings

Impression/Recommendation:

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

ACCOUNT # 41200
3011197 000000
4200 Joe Riley Rd

603-503-5888

BRUNSON, SC 29511

10/11/1984

NOV 10 2008

PLEASE SEE 4PG HANDWRITTEN H&P

BP	
PULSE	
TEMP	
ALLERGIES	

FEB 11 2009 ONMA

THOMAS, Shirley D. 71003
03/11/2009

Dr. P. Kevin Beach

WALTERBORO OFFICE

Ms. Thomas returns today for follow up of her venous insufficiency. She has a history of deep venous thrombosis and postphlebeitic syndrome as well as stasis dermatitis. She is being treated with compression stockings and still has pain and edema despite stocking use.

PAST MEDICAL HISTORY:

1. Deep venous thrombosis
2. Postphlebeitic syndrome
3. Hypothyroidism
4. Crohn's disease
5. PE
6. Coronary artery disease
7. Arthritis
8. Hypercholesterolemia

PAST SURGICAL HISTORY:

1. Cataract surgery
2. Thyroid surgery
3. LAP CHOLE
4. Cyst removal
5. Hysterectomy

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

FAMILY HISTORY: Positive for cancer and heart disease

MEDICATIONS: Medication list is reviewed.

ALLERGIES: No known drug allergies.

REVIEW OF SYSTEMS: Positive for edema, no ulceration. No chest pain or shortness of breath. All systems, otherwise, negative.

PHYSICAL EXAM: White 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. Both lower extremities are edematous despite stocking use with the stigmata of chronic venous insufficiency bilaterally. Skin is warm and dry without lesions or ulcerations. Neurologic - Nonfocal. Vascular exam - Radial pulses 2+. Femoral pulses 2+. Dorsalis pedis 2+. Posterior tibial 2+.

Received at 71003
Shirley Thomas
4020 2nd Mill St. No
Brentwood, CT 06033

03-11-2009
03/11/2009

THOMAS, Shirley D. 71003

03/11/2009

WALTERBORO OFFICE

Continued:

Dr. P. Kevin Beach

DATA: The VNUS protocol ultrasound is reviewed and demonstrates significant venous insufficiency.

IMPRESSION: Venous insufficiency with failed conservative therapy.

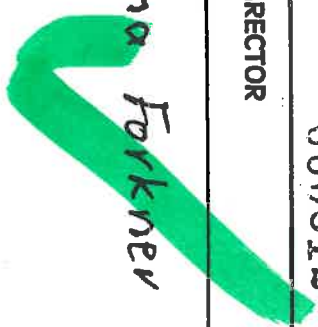
PLAN: Right VNUS Closure at a time of her convenience in the near future. P. KEVIN BEACH, M.D./hna

cc Dr. Gretchen Meyer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO Myers	DATE 3-18-09
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DIRECTOR'S USE ONLY	ACTION REQUESTED
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2. DATE SIGNED BY DIRECTOR CC: Emma Forkner 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>3-27-08</u> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

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COASTAL SURGICAL VASCULAR & VEIN SPECIALISTS

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

Thomas C. Applegate, M.D.
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RECEIVED

March 16, 2009

MAR 13 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: Shirley D. Thomas
ID# 5251459201

Dear Dr. Burton,

Mrs. Shirley D. Thomas was initially seen by me 11/10/08 for evaluation of bilateral leg pain and edema. She has a history of right lower extremity DVT and pulmonary embolism in 2007. A right lower extremity venous ultrasound performed on 11/10/08 was positive for chronic thrombus and reflux disease. Mrs. Thomas has worn compression hose for greater than four months without relief of symptoms. I believe that it would benefit her to undergo endovenous ablation of the right lower extremity. A copy of my office notes and venous study 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,

P. K. Beach, M.D.

P. Kevin Beach, M.D.

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2061 Highway 52

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Telephone (843) 577-4551
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Watertown
416 B Robertson Blvd.

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: Shirley Thomas Today's Date: 11/10/08
Account Number 11003

Patient seen at the request of: Dr. Meyer

Primary Care Physician: _____

Other: _____

cc: H/O DVTs

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

55 year old female

ch 18 lbs per feeder
can't get comfortable

2007 b leg ulcer A-T : PE
(B) DVT

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: Womack, Shirley

Date 11/10/08

Account Number 71003

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

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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 fair

☐ All Other Systems Negative

Allergies: _____

Medications: ☐ See attached list

Previous - LovenoX Detrol
Plavix lipitor 20mg Tricor 145mg Asacol
ASA Lexapro 20mg protonix

Patient Name: SHIRLEY THOMAS

Patient ID: 706435

MEDICATION LIST

09/11/08

START DATE	MEDICATION
09/11/08	TRICOR (OUT) 145 1 daily
09/11/08	TRAMADOL HCL 50mg 1 every 8 hours PRN
09/11/08	SOMA 350mg 1 twice each day PRN
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09/11/08	PRINIVIL 5mg 1 daily
09/11/08	HYDROCODONE /APAP 10/325 1 six times a day PRN prn
09/11/08	GABAPENTIN 400mg <i>2</i> twice each day
09/11/08	FOULATE (OUT) 1MG daily
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09/11/08	DOXYCYCLINE 100mg 1 twice each day
09/11/08	CYCLOBENZAPRINE HCL (OF) 10mg 1 three times each day
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03/10/06	PROTONIX 40 mg 1 tablet once each day
03/10/06	NITROSTAT 0.4MG PLACE ONE TABLET UNDER THE TONGUE FOR CHEST PAIN EVERY FIVE MINUTES, MAXIMUM THREE DOSES, THEN CALL PHYSICIAN.
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03/10/06	DETROL 4mg 1 TAB once each day
03/10/06	HYOSCYAMINE SULFATE CR 0.125mg 1 TAB every four hours prn

Patient Name: T. J. JONES, Shirley

Date 11/10/08

Account Number 71003

PMHx:

☐ See attached Patient Hx Form Dated _____

PSHx:

Hypothyroidism Cataracts
Chronic Dz Asthma Thyroid Surgery
PE-2007 Thyroid Gallbladder
DVT-2007 Miscarriage Lumps in Arms + St
CAD ↑ Chol. Hysterectomy

Social Hx: (Circle pertinent)

S, M, W, D, SEP

Occupation _____

Family Hx:

Cancer

Tobacco Ø

ETOH _____

Heart

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 ☒ PERRLA ☒ DOM'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: ☒ R/R ☒ No murmurs

Vascular:

Aorta ☐ _____

Bruits: _____

☐ R _____

Radial ☐ L _____

☐ R X Carotid ☐ L X

☐ R _____

Brachial ☐ L _____

☐ R _____

Vertebral ☐ L _____

☐ R _____

STA ☐ L _____

☐ R _____

Subclavian ☐ L _____

☐ R _____

CCA ☐ L _____

☐ R _____

Flank ☐ L _____

☐ R _____

Femoral ☐ L _____

☐ R _____

Iliac ☐ L _____

☐ R _____

Popliteal ☐ L _____

☐ R _____

☐ R _____

PT ☐ L _____

☐ R _____

☐ R 2+ DP ☐ L 2+

☐ R _____

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

Doppler Survey: _____

Patient: Thomas, Shelby

Date: 11/08

Account Number 71003

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 (B)

Skin: ☐ No rashes, lesions, or ulcers

Chronic vs Acute (B)

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

DATA:

U/S to CW refer

Assessment (Diagnoses):

UI

Plan: Compens

Provider Signature:

B

Patient told to follow up pm and/or: 3 month(s) wk(s) days

pc: Dr.



Freedom in Motion™

Physician's Prescription for Medical Compression Garments

Patient Name Shirley Thak's Date 11/10/6

Diagnosis VE

Extremity ☐ Left ☐ Right ☒ Pair *This product is a medical necessity and requires a diagnosis for insurance reimbursement.*

Compression:	
<input type="checkbox"/> Support 15-20 mmHg	Aching/fatigued legs, mild edema and foot edema, mild varicosities, prophylaxis during pregnancy, post-splenectomy
<input checked="" type="checkbox"/> 20-30 mmHg	Aching/fatigued legs, mild venous insufficiency, prophylaxis during pregnancy, moderate varicosities, heredity tendency toward varicose veins, post-splenectomy, mild edema or lymphedema, burn scar management, lymphatic scar treatment, prevention of venous ulcers, in conjunction with the management of open venous ulcers, DVT prevention, superficial thrombophlebitis
<input type="checkbox"/> 30-40 mmHg	Chronic venous insufficiency, severe varicosities, post-surgical, moderate and post-traumatic edema, post-phlebotomy, post-splenectomy, pronounced varicosities during pregnancy, arthralgia/hypertension, moderate lymphedema, prevention of venous ulcers, in conjunction with the management of open venous ulcers, burn scar management, DVT/post-thrombotic syndrome
<input type="checkbox"/> 40-50 mmHg	Severe tendencies toward edema, severe lymphedema, severe chronic venous insufficiency, in conjunction with the management of open venous ulcers
<input type="checkbox"/> 50+ mmHg	Severe post-thrombotic conditions, severe lymphedema, elephantiasis
Contraindications: Unhealed open venous ulcers, intermittent claudication, acute thrombophlebitis, phlebotrombosis, arterial disease, uncontrolled congestive heart failure, acute dermatitis, weeping dermatosis	
Options:	
<input type="checkbox"/> Silver	Anti-microbial protection against infection, hypoallergenic and surface-cooling for noses and skin sensitivities, anti-odor
<input type="checkbox"/> Slippers®	An application aid for donning and doffing medical compression garments. <i>Not required by prescription.</i>
Style:	
<p><input checked="" type="checkbox"/> knee-high <input type="checkbox"/> thigh-high <input type="checkbox"/> thigh-high w/ hip attachment <input type="checkbox"/> pantyhose <input type="checkbox"/> maternity pantyhose <input type="checkbox"/> arm <input type="checkbox"/> sleeve <input type="checkbox"/> hand <input type="checkbox"/> gauntlet</p>	

Physician's Signature - DISSENTING WRITTEN

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PKB
2-11-09

CVE
Systems

17207 Wyeth Circle Spring Texas 77379

Phone: 800-338-0360

Email: Support@cvesystems.com

Coastal Surgical Associates
1327 Ashley River Road
Charleston, SC 29407
843-577-4551 Fax: 843-577-8866

Lower Venous Duplex Scan

Patient Name: THOMAS, SHIRLEY	Study Date: 11/10/2008	Time: 4:38:34 PM
DOB: 10/11/1953	Age: 55	Gender: Female
Referring Phy: BEACH, KEVIN MD	MR/Case#: 71003	Lab: COASTAL SURGICAL ASSOCIATES
Indication: Venous Insufficiency	Technologist: Regan, Debra, RVT	

RIGHT:

NEGATIVE FOR ACUTE THROMBUS, POSITIVE FOR CHRONIC THROMBUS, POSITIVE FOR REFLUX. THE FOLLOWING VESSELS REVEAL CHRONIC THROMBUS AS WELL AS REFLUX: COMMON, S.FEMORAL, POPLITEAL, POSTERIOR TIBIAL AND GSV. THE FLOW PATTERN WAS RECANALIZED WITH AREAS OF HYPERECHOIC ECHOES ALL SUGGESTIVE FOR CHRONIC THROMBUS. GSV DIAMETER: JUNCT 0.91, MID 0.31, AK 0.35 AND BK @ 0.25cm. REFLUXING DISTAL (ANKLE) PERFORATOR DIAMETER 0.22cm. MID REFLUXING MID PERFORATOR SMALL @ 0.18cm.

LEFT:

NEGATIVE FOR CURSORY FEMORAL JUNCTION THROMBUS.

CONCLUSION/SUMMARY:

RIGHT LOWER EXTREMITY IS NEGATIVE FOR ACUTE THROMBUS,
POSITIVE FOR CHRONIC DEEP AND SUPERFICIAL THROMBUS,
GSV DIAMETER IS SUFFICIENT IF CLOSURE IS CONSIDERED, AREAS OF CHRONIC THROMBUS WAS NOTED HOWEVER, VESSEL IS FULLY COMPRESSIBLE.

PKB
11/10/08
Date

CVE Systems

CVE
Logo

47207 Myerth Chase Spring Texas 77376
Phone: 800-338-0360 Email: Support@cvesystems.com

Coastal Surgical Associates
1327 Ashley River Road
Charleston, SC 29407
843-577-4561 Fax: 843-577-8868

Lower Venous Duplex Scan

Patient Name: THOMAS, SHIRLEY Study Date: 11/10/2008 Time: 4:38:34 PM
DOB: 10/11/1953 Age: 55 Gender: Female MR/Case#: 71003
Referring Phy: BEACH, KEVIN MD Lab: COASTAL SURGICAL ASSOCIATES
Indication: Venous Insufficiency Technologist: Regan, Debra, RVT

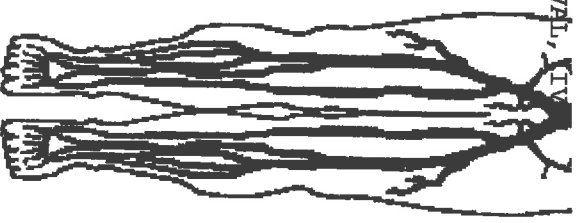
HISTORY:

CHRONES, CAD, HIGH CHOLESTEROL, PO RT LEG DVT WITH PE AFTER GALLBLADDER REMOVAL, IV
FILTER 3/2007

INDICATION:

RT LEG EDEMA, BRONZING, PAINFUL

TECHNOLOGIST NOTES:



Summary of Vascular Findings

Impression/Recommendation:

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

ACCOUNT # 11200
BRUNSON, MD 23911

10/11/1953

NOV 10 2008

PLEASE SEE 4PG HANDWRITTEN H&P

BP	
PULSE	
TEMP	
ALLERGIES	

FEB 11 2009 ONMA

THOMAS, Shirley D. 71003

03/11/2009

Dr. P. Kevin Beach

WALTERBORO OFFICE

Ms. Thomas returns today for follow up of her venous insufficiency. She has a history of deep venous thrombosis and postphlebeitic syndrome as well as stasis dermatitis. She is being treated with compression stockings and still has pain and edema despite stocking use.

PAST MEDICAL HISTORY:

1. Deep venous thrombosis
2. Postphlebeitic syndrome
3. Hypothyroidism
4. Crohn's disease
5. PE
6. Coronary artery disease
7. Arthritis
8. Hypercholesterolemia

PAST SURGICAL HISTORY:

1. Cataract surgery
2. Thyroid surgery
3. LAP CHOLE
4. Cyst removal
5. Hysterectomy

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

FAMILY HISTORY: Positive for cancer and heart disease

MEDICATIONS: Medication list is reviewed.

ALLERGIES: No known drug allergies.

REVIEW OF SYSTEMS: Positive for edema, no ulceration. No chest pain or shortness of breath. All systems, otherwise, negative.

PHYSICAL EXAM: White 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. Both lower extremities are edematous despite stocking use with the stigmata of chronic venous insufficiency bilaterally. Skin is warm and dry without lesions or ulcerations. Neurologic - Nonfocal. Vascular exam - Radial pulses 2+. Femoral pulses 2+. Dorsalis pedis 2+. Posterior tibial 2+.

Section # 7103
03/11/2009

03/11/2009

THOMAS, Shirley D. 71003
03/11/2009

Dr. P. Kevin Beach

WALTERBORO OFFICE
Continued:

DATA: The VNUS protocol ultrasound is reviewed and demonstrates significant venous insufficiency.

IMPRESSION: Venous insufficiency with failed conservative therapy.

PLAN: Right VNUS Closure at a time of her convenience in the near future. P. KEVIN BEACH, M.D./hna

cc Dr. Gretchen Meyer

Log #51
✓

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

March 24, 2009

P. Kevin Beach, M.D.
Coastal Surgical
Vascular & Vein Specialists
1327 Ashley River Rd., Bldg. B
Charleston, SC 29407

Re: Shirley D. Thomas
ID# 5251459201

Dear Dr. Beach:

Thank you for corresponding regarding this patient. I concur that endovenous ablation is certainly clinically indicated in this case. Please attach a copy of this letter to your request for reimbursement so that my SC Department of Health and Human Services [DHHS] staff colleagues can be alerted to pay this claim in a timely manner.

If you have further problems, please call me at 803-255-3400 or 803-898-2580. Thank you for your advocacy regarding this patient and for caring for SC Medicaid beneficiaries.

Sincerely,

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

O. Marion Burton, M.D.
Medical Director