

Nikolai Schlegel
6 ELIZABETH LANE
DANVILLE, CA 94526

3/20/2023

Dear Nikolai Schlegel,

This is a reminder for your upcoming appointment with BASS RESOURCE ULSTECH7.

Date: 3/24/23

Time: 1:45 PM

Department: Bay Area Surgical Specialists

2637 Shadelands Drive

Walnut Creek, CA 94598-2512

Visit Type: ULTRASOUND

Instructions: Bring your insurance card with your photo ID and arrive 15 minutes early for check in process.

If for any reason you are unable to keep this appointment, please contact the office at 925-932-6330 to reschedule.

Sincerely,

Patient Service Specialist for BASS RESOURCE ULSTECH7

Nikolai Schlegel
6 ELIZABETH LANE
DANVILLE, CA 94526

3/20/2023

Dear Nikolai Schlegel,

This is a reminder for your upcoming appointment with RAJIV NAGESETTY, MD.

Date: 3/27/23

Time: 10:15 AM

Department: Bay Area Surgical Specialists

2637 Shadelands Drive

Walnut Creek, CA 94598-2512

Visit Type: Follow Up

Instructions: Bring your insurance card with your photo ID and arrive 15 minutes early for check in process.

If for any reason you are unable to keep this appointment, please contact the office at 925-932-6330 to reschedule.

Sincerely,

Patient Service Specialist for RAJIV NAGESETTY, MD

BAYAREASURGICALSPECIALI
2637 SHADELANDS DR
WALNUT CREEK, CA 94598
925-932-6330

MEDI

COMPRESSION STOCKINGS ORDER FORM

WC ORDER

SALE

Store: 0001

REF#: 00000005

Batch #: 001

RRN: 307917173496

03/20/23

10:36:32

Trans ID: 0320MHOL2RXK

APPR CODE: 173496

MASTERCARD

*****7276

Swiped

/

AMOUNT

\$25.00

APPROVED

TOE TYPE

THANK YOU!

CUSTOMER COPY

	KNEE HIGH	THIGH HIGH	OTHER: _____
DUOMED S M L <u>XL</u> XXL EXTRA-WIDE CALF	DUOMED S M L XL XXL	DUOMED S M L XL XXL	
COMFORT I II III IV V VI VII EXTRA-WIDE CALF	COMFORT I II III IV V VI VII	COMFORT I II III IV V VI VII	
OPEN TOE <u>CLOSED TOE</u>	OPEN TOE CLOSED TOE	OPEN TOE CLOSED TOE	
<u>REGULAR</u> PETITE	REGULAR PETITE	REGULAR PETITE	
COLOR BEIGE <u>BLACK</u> OTHER: _____	BEIGE BLACK OTHER: _____	BEIGE BLACK OTHER: _____	
MmHg 15-20 <u>20-30</u> 30-40	15-20 20-30 30-40	15-20 20-30 30-40	
UNIT PRICE	\$ <u>25</u>	\$ _____	\$ _____

PATIENT NAME: Nikolai, Schlegel

MRN: 9/30 11970

PHONE: 858-412-0576

PHYSICIAN: Dr. Vagaretty

DATE: 3/20/23

METHOD OF PAYMENT: CASH VISA MC CHECK

TOTAL QTY: 1 **MAIL ORDERS _____

TOTAL: \$ 25

MEASUREMENTS:

CALF: 43 1/2 cm

ANKLE: 28 1/2 cm

THIGH: _____

KNEE LENGTH 46 cm

THIGH LENGTH _____

MA NAME: Vanessa

☐ MEASUREMENTS ONLY

** Mailing/dropship fee is \$6.50

Updated 1/16/23

PAID
3/20/2023
SCH

Bay Area Surgical Specialists
No information on file.
925-932-6330

Guarantor Name: Nikolai Schlegel
Guarantor Account #: 331693
Patient Name: Nikolai Schlegel
Patient MRN: 21852177

Payment Date: 3/20/23
Receipt Given By: Shirleen
Receipt #: 3461847



NEW VASCULAR Visit at Bay Area Surgical Specialists
Seen by Rajiv Nagesetty, MD

Pre-Payment

\$25.00

Total Paid

\$25.00



Payment Methods

Credit Card - Ref number: 173496

\$25.00

Comment: Compression stockings x1/Nagesetty

Please keep this receipt for your records.