

6286 Briarcrest Ave, Ste 300
Memphis, TN 38120
FAX 901.531.7199



**VASCULAR
INTERVENTIONAL
PHYSICIANS**

John Beason, M.D.
Aron Cherry, M.D.
David Cohen, M.D.
Henry Dabbs, M.D.
W. Woodruff, M.D.
Katrina Gates, ACNP
Tyron Stone, FNP-C
Jenna Seeger, FNP-C

55 Physician's Lane
Southaven, MS 38671
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901.747.1007

A Division of MidSouth Imaging & Therapeutics, P.A.

www.vipphysiciansmemphis.com

6286 Briarcrest Ave, Ste 300
Memphis, TN 38120

Phone # (901) 747-1007 (Opt 2)

Fax # (901) 531-7199

CONFIDENTIAL TRANSMITTAL

TO: Orthosouth referral fax

FROM: Pam Pena

DATE: 05/28/2025

FAX #: 9012597616

RE: Sara Smith 09/13/1967

New Referral: RE: evaluation and treatment for sciatica

**PLEASE DELIVER IMMEDIATELY. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE NOTIFY US
AT (901) 747-1007 (Opt 2)**

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NEW PATIENT VISIT

Location: Southaven

PATIENT: Sara Smith

DOB: 09/13/1967
REFERRAL: Self Referral
PRIMARY CARE: Ellena Henderson
DATE OF SERVICE: 05/28/2025

Chief Complaint: RFA Consultation

HISTORY OF PRESENT ILLNESS: 57 year old Female with history of RLE sharp shooting pain that radiates down her leg, worse when she bears weight and stands on that leg. She also has long standing history of bilateral lower extremity swelling, aching, throbbing, numbness and tingling. She has been wearing compression stockings (>3 months). No history of DVT or wounds. The symptoms affect her daily and interfere with daily activities and work.

ALLERGIES:

.Penicillins: all cillins

Sulfur

Codeine

BIAXIN

CURRENT MEDICATIONS:

Diclofenac Sodium 75mg Delayed-Release Tablet,
Sig: Take 1 Tablet by mouth daily, Qty: 0 Tablet, Ref:
0
Jardiance 10mg Tablet, Sig: Take 1 Tablet by mouth
daily, Qty: 0 Tablet, Ref: 0
Meloxicam 15mg Tablet, Sig: Take 1 Tablet by
mouth daily, Qty: 0 Tablet, Ref: 0
Rosuvastatin Calcium 10mg Tablet, Sig: Take 1
Tablet by mouth once daily, Qty: 0 Tablet, Ref: 0
Triamterene 100mg Capsule, Sig: Take 1 Capsule by
mouth as needed, Qty: 0 Capsule, Ref: 0
Vitamin D 1.25mg (50,000 Units) Capsule, Sig: Take

1 Capsule by mouth once weekly, Qty: 0 Capsule,
Ref: 0

IMPLANTS:

.No Implants

PAST MEDICAL HISTORY:

.Anemia
.Asthma
Subcutaneous mass: of abdominal wall
Osteoporosis
Malignant neoplasm: of breast

History of mammography, screening
Sciatica

MAJOR HOSPITALIZATIONS/SURGERIES:
Sclerotherapy: 07-17-2020
Sclerotherapy: 04-30-2020

SOCIAL HISTORY:
.Education: Grammar
Drug Use - Denies

Employment: Full Time
Exercise-None
Marital Status: Married
Tobacco - Never
Travel - no recent foreign travel
Alcohol - Denies

FAMILY MEDICAL HISTORY:
No Sig Family Medical History

REVIEW OF SYSTEMS: Excessive weight gain
Easily fatigued
Varicose veins
Bruises easily
Glasses
Dentures
Asthma
Swelling of hands and/or legs or feet
Pain in legs after walking
Decrease in muscle strength
Joint pain
Low back pain
Sleep disturbances

PHYSICAL EXAMINATION

VITAL SIGNS:	Height	5'4"
	Weight	231.2
	BP	128 / 73
	Temperature	97.3
	Pulse	57
	Respirations	18

CONSTITUTIONAL: Well developed, well-nourished Female

SKIN: No cyanosis, clubbing. 1+ edema bilateral lower legs.

PSYCHIATRIC: Alert and oriented x3, mood and affect are normal.

TESTS: In office ultrasound shows no DVT. There is significant superficial venous insufficiency of bilateral GSV with enlarged superficial venous varicosities.

ASSESSMENT: 57 year old patient with history of superficial venous reflux and probable RLE sciatica.

PLAN: I reviewed the ultrasound results and the clinical symptoms with the patient. She likely has RLE sciatica which we will have her get a referral to ortho for workup and treatment. She would also benefit from:

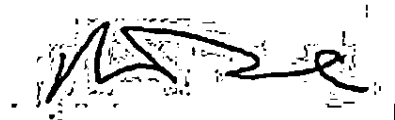
1. Right GSV RFA, Varithena sclerotherapy

2. Left GSV RFA, Varithena sclerotherapy

I discussed the risks, benefits and alternatives to the procedure. Her questions were answered. We will proceed with the procedure at the earliest convenience and she is agreeable to the plan.

In an effort to reduce exposure during the PUBLIC HEALTH EMERGENCY, additional precautions were taken prior to and during the patient's visit. Additional materials were used, time spent screening, use of masks and additional sanitizing.

Thank you very much for allowing Vascular Interventional Physicians to participate in the care of your patient.



' Henry Dalsania MD'. 05/28/2025 10:37:00 AM (hdalsania)

Vascular Interventional Physicians
(901) 747-1007
05/28/2025

Transaction ID 75779843196 Transaction Time May 28, 8:28 AM Customer ID 737460

Feedback

Current Plan Effective Date:

Apr 1, 2023 - Dec 31, 2199

Relationship to Subscriber:

Spouse

Member ID:

QM1907724471

Subscriber:

PATRICK, GREGORY A

Group Number:

130447

Group Name:

CITY OF MEMPHIS

Plan Begin Date:

Jan 1, 2025

OTHER BLUE PLANS-TN LOGO

Payer: OTHER BLUE PLANS-TN

Other or Additional Payer Information

Submitting Date:

Payer:

(NO OTHER INSURANCE

Group of Policy Number:

NOT PROVIDED

COB Date:

Jan 30, 2025

Provider Information

Requesting Provider:

Name: Mid South Imaging Vascular
Interventional Physicians

Category: Requesting Provider

NPI: 1144482896

FILTER BY NETWORK

Out of Network

In Network

All Networks

Plan Maximums and Deductibles

Health Benefit Plan Coverage: 30

Insurance Type:

Preferred Provider Organization (PPO)

Plan / Product: BLUE NETWORK S

Coverage Level: Family

FUNDING TYPE = COMMERCIAL

(Information / Details)

Individual

Family

Annual Deductible

\$1,500 / Calendar Year(s)
\$138.82 Year to Date

\$1,383.18 Remaining

\$3,000 / Calendar Year(s)
\$1,190.32 Year to Date

\$1,809.68 Remaining

Out Of Pocket

\$1,000 / Calendar Year(s)
\$0 Year to Date

\$3,000 Remaining

\$8,000 / Calendar Year(s)
\$0 Year to Date

\$8,000 Remaining

Annual Maximum

\$5,000 / Calendar Year(s)
\$492.82 Year to Date

\$4,507.18 Remaining

\$10,000 / Calendar Year(s)
\$2,404.38 Year to Date

\$7,595.62 Remaining

Out Of Pocket

\$10,000 / Calendar Year(s)
\$0 Year to Date

\$10,000 Remaining

\$20,000 / Calendar Year(s)
\$0 Year to Date

\$20,000 Remaining

Benefit Information

Expand

Professional (Physician) Visit - Office - 98

Place of Service: Office

SEE 88 - PHARMACY FOR PHYSICIAN-ADMINISTERED PHARMACY

BENEFITS

NOT SUBJECT TO DEDUCTIBLE

Place of Service: Office

SPECIALIST

NOT SUBJECT TO DEDUCTIBLE

Place of Service: Office

SPECIALIST

Place of Service: Office

SPECIALIST

SEE 88 - PHARMACY FOR PHYSICIAN-ADMINISTERED PHARMACY

BENEFITS

Information / Details

Co-Insurance

Co-Payment

Benefit Deductible

Limitations

Authorization

As Written

Place of Service: Office

Coverage Level: Individual

SPECIALIST

0% / Visit(s)
0% / Visit(s)
1 Visit(s) Not
Exceeded(\$0) / Visit(s)
1 Visit(s) Not
ExceededRefer to Health
Benefit Plan
Coverage

As Written

Place of Service: Office

Coverage Level: Individual

SEE 88 - PHARMACY FOR PHYSICIAN-ADMINISTERED
PHARMACY BENEFITS

0% / Visit(s)

(\$15) / Visit(s)
1 Visit(s) Not
ExceededRefer to Health
Benefit Plan
Coverage

As Written

Place of Service: Office

Coverage Level: Individual

SPECIALIST

(\$0) / Visit(s)

Refer to Health
Benefit Plan
Coverage

As Written

Place of Service: Office

Coverage Level: Individual

SEE 88 - PHARMACY FOR PHYSICIAN-ADMINISTERED
PHARMACY BENEFITS

(\$0) / Visit(s)

Refer to Health
Benefit Plan
Coverage

As Written

Place of Service: Office

Coverage Level: Individual

SPECIALIST

80% / Visit(s)

Refer to Health
Benefit Plan
Coverage

As Written

Place of Service: Office

Coverage Level: Individual

SEE 88 - PHARMACY FOR PHYSICIAN-ADMINISTERED
PHARMACY BENEFITS

50% / Visit(s)

Refer to Health
Benefit Plan
Coverage

Exclusions

EXCLUSIONS: ROUTINE FOOT CARE FOR THE TREATMENT OF FLAT
FEET, CORNS, BUNIONS, CALLUSES, TOENAILS, FALLEN ARCHES,
AND WEAK FEET OR CHRONIC FOOT STRAIN, TRAVEL,
IMMUNIZATIONS NOT RECEIVED THROUGH YOUR PHARMACY
BENEFIT.

Benefit Disclaimer

UNLESS OTHERWISE REQUIRED BY STATE LAW THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND
THE MEMBER'S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLE MAY CHANGE AS ADDITIONAL CLAIMS ARE
PROCESSED.