



california
VEIN & LASER
center

Paul R. Montague, M.D., FAAFP

Board Certified
American Board of Venous & Lymphatic Medicine
American Board of Family Medicine
Practice Limited to Venous Disorders

7335 N. First St., Suite 103
Fresno, CA 93720
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FAX (559) 438-1290
www.californiavein.net

Fax

To: Dr. Jaime Schwartz

From: RACHEL V.

Fax: (310) 747-5908

Date: 11/10/23

Phone:

Pages: 12

Re: records requested

CC:

☐ Urgent

☒ For Review

☐ Please Comment

☐ Please Reply

☐ Please Recycle

•Comments:

THIS FAX LINE IS USED TO SEND AND RECEIVE PATIENT PRIVATE HEALTH INFORMATION. IT MEETS ALL FEDERAL GUIDELINES AND IS A SECURE LINE.

THE FOLLOWING MATERIAL IS STRICTLY CONFIDENTIAL. ALL PERSONS ARE ADVISED THAT THEY MAY BE PROSECUTED UNDER FEDERAL AND STATE LAW FOR SHARING THIS INFORMATION WITH UNAUTHORIZED INDIVIDUALS.



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REQUEST FOR RELEASE OF MEDICAL INFORMATION

PATIENT NAME: Elaine Hill
ADDRESS: 5733 W. Tempe Ave.
CITY: Visalia STATE: CA ZIP: 93277
DATE OF BIRTH: 7/01/76 PHONE: _____
I hereby authorize Dr. P. Montague

to provide copies of my medical record to: Dr. Jaime Schwartz
ADDRESS: 240 S. La Cienega Blvd. Beverly Hills
CA 90211 Ph. # _____ FAX # (310) 747-5908
DATE OF TREATMENT: From: 2016 To: Present
Mail record: Fax: 310-747-5908

PURPOSE OF DISCLOSURE:

☒ MEDICAL CARE ☐ PERSONAL

SIGNATURE: Elaine Hill DATE: 11/6/23
WITNESS: _____

* They asked to please send consultation notes; procedure notes, invoice from compression stockings purchased.

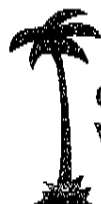
Thank you

11/09/23

PATIENT FINANCIAL HISTORY BY DT SERVICE
CALIFORNIA VEIN & LASER CENTER
Accounts 12971 - 12971 All Dates

Page 1

Acct	Date	Dep #	Name	Dr#	Procedure	Ref Dt	Diag	Units	Amount		
12971			HILL, ELAINE		Previous Balance :				0.00		
	06/30/16	0	HILL, ELAINE	1	99203		NP DETAILED OV/DETAI	187.2	1.00	125.00	
	06/30/16	0	HILL, ELAINE	1	93965		AUDITORY DOPPLER	187.2	1.00	150.00	
	07/15/16		Check Payment	2385			Ins #2	07/15/16		-69.15	
	07/15/16		Adjustment (1)	2385			General Adjustment	07/15/16		-25.85	
	07/15/16		Adjustment (1)				General Adjustment	07/15/16		-38.47	
	07/26/16		Other Payment	cc			Patient	07/26/16		-141.53	
	08/16/16	0	HILL, ELAINE	1	93970		ULTRASOUND	187.2	1.00	450.00	
	08/16/16	0	HILL, ELAINE	1	99212		OFFICE VISIT BRIEF	187.2	1.00	50.00	
	09/02/16		Check Payment	6349			Ins #2	09/02/16		-188.41	
	09/02/16		Adjustment (1)	6349			General Adjustment	09/02/16		-233.93	
	09/02/16		Adjustment (1)	6349			General Adjustment	09/02/16		-4.45	
	09/13/16	0	HILL, ELAINE	1	36478		ENDOVENOUS ABLATION	187.2	1.00	2500.00	
	09/13/16		Other Payment	cc			Patient	09/13/16		-73.21	
	09/22/16	0	HILL, ELAINE	1	36468		V V SP	187.2	1.00	350.00	
	09/22/16	0	HILL, ELAINE	1	a4990		SURGICAL HOSTERY	187.2	1.00	42.00	
	09/22/16		Other Payment	cc			Patient	09/22/16		-392.00	
	09/23/16		Check Payment	8087			Ins #2	09/23/16		-1620.87	
	09/23/16		Adjustment (1)	8087			General Adjustment	09/23/16		-879.13	
	10/05/16	0	HILL, ELAINE	1	36468		V V SP	187.2	1.00	290.00	
	10/05/16	0	HILL, ELAINE	1	93970		ULTRASOUND	187.2	1.00	0.00	
	10/05/16		Other Payment	cc			Patient	10/05/16		-290.00	
	10/05/16	0	HILL, ELAINE	1	93970		ULTRASOUND	187.2	1.00	450.00	
	10/05/16	0	HILL, ELAINE	1	99212		OFFICE VISIT BRIEF	187.2	1.00	50.00	
	10/26/16		Check Payment	0492			Ins #2	10/26/16		-188.41	
	10/26/16		Adjustment (1)	0492			General Adjustment	10/26/16		-233.93	
	10/26/16		Adjustment (1)	0492			General Adjustment	10/26/16		-4.45	
	10/31/16		Adjustment (2)				General Write-Off	10/31/16		-43.21	
	10/31/16		Adjustment (2)				General Write-Off	10/31/16		-30.00	
TOTALS FOR ACCOUNT 12971				PAYMENTS :	2963.58	ADJUSTS :	1493.42	CHARGES :	4457.00	11.00	0.00
				REFUNDS:	0.00						
					2963.58		1493.42		4457.00		0.00



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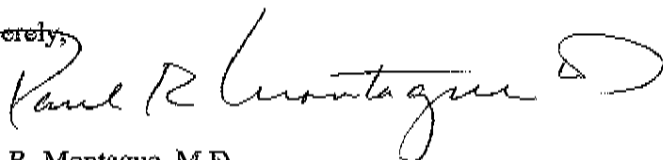
August 16, 2016

To Whom It May Concern:

Re: Elaine Hill

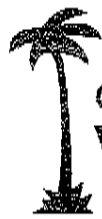
Elaine Hill was evaluated today by color flow duplex ultrasound with our vascular technician. Elaine was found to have an 8 mm incompetent left great saphenous vein. There are incompetent 8 mm left thigh and calf branch veins. Elaine can be scheduled for closure of this incompetent left GSV by endovenous laser treatment (EVLT). She will continue her compression stockings through treatment.

Sincerely,

A handwritten signature in cursive script that reads "Paul R. Montague" followed by a small circular flourish.

Paul R. Montague, M.D.

PRM/mlb



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June 30, 2016

To Whom It May Concern:

Re: Elaine Hill

I have today evaluated Elaine Hill for symptomatic varicose veins. Elaine describes progressive left leg symptoms of venous congestion that worsen with standing and have been incompletely relieved with compression stockings. She also complains of itching on the left. Elaine had sclerotherapy performed elsewhere in 2008 which she states did not help.

On examination Elaine has 5 – 7 mm bulging varicosities on the left. There are bilateral 2 – 3 mm reticular veins and scattered bilateral spider veins. Areas of linear hemosiderin pigmentation are present following varicosities and she has developed stasis dermatitis skin changes on the left. There is 1+ pre-tibial edema on the left as well. On auditory Doppler examination Elaine's proximal left great saphenous vein appears to be incompetent at the sapheno-femoral junction. This can be further defined by color flow duplex ultrasound which will be scheduled with our vascular technician. If indicated Elaine's left GSV could then be scheduled for closure by endovenous laser treatment (EVLT) The option of radiofrequency ablation (VNUS Closure) was also reviewed. Her reticular and spider veins could then be treated at a later date however Elaine is not concerned with cosmesis at this time. I discussed with Elaine that areas of linear staining may take six to twelve months to exfoliate and fade but that her stasis dermatitis and secondary itching should completely resolve with treatment. Elaine will continue her compression stockings through duplex ultrasound evaluation and treatment.

Sincerely,

Paul R. Montague, M.D.

PRM/mlb

VENOUS DUPLEX ULTRASOUND EXAMINATION

ELAINE HILL-12971

EQUIPMENT:

VASCULAR TECHNICIAN:

10/05/16

SIEMENS G-40

REX PHAM, RVT

With the patient standing, using proximal and distal compression and release maneuvers, valsalva, and compression with the ultrasound probe, a bilateral duplex Doppler examination of the deep and superficial venous system was performed.

FINDINGS:**DEEP VENOUS SYSTEM:**

The common femoral, femoral and popliteal veins are patent bilaterally with normal spontaneous flow that varies with respiration. There is no evidence of venous thrombosis or occlusion. There is no evidence of deep venous valvular insufficiency.

SUPERFICIAL VENOUS SYSTEM:

The **great** saphenous vein in the **right** leg is **2 mm** in the proximal thigh at the sapheno-femoral junction, **2 mm** in the medial thigh and **2 mm** in the distal thigh. There is **no** reflux due to valvular insufficiency in the proximal thigh at the sapheno-femoral junction. Incompetent **perforating** veins **are not** demonstrated.

The **great** saphenous vein in the **left** leg is **closed and 6 mm** in the proximal thigh at the sapheno-femoral junction, **closed 6 mm** in the medial thigh and **closed 6 mm** in the distal thigh. There is **no** reflux due to valvular insufficiency in the proximal thigh at the sapheno-femoral junction. Incompetent **perforating** veins **are not** demonstrated. There are **closed 6 mm** thigh and calf branch veins.

The **small** saphenous vein in the **right** leg is **2 mm** in diameter in the proximal calf at the sapheno-popliteal junction and **2 mm** in the distal calf. There is **no** reflux due to valvular insufficiency in the proximal calf at the sapheno-popliteal junction.

The **small** saphenous vein in the **left** leg is **2 mm** in diameter in the proximal calf at the sapheno-popliteal junction and **2 mm** in the distal calf. There is **no** reflux due to valvular insufficiency in the proximal calf at the sapheno-popliteal junction.



Paul R. Montague, M.D.

ENDOVENOUS LASER OPERATIVE REPORT

ELAINE HILL-12971

Physician: Paul R. Montague, M.D. Technician: Rex Pham, RVT

Date of Procedure: 09/13/16

Procedure: Transcatheter Ultrasound Guided Endovenous Laser Occlusion, Left Great Saphenous vein

Diagnosis: Varicose Veins

Technique: The risks, benefits, and alternatives of the procedure were discussed with the patient and informed consent was obtained. Duplex ultrasound evaluation of the superficial venous system of the lower extremity was performed. The patient was placed in the supine position and the leg was prepped and draped in the usual sterile fashion. Following administration of local anesthesia (0.5% Lidocaine), the vein was punctured with a 19-gauge needle under ultrasound guidance. A 0.035" diameter guidewire was placed into the vein and the needle was exchanged for a 5 French, 25 cm long introducer sheath. Intravenous position was confirmed by aspiration of non-pulsatile venous blood and with ultrasound visualization. The guidewire was removed and a 600-micron sterile laser optic fiber was inserted into the vein via the sheath. The laser fiber tip was positioned 1-2 cm below the deep vein junction using ultrasound guidance. Laser tip position was confirmed with direct visualization of the red aiming beam. Perivenous local anesthesia was achieved by administering 0.5% Lidocaine along the course of the great saphenous vein. The legs were elevated and laser tip position was again confirmed. Vein emptying was facilitated by manual compression, and 810nm diode laser energy was delivered endovenously as the sheath and laser fiber were slowly withdrawn. The laser fiber and sheath were removed and hemostasis was obtained. A compression bandage was applied and the post-procedure instructions were reviewed with the patient.

Findings: Duplex ultrasound evaluation, including pulsed-wave and color Doppler interrogation, reveals incompetence of the Left Saphenofemoral junction. The Left Great Saphenous vein is enlarged in its entire course, measuring 8 mm in transverse dimension, 2 cm below the saphenofemoral junction. Enlarged tributaries demonstrating reflux are noted. The vein was treated from 1-2 cm to approximately 30 cm below the deep vein junction using the following laser parameters. 14watts continuous. Total energy was 1240 joules. Ultrasound re-evaluation revealed the Left Great Saphenous vein to be closed. The common femoral vein was identified and was normal. The patient tolerated the procedure well and no immediate complications were noted.

Impression:

1. Left Saphenofemoral junction incompetence with enlarged Left Great Saphenous vein demonstrating reflux.
2. Multiple enlarged lower extremity branch varices.
3. Successful transcatheter ultrasound-guided endovenous laser treatment of the incompetent vein as described above.

- Plan:**
1. 20-30 mm Hg compression stockings were fitted and are to be worn for 2 weeks.
 2. Post-procedure instructions were reviewed.
 3. Duplex Ultrasound follow-up in 2-3 weeks.
 4. Ibuprofen 200 mg #2 po TID pc x 5 days.
 5. Follow-up in 2 weeks.



Paul R. Montague, M. D.

VENOUS DUPLEX ULTRASOUND EXAMINATION

ELAINE HILL-12971

EQUIPMENT:

VASCULAR TECHNICIAN:

09/13/16

SIEMENS G-40

REX PHAM, RVT

With the patient standing, using proximal and distal compression and release maneuvers, valsalva, and compression with the ultrasound probe, a bilateral duplex Doppler examination of the deep and superficial venous system was performed.

FINDINGS:**DEEP VENOUS SYSTEM:**

The common femoral, femoral and popliteal veins are patent bilaterally with normal spontaneous flow that varies with respiration. There is no evidence of venous thrombosis or occlusion. There is no evidence of deep venous valvular insufficiency.

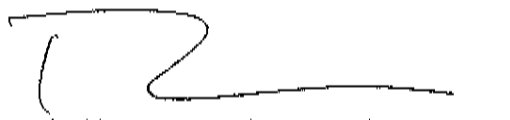
SUPERFICIAL VENOUS SYSTEM:

The **great** saphenous vein in the **right** leg is **2 mm** in the proximal thigh at the sapheno-femoral junction, **2 mm** in the medial thigh and **2 mm** in the distal thigh. There is **no** reflux due to valvular insufficiency in the proximal thigh at the sapheno-femoral junction. Incompetent **perforating** veins **are not** demonstrated.

The **great** saphenous vein in the **left** leg is **8 mm** in the proximal thigh at the sapheno-femoral junction, **7 mm** in the medial thigh and **6 mm** in the distal thigh. There is reflux due to valvular insufficiency in the proximal thigh at the sapheno-femoral junction. The reflux in the proximal thigh at the sapheno-femoral junction lasted for **5 seconds** and feeds directly into the visible varicosities in the lower leg. Incompetent **perforating** veins **are not** demonstrated. There are incompetent **7 mm** thigh and calf branch veins.

The **small** saphenous vein in the **right** leg is **2 mm** in diameter in the proximal calf at the sapheno-popliteal junction and **2 mm** in the distal calf. There is **no** reflux due to valvular insufficiency in the proximal calf at the sapheno-popliteal junction.

The **small** saphenous vein in the **left** leg is **2 mm** in diameter in the proximal calf at the sapheno-popliteal junction and **2 mm** in the distal calf. There is **no** reflux due to valvular insufficiency in the proximal calf at the sapheno-popliteal junction.


Paul R. Montague, M.D.

VENOUS DUPLEX ULTRASOUND EXAMINATION

ELAINE HILL-12971

EQUIPMENT:

VASCULAR TECHNICIAN:

08/16/16

SIEMENS G-40

REX PHAM, RVT

With the patient standing, using proximal and distal compression and release maneuvers, valsalva, and compression with the ultrasound probe, a bilateral duplex Doppler examination of the deep and superficial venous system was performed.

FINDINGS:**DEEP VENOUS SYSTEM:**

The common femoral, femoral and popliteal veins are patent bilaterally with normal spontaneous flow that varies with respiration. There is no evidence of venous thrombosis or occlusion. There is no evidence of deep venous valvular insufficiency.

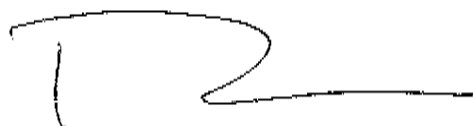
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The **great** saphenous vein in the **left** leg is **8 mm** in the proximal thigh at the sapheno-femoral junction, **7 mm** in the medial thigh and **6 mm** in the distal thigh. There is reflux due to valvular insufficiency in the proximal thigh at the sapheno-femoral junction. The reflux in the proximal thigh at the sapheno-femoral junction lasted for **5 seconds** and feeds directly into the visible varicosities in the lower leg. Incompetent **perforating** veins **are not** demonstrated. There are incompetent **8 mm** thigh and calf branch veins.

The **small** saphenous vein in the **right** leg is **2 mm** in diameter in the proximal calf at the sapheno-popliteal junction and **2 mm** in the distal calf. There is **no** reflux due to valvular insufficiency in the proximal calf at the sapheno-popliteal junction.

The **small** saphenous vein in the **left** leg is **2 mm** in diameter in the proximal calf at the sapheno-popliteal junction and **2 mm** in the distal calf. There is **no** reflux due to valvular insufficiency in the proximal calf at the sapheno-popliteal junction.



Paul R. Montague, M.D.

CONSULTATION

ELAINE HILL

06/30/16

Name: _____ Date: _____
Hx: 40 progressive @ leg by of venous congestion the
↑ standing / prolonged sitting / driving - Ex 1-2 periods
relaxation for relief - incomplete & stocking relief
Prev. Tx: '08 sclero Tx (⊖ help - in hoodisto) x yr + also
PM Hx: see chart 40 itching

ANTERIOR

POSTERIOR

Measurements:

Thigh (R/L) _____ / _____

Calf (R/L) _____ / _____

Ankle (R/L) _____ / _____

Compression
Stockings:

Knee High _____ mmHg

Thigh High _____ mmHg

Chap _____ mmHg

Pantyhose 20-30 mmHg

Comments:

Comments: - status drum / 2^o itch should resolve w/ Tx
- linear HSP may take 6-12 mos to
exfoliate & fade
Dx/DUS → T EVLT (T Retention) Dx/DUS

- ☒ The option of compression hose, elevation, walking & wt loss was reviewed
☒ All risks, complications, alternatives and potential benefits were explained
☒ Informational video viewed by patient ☒ Letter Dictated

KEY:
GSV = GREAT SAPHENOUS VEIN
SSV = SMALL SAPHENOUS VEIN
EVLT = ENDOVENOUS LASER TREATMENT
RFA = RADIO-FREQUENCY ABLATION
UGS = ULTRASOUND GUIDED SCLEROTHERAPY

LDS = LIPODERMATOSCLEROSIS
HSP = HEMOSIDERIN PIGMENTATION
TM = TELANGIECTATIC MATTING
NSA = NO SIGNIFICANT ABNORMALITY
PTE = PRE TIBIAL EDEMA

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Fresno, CA 93720

CA. JORNIA VEIN & LASER CENTER
Paul R. Montague, M.D., FAAFP

MEDICAL HISTORY

Name: Elaine Hill Date: 6/22 Age: 39 Hgt: 5 ft 1 in Wgt: 120 lbs

1. Do you have family members with vein problems? mom and dad
2. Is one of your legs worse than the other? right (left) same
3. Do some areas bother you more? Where? outer and back
4. How do the veins bother you?
- | | | | | |
|---------------------|--------------|-------------|--------------------------------------|-------------|
| aches/discomfort | <u>(yes)</u> | no | 5. Have you ever had these problems? | YEAR |
| leg fatigue | <u>(yes)</u> | no | clots in legs (phlebitis) yes | <u>(no)</u> |
| heaviness | <u>(yes)</u> | no | cellulitis legs (infection) yes | <u>(no)</u> |
| localized pain | yes | <u>(no)</u> | deep vein thrombosis yes | <u>(no)</u> |
| congestion/pressure | yes | <u>(no)</u> | clots in lungs (embolus) yes | <u>(no)</u> |
| swelling | yes | <u>(no)</u> | leg/ankle ulcers yes | <u>(no)</u> |
| itching | <u>(yes)</u> | no | ultrasound (legs) yes | <u>(no)</u> |
| bleeding | yes | <u>(no)</u> | taken blood thinners yes | <u>(no)</u> |
| appearance | yes | <u>(no)</u> | lymph gland problems yes | <u>(no)</u> |
| cramping | <u>(yes)</u> | no | | |

5. List all significant illnesses: None
6. List operations/hospitalizations: C-section

7. Do you or have you ever had the following?
- | | | | | | |
|--|--------------|-------------|-------------------------------|-----|-------------|
| Diabetes | yes | <u>(no)</u> | Cancer | yes | <u>(no)</u> |
| Thyroid disease | yes | <u>(no)</u> | Arthritis | yes | <u>(no)</u> |
| High blood pressure | yes | <u>(no)</u> | Autoimmune disease (ie lupus) | yes | <u>(no)</u> |
| Heart disease or attack | yes | <u>(no)</u> | Migraine headaches | yes | <u>(no)</u> |
| Jaundice or Hepatitis | yes | <u>(no)</u> | Current shortness of breath | yes | <u>(no)</u> |
| Weight change of 10 lbs in last 6 mo's | yes | <u>(no)</u> | Current chest pain | yes | <u>(no)</u> |
| Easy bruising or free bleeding | <u>(yes)</u> | no | | | |
| Peripheral arterial disease (PAD) | yes | <u>(no)</u> | | | |
| Skin discoloration with injuries | yes | <u>(no)</u> | | | |
| Active leg ulceration | yes | <u>(no)</u> | | | |
| Leg pain caused by walking | <u>(yes)</u> | no | | | |
| Major injury in your legs | yes | <u>(no)</u> | | | |

8. Women only
- Number of pregnancies: 2 Number of deliveries: 2 Dates: 8/27/06 12/13/07
- Are you pregnant? yes (no) Are you breast feeding? yes (no)
- List hormones you have taken (including birth control pills) and dates of usage: birth control 1995-2005
9. List current medications and dosages: Herbs and tinctures for hormones and cortisol
10. List all allergies to medications: None
11. Have you ever smoked? yes (no) How much? _____ How long? _____ Still smoking? yes no

✓