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Vascular Surgery Progress Notes

Patient: _____

Date: _____

S:

POD# _____

Duplex: DVT/ No DVT

980/ RF Rt Lt

	980/ RF	Rt	Lt
GSV			
AASV			
SV Remn			
SSV			
UGS			
Other			

O:

- A:** Chronic Venous Insufficiency
 Leg Pain; venous Etiology
 Varicose Vein (Right/ Left)
 Leg Ulcer: Active/ Healed
 Telangiectatic Leg Veins (Right/ Left) Symptomatic Asymptomatic
 Edema
 Other: _____

P: Duplex Ultrasound Rt / Lt / Bilateral: (venous/ arterial) _____

Surgery

Procedure:

Sclerotherapy/ Cutaneous Laser

1. _____

Medical Compression Stockings

2. _____

Other: _____

3. _____

4. _____

Thank You,

Julian J. Javier, MD FACC, FSCAI, FCCP