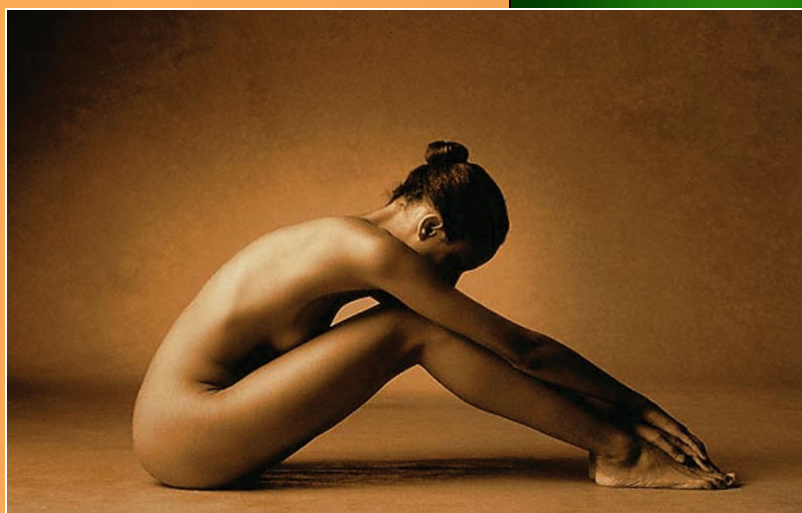




*Welcome To
Crown Medical*



The experience you can trust

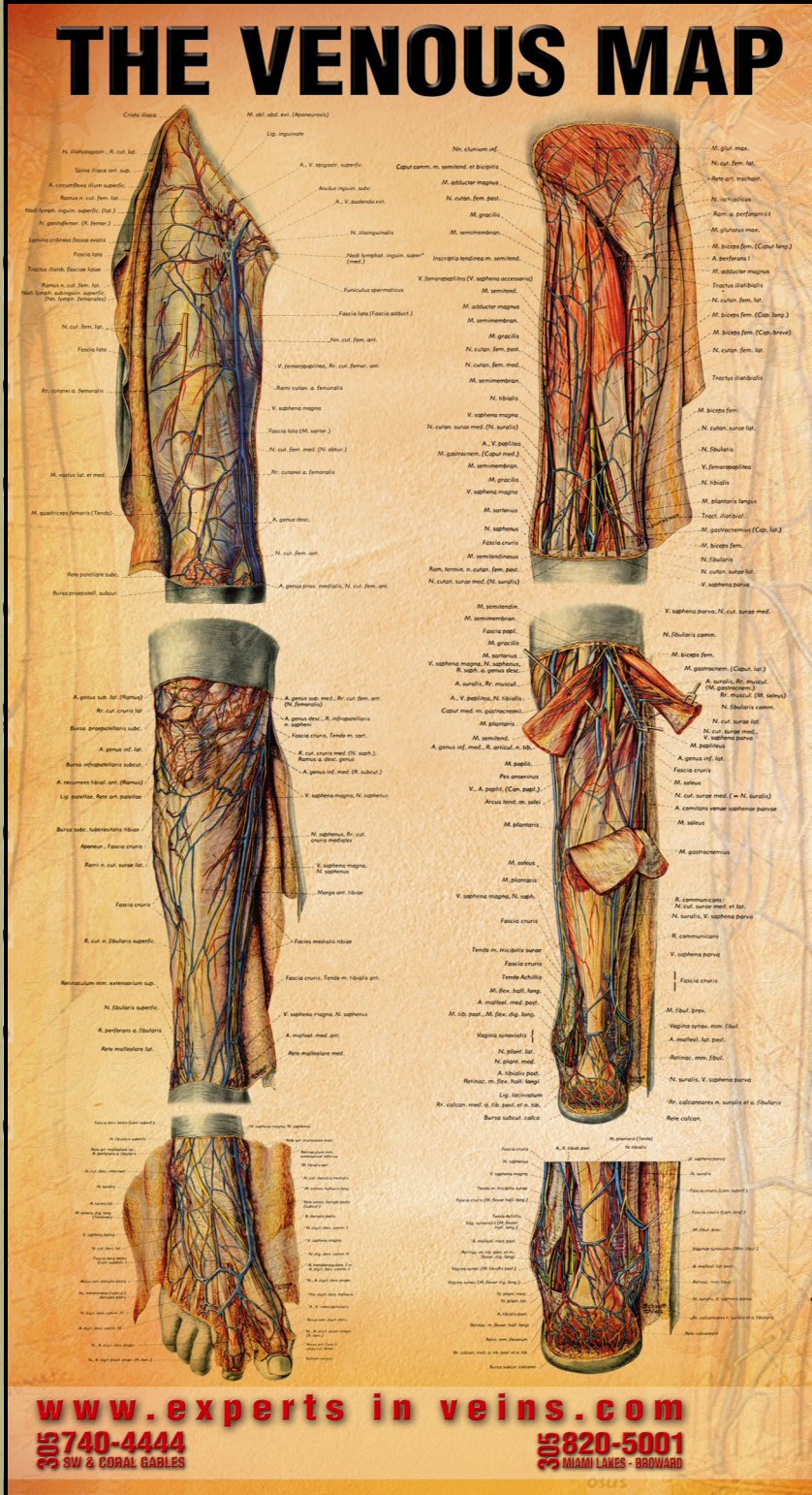
[www. Crown Medical Center .com](http://www.CrownMedicalCenter.com)

1

WHAT AREAS DO YOU HAVE AFFECTED ?

Name : _____ Age : _____ Sex : _____ Phone No : _____

Please mark with an X which areas you have affected, also write the number of veins affected in each. If you do not have any varicose vein in a particular area , please put a zero in that square.



		FRONT			
		RIGHT	LEFT		
1					2
3					4
5					6
7					8
9					10

		BACK			
		LEFT	RIGHT		
11					12
13					14
15					16
17					18
19					20

2 WHAT STAGE ARE YOUR VARICOSE VEINS IN ?

Name : _____ Age : _____ Sex : _____ Phone No : _____

Based on the following photos, compare it to your varicose veins and mark in the corresponding photo which type you have. Remember you could have different types.

Level A	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5		
							
	[] Yes, Qty: _____	[] Yes, Qty: _____	[] Yes, Qty: _____	[] Yes, Qty: _____	[] Yes, Qty: _____		
	Level B	Grade 6	Grade 7	Grade 8	Grade 9		Grade 10
							
[] Yes, Qty: _____		[] Yes, Qty: _____	[] Yes, Qty: _____	[] Yes, Qty: _____	[] Yes, Qty: _____		
Level C		Grade 11	Grade 12	Grade 13	Grade 14	Grade 15	
							
	[] Yes, Qty: _____	[] Yes, Qty: _____	[] Yes, Qty: _____	[] Yes, Qty: _____	[] Yes, Qty: _____		
	Level D						
		[] Yes, Qty: _____	[] Yes, Qty: _____	[] Yes, Qty: _____	[] Yes, Qty: _____	[] Yes, Qty: _____	

3 MEDICAL QUESTIONNAIRE

1.- How long have you had varicose veins ? Number of Years : _____
2.- Does any other family member have varicose veins ? [] Yes , No [] Who : _____
3.- Have you had treatment before ? [] Yes , No [] Where : _____
4.- Have you ever developed an ulcer on your legs ? [] Yes , No [] When : _____
5.- Have you ever had a thrombus in your legs ? [] Yes , No [] When : _____
6.- During your menstrual cycle, do the varicose hurt more ? [] Yes, No [] No [] : _____
7.- What type of symptoms do you have ? : _____ Ex: Pain in leg, Cramps at night, etc.
8.- Do you notice any color change in your skin, in or around the affected area [] Yes, No [] Explain : _____
9.- Do you notice that your varicose veins are bulging, popping out more [] Yes , No [] Explain : _____
10.- Do you notice that your feet get some inflammation at the end of the day ? [] Yes, No [] How big is it : _____
11.- Please describe any and all other symptoms and condition that you think are important for us to consider as part of your varicose veins evaluation
PATIENT NAME : _____ PHONE No.: _____ Date : _____ DOB: _____ Sign : _____

4 WHAT SIZE ARE THEY ?

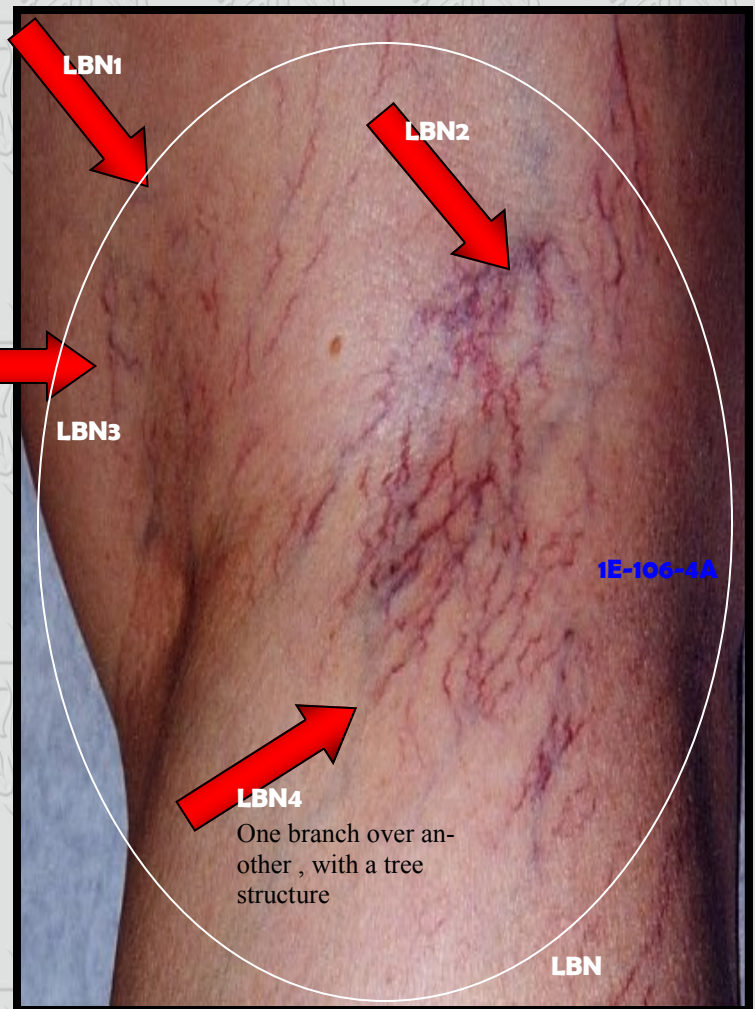
NOT REQUIRED TO BE FILLED BY PATIENT

Based on the lines shown below, compare it to your varicose veins and mark with an X were appropriate.

Vein Type : _____
Length : _____ **Perforator :** _____

Skin Color : _____ **Grade Color :** _____
Surface Type _____

Size	Yes	No	Vein Description
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tree <input type="checkbox"/> Serpent <input type="checkbox"/> Curve <input type="checkbox"/> Straight
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tree <input type="checkbox"/> Serpent <input type="checkbox"/> Curve <input type="checkbox"/> Straight
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tree <input type="checkbox"/> Serpent <input type="checkbox"/> Curve <input type="checkbox"/> Straight
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tree <input type="checkbox"/> Serpent <input type="checkbox"/> Curve <input type="checkbox"/> Straight
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tree <input type="checkbox"/> Serpent <input type="checkbox"/> Curve <input type="checkbox"/> Straight
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tree <input type="checkbox"/> Serpent <input type="checkbox"/> Curve <input type="checkbox"/> Straight
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tree <input type="checkbox"/> Serpent <input type="checkbox"/> Curve <input type="checkbox"/> Straight
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tree <input type="checkbox"/> Serpent <input type="checkbox"/> Curve <input type="checkbox"/> Straight
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tree <input type="checkbox"/> Serpent <input type="checkbox"/> Curve <input type="checkbox"/> Straight
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tree <input type="checkbox"/> Serpent <input type="checkbox"/> Curve <input type="checkbox"/> Straight



LBN4
 One branch over another, with a tree structure

PATIENT NAME : _____ **PHONE No.:** _____
Date : _____ **DOB:** _____ **Sign :** _____

YOUR FIRST VIST



1 **Computerized Vein Evaluation,** and vein mapping. A new technology that combines all variables of your lower extremities vascular evaluation, which includes your answers to the medical questionnaire, all into one comprehensive report .



2 **Skin Color and Allergy Testing ,** In order to avoid possible skin staining and/or reaction to the medication. Therefore minimizing risks

3 **Vein Doppler Evaluation ,** If required, is to determine possible causes of your peripheral vascular diseases, and or contraindication to the treatment.



4 **A Complete Set of Photo,** Sample of the different areas affected, which will be very useful evaluating and monitoring the progress of your treatment.

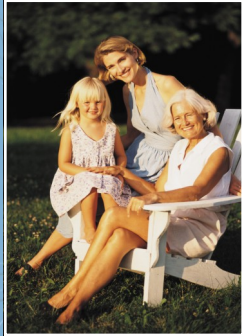
5 **A Comprehensive Treatment Plan,** Which the Dr will review, evaluate, and adjust, providing you with a complete and comprehensive treatment plan for your varicose veins.





ABOUT PAYMENTS

1



Easy, Simple and Affordable

We accept

MEDICARE, - INSURANCE, - HMO's

Subject to conditions & limitation set forth by your insurance Co.

2

Best prices

With Crown Medical you have the assurance that the price rates used are those suggested by the US government, as reasonable and customary.



3

Insurance Approval & Price Rate



You will know in advance, exactly the complete cost of your treatment, and payment options available. You will not have to pay a penny more for the contracted services, based on your type of insurance coverage, if applicable.

4

Payment Options



Crown Medical offers different payment options, and also for your convenience, you can make easy payments, because we accept all major credit cards therefore you can pay every month according to your budget.

Only at Crown

Gift Cards

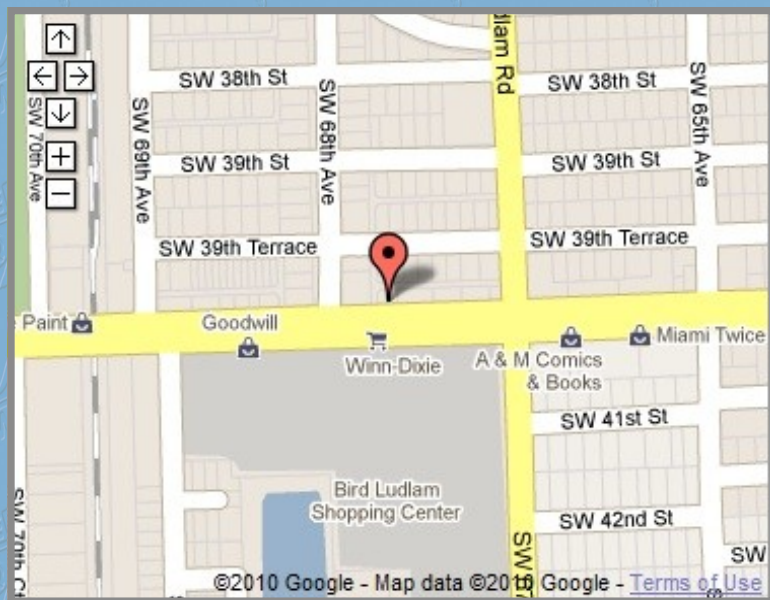
Treatment Plans and Membership discount available.

- First Evaluation
- Six Sessions
- Three Sessions
- Thirteen Sessions



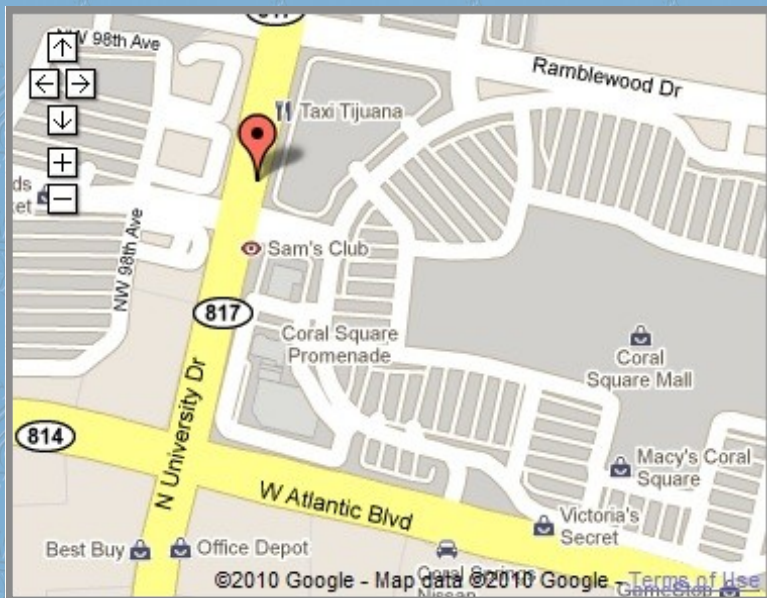
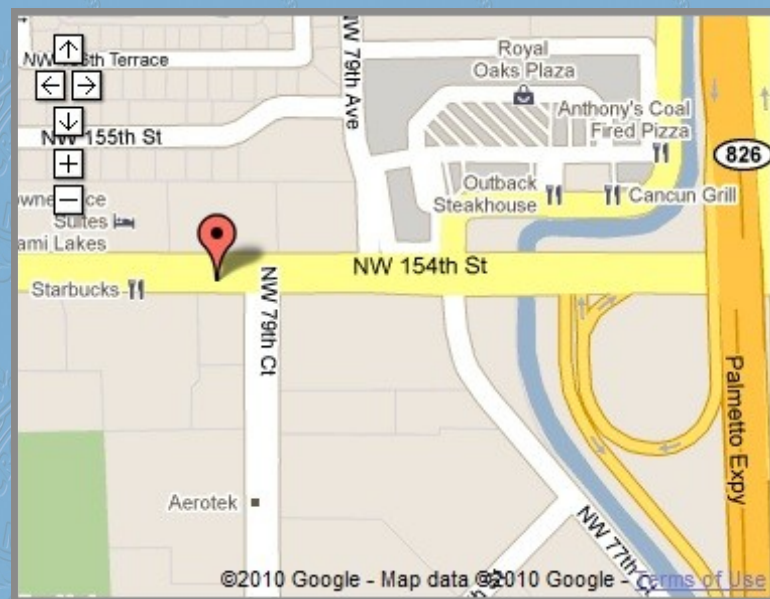


HOW TO GET TO CROWN MEDICAL



Miami
6785 S.W. 40 st.
Phone: 305-740-4444

Miami Lakes
8028 N.W. 154 st.
Phone: 954-255-1111



Coral Springs
935 N. University Dr.
Phone: 954-255-1111

[www . Crown Medical Center . com](http://www.CrownMedicalCenter.com)



Miami
305 - 740 - 4444

Miami Lakes
305 - 820-5001

Coral Springs
954-255-1111