

## Vascular Surgery

Venous Insufficiency  
Varicose Veins  
Endovenous Ablation  
Microphlebectomy  
Injection Sclerotherapy  
Vascular Ultrasound

# **NORTH TEXAS VASCULAR**

## **Mark A. McQuaid, MD, FACS**

### **General and Vascular Surgery**

### **Board Certified**

## General Surgery

Herniorraphy  
Cholecystectomy  
Abdominal Surgery  
Spine Exposure  
Laparoscopy  
Thyroidectomy

## Vascular Surgery

### Welcome and Orientation Letter

Dear Patient:

I would like to thank you for choosing North Texas Vascular and Mark McQuaid, MD for treatment of your vascular surgery or cosmetic needs. My name is Cindy Brown and I am the Practice Administrator. My role is to answer any questions that you may have in regards to our practice as well as guide you through the process from scheduling to insurance billing and treatment. I hope you don't get overwhelmed with information, but if you do, please contact our thoroughly trained staff or myself. We are glad to answer any questions you may have, *at any time*.

If you are here for leg pain, varicose veins or spider veins, we have a number of treatments we may choose depending on whether the issue is a medical condition or a cosmetic one. At your first appointment, you will meet Dr. McQuaid and get a brief educational session from our clinical personnel. We may recommend that you wear compression stockings to help relieve your symptoms or to meet your health plan's waiting period, or for both reasons. Insurance companies vary on their medical criteria so check with Amy, our Insurance Specialist, to find out what your specific plan mandates.

The next step, if deemed necessary by Dr. McQuaid, is a doppler ultrasound evaluation by Vascular One Diagnostics. Vascular One performs the ultrasound in our office for your convenience, but is a separate company from North Texas Vascular. Dr. McQuaid is the Medical Director and part owner of Vascular One Diagnostics. Linda Gerwe, the Vascular One ultrasound technician, will use doppler ultrasound to thoroughly scan your legs and will produce an extremely detailed evaluation report for Dr. McQuaid. Another note regarding Vascular One: because it is a separate company, they will bill you or your insurance company separately for this evaluation.

Once Dr. McQuaid has examined you and interpreted your ultrasound, he will determine the best treatment plan to medically address your needs. At your first follow-up visit, our staff will go over your treatment recommendations and answer any questions that you may have at that time.

Most insurance plans require several follow-up visits before they will approve surgery. This approval is called the "Pre-Determination of Benefits" and it is the 'green light' that your insurance plan agrees with Dr. McQuaid's diagnosis, his treatment plan and ultimately, that they will pay for the treatments. The pre-determination process will be completed after your waiting period, although your insurance carrier may waive the waiting period based on medical necessity. The only way to avoid a waiting period imposed by your insurance plan or the pre-determination process is to pay cash for your treatments. Dr. McQuaid understands some patients may want to do this and we are open and willing to discuss with you various options for paying out-of-pocket. Just ask me.

Once we have received approval from your insurance company one of our schedulers will call you to schedule your first surgery. Your surgery will happen here in our office, and most patients elect to receive a mild sedative, so you will need to arrange transportation to and from home on the day of your surgery. If you need treatment for both legs, or if you have a long segment of vein that needs to be treated, you may need more than one procedure. Depending on what your insurance plan dictates, we may need to schedule 2 weeks or more between surgeries.

Let me assure you: We understand that surgery can be an uncomfortable time. You are concerned for your personal health and may also be worried about the financial aspects of how the insurance company will pay for the treatments.

Let me first congratulate you on choosing Dr. McQuaid. With 19 years of surgical experience and in practice for 13 years, Dr. McQuaid has performed thousands of in-office laser and radiofrequency procedures. Not only does he have arguably the best reputation in the area, but he has also operated on several of us here in the office. He's the best there is.

On the insurance side, we are very experienced dealing with the insurance companies. Although most delays in getting your vascular issues treated are related to complying with and receiving approval from your health plan, we are very good at streamlining this process and getting it done as efficiently as possible. If you have any questions regarding the insurance process, please ask Amy or myself.

You have started a great and exciting journey! These state-of-the-art techniques allow quicker recovery times than ever before and most patients experience complete relief from their prior symptoms and can get back to work the next day! Our primary focus is your wellbeing and health. Every member of our staff should leave you feeling that your health and complete satisfaction are our number one priority. Please, if you ever have any concerns, let me know!

Sincerely,

Cindy Brown  
Practice Administrator  
972-378-5347  
[cbrown@ntxv.com](mailto:cbrown@ntxv.com)

## Vascular Surgery

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# Mark A. McQuaid, MD, FACS

## General and Vascular Surgery Board Certified

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### New Vein Patient Information

#### WHAT IS A VARICOSE VEIN?

There are two different types of blood vessels that exist. The first are called arteries and are responsible for carrying nutrients and oxygen-rich blood from your heart to other parts of your body. The second are called veins, which return oxygen-poor blood from the body back to your heart.

There are one-way valves in the veins to prevent the back flow of blood. Each step taken forces blood up through these veins, with the contractions of the calf muscles (acting as "second hearts"). When the muscle relaxes, the valves snap shut, preventing the blood from flowing back down through the veins. When the valves malfunction (known as incompetence), they do not snap shut, and reflux is present which can cause blood to flow backwards down the leg veins under gravitational influence. When this happens blood is allowed to "pool" in certain areas. This "pooling" causes pressure on valves below and stretches the walls of the vein to the point that the valves do not snap shut and the vein can bulge and is under increased pressure. This is why varicose vein disease is progressive, and the highest point of incompetence must be treated first.

#### WHAT INSURANCE REQUIRES?

After you have had an ultrasound and vein mapping of your legs, a treatment plan will be made by Dr. McQuaid specifically for you. Typically the nurse will call you with the results of your ultrasound and discuss the treatment plan with you in approximately one week. Most insurance companies require a waiting period prior to authorizing and paying for any vein procedures. During this waiting period the insurance company requires the treating physician, which would be Dr. McQuaid, to prescribe you medical graded compression stockings as a conservative measure prior to authorizing any form of treatment. At the end of the waiting period you will have another appointment and your treatment plan will be discussed again prior to starting the insurance authorization process.

Once you have had your follow-up appointment, our insurance specialist will send all the clinical information that is required by your insurance company for pre-certification. We will schedule your procedures once our office has received your insurance company's authorization. By law, the insurance company has a 45 day grace period to respond to our request. In most cases it may take just a few weeks.

#### WHAT IS DONE FOR VARICOSE VEINS?

**Depending on your ultrasound and leg map, you may be a candidate for all or some of the following procedures.**

#### ***Endovenous Vein Ablation using a Laser Cool Touch CTEV catheter or Radiofrequency VNUS catheter or Chemical Ablation (Sodium Tetradecyl Sulfate)***

This technology is simply the insertion of a heated catheter or FDA approved chemical detergent, inside a vein to close it due to valvular malfunction. The procedure is minimally invasive and is performed here in the office using sterile technique. You are awake during the procedure, but you will have minimal discomfort, as your leg will be injected with local anesthesia. You will arrive 30 minutes early to take oral Valium, to reduce your anxiety level, so you **MUST** have a driver. The entire procedure takes less than one hour per leg treated but you can anticipate being here for approximately 2 hours. You will be placed in a compression stocking that covers the entire leg and it is worn for 3 days and 3 nights. During this

time you cannot get the leg wet. On the fourth morning the leg can be washed and you will continue to wear the stocking during the day to complete 2 weeks. A prescription for *Lodine* is given to you the day of the ablation and it is recommended you take it twice a day for 10 days to help with any inflammation or discomfort that may occur (unless you are unable to take NSAIDS or you are taking blood thinners). You will receive written instructions to take home on the day of the procedure. One week after the ablation you will have an appointment for ultrasound on the leg that was treated. This is a quick 10-15 minute appointment that does not require a driver.

### ***Ambulatory Phlebectomy***

This is removal of bulging veins or branches of veins called tributaries. After the incompetent saphenous veins have been closed with the endovenous ablation, portions of the branches can be removed if the bulging remains. Oral Valium is recommended for this procedure as well and you **MUST** have a driver. After marking the bulging veins, the leg will be sterilely draped and local anesthesia is injected around the bulging veins. The vein is pulled up, with a surgical hook, through tiny incisions in the skin about 1 mm in width. There is no need for stitches since the incisions are small enough to heal on their own. The compression stocking is placed on the leg, wrapped with added compression, and you will wear it for 24 hours. Again, you can not get the leg wet for 3 days. You will only need to wear the compression stocking for approximately 1 week. With this procedure you can anticipate being here 1-1 1/2 hours.

### ***Injection Sclerotherapy***

Unfortunately this is viewed as a cosmetic procedure by insurance companies. We think of sclerotherapy as more of a preventative type care versus cosmetic. It will not only make your legs look better, but it will help prevent veins from becoming larger and bulging, plus it also slows the progression of the disease process. The procedure includes injecting a sclerosing agent into reticular (feeder veins) and telangectasia (surface spider veins). The medication irritates the inside lining of the vein and causes it to close off. The body then recognizes the vein as a non-working vessel, breaks it down, and reabsorbs it. A very tiny needle is used during the procedure to inject a sclerosant such as *Polidocanol*, which is related to the "numbing agents," so the injections are virtually pain free. FDA approved *Sotradecyl* tends to be more uncomfortable for patients and there have been more allergic reactions noted. You do not need a driver unless you are very anxious about the procedure and valium is given. The compression will be worn for 4 days (not to be removed the 1st 24 hours) and you must try to avoid Aspirin or NSAIDS (Motrin/Ibuprofen/Naproxen) for 48 hours before and after the injections.

### ***Candela Gentle Yag Laser for Surface Veins***

The laser creates a beam of high-intensity light that penetrates the tiny spider veins where it delivers a controlled amount of targeted therapeutic heat. The "Gold Standard" for surface spider veins is sclerotherapy. However, the laser can target tiny veins that a needle cannot fit in to. Some patients may feel a slight discomfort with each laser pulse, sometimes described as the snapping of a rubber band on the skin. This discomfort resolves quickly and is minimized by Candela's patented DCD cooling. The number of sessions recommended depends on the area you require treatment and the condition of your skin. Many factors impact the efficacy of the individual laser treatments, including the severity of the condition being treated.

With most procedures, we will only treat one leg at a time. Therefore, reducing any possible downtime which enables you to resume normal daily activities and to return to work the very next day. We highly encourage walking after any procedures done. It is the best thing for your legs and will help prevent a blood clot.

### **WHAT ARE THE RISKS OF ALL THESE PROCEDURES?**

The risks of the procedures for varicose vein treatments are rare but you need to be informed when making your decisions to be treated. Some of the associated risks can include:

**Bleeding, bruising, skin discoloration, skin burn, swelling, inflammation, allergic reaction, infection, thrombus, nerve effect, nodularity, and failure of closure**

Once the incompetent veins are closed we actually decrease your risk of thrombus (clot). Nerve effect is related to the heated vein transferring the heat to the nerve and causing numbness or tingling. This is typically temporary and the lower the entry point on the leg the greater the chance of you experiencing some numbness or tingling that may affect the lower leg, and be present on your first 2 toes and the top of your foot. Failure of closure is rare, but it can happen and is generally seen with patients on Coumadin, significant weight gain, or not wearing the post-op compression stocking as required. Varicose veins can be a progressive disease process and no guarantee of the results of the procedures can or will be made.

**DOPPLER ULTRASONOGRAPHY**

Doppler ultrasonography, or doppler flow studies, is an ultrasound test of blood vessels. It is similar to echocardiography, but looks at blood flow in *blood vessels* (veins and arteries) rather than through the heart. It aids in the diagnosis of various circulation and blood vessel problems including poor venous circulation, peripheral artery disease and arterial blockage, aortic valve abnormalities, and arterial injury or damage.

**Procedure:**

- There is generally no preparation for this procedure, unless you are otherwise instructed.
- The test is simple and painless, involving an ultrasound transducer pressing gently on the skin overlying the blood vessels being studied.
- You are able to drive yourself after the procedure.

**Risks:**

- This is a non-invasive test with virtually no risks.
- Some persons experience fatigue or soreness from lying still for the duration of the test.

**NORTH TEXAS VASCULAR**  
Mark A. McQuaid, MD, FACS, FACPh  
General and Vascular Surgery, Board Certified

(972) 378-LEGS (5347)  
1518 Legacy Drive, Suite 120  
Frisco, Texas 75034  
www.friscolegs.com



Cosmetic Services

- Spider Veins (Sclerotherapy and Laser)
- Laser Skin Tightening
- Laser Hair Removal
- Botox and Juvéderm
- Chemical Peels

Your next appointment time is:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

*Thank you and we look forward to seeing you!*

Cancellation or Failure to Show Policy

24 hour notice is required to cancel office visits.

48 hour notice is required to cancel procedures.

*Cancellation fees will apply.*

THANK YOU FOR  
PRINTING CLEARLY  
WITH BLACK  
OR BLUE INK

# **NORTH TEXAS VASCULAR** **PATIENT REGISTRATION**

Referred by \_\_\_\_\_

Primary Care Dr. \_\_\_\_\_

Dr. phone # \_\_\_\_\_

Dr. phone # \_\_\_\_\_

## **PATIENT INFORMATION**

LAST Name \_\_\_\_\_

FIRST Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Sex:  Male  Female

Address \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Home phone # \_\_\_\_\_

Cell phone # \_\_\_\_\_

Social Security Number \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Work phone # \_\_\_\_\_

## **SPOUSE INFORMATION**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

Cell phone # \_\_\_\_\_

Employer \_\_\_\_\_

Work phone # \_\_\_\_\_

## **INSURANCE COMPANIES**

Primary Insurance \_\_\_\_\_

Secondary Insurance \_\_\_\_\_

Insured's name \_\_\_\_\_

Insured's Name \_\_\_\_\_

Relationship to patient \_\_\_\_\_

Relationship to patient \_\_\_\_\_

Insurance phone # \_\_\_\_\_

Insurance phone # \_\_\_\_\_

ID# \_\_\_\_\_

ID# \_\_\_\_\_

Group \_\_\_\_\_

Group \_\_\_\_\_

## **FINANCIAL POLICY**

Charges for medical services are due and payable at the time the services are rendered. As a courtesy to you, we will file your insurance claims. You are responsible for the payment of your bill regardless of the status of your insurance claim. If unusual circumstances should make it impossible for you to meet our credit terms we invite you to call or personally discuss the matter with the Office Manager. This will avoid misunderstandings and enable you to keep your account in good standing.

Charges for medical care rendered by this office will be through this office and should not be confused with charges of care received in the hospital.

## **RELEASE**

I authorize assignment of benefits to Dr. Mark McQuaid. I also permit the release of any information from my medical record to my insurance company as may be required to facilitate payment of services rendered. I understand I am responsible for all charges.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Mark A. McQuaid, M.D., F.A.C.S.**  
**LEG VEIN HISTORY SHEET**

Date: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: M/F

Name: \_\_\_\_\_

Please list the purpose of your visit: \_\_\_\_\_

1. When did your veins first appear? \_\_\_\_\_  
Age: \_\_\_\_\_ Before Pregnancy: \_\_\_\_\_ After Pregnancy \_\_\_\_\_  
Other: \_\_\_\_\_
2. Have you been previously treated for this problem? \_\_\_\_\_  
By whom and when? \_\_\_\_\_
3. Is one leg worse than the other? \_\_\_\_\_ right left same
4. How do your veins bother you?  

pain/heaviness	yes	no	aches/discomfort	yes	no
congestion/pressure	yes	no	swelling in feet or ankles	yes	no
itching/burning	yes	no	restless legs	yes	no
other _____			leg pain caused by walking	yes	no
5. Have you ever had these problems?  

clots in legs(phlebitis)	yes	no	deep vein thrombosis	yes	no
clots in lungs(embolus)	yes	no	leg/ankle ulcers	yes	no
6. Have you used prescription or non-prescription medications for your legs? yes no  
Please circle Tylenol Ibuprofen Naproxen Aspirin Other
7. Have you **EVER** tried any of the following for your varicose veins?  

walking?	yes	no		yes	no
avoidance of prolonged standing?	yes	no		yes	no
elevation of legs?	yes	no		yes	no
use of compression stockings?	yes	no		yes	no
class II – up to 30 mmHG			How long? _____		
class III – 30 to 40 mmHG			How long? _____		
class IV - > 60mmHG			How long? _____		
8. Does walking or exercise relieve or aggravate the pain? relieve aggravate
9. After prolonged standing or sitting do your legs ache? yes no
10. Are you developing new veins? yes no
11. Are your present veins getting bigger? yes no
12. Do your legs or veins ache before or during your period? yes no  
Are you pregnant? yes no Are you breast feeding? yes no
13. List family members who have this problem: \_\_\_\_\_
14. Do you or have you ever had any of the following?  

Diabetes	yes	no	Thyroid disease	yes	no
High Blood Pressure	yes	no	Heart disease or attack	yes	no
Severe (infection)	yes	no	Lupus/Auto Immune	yes	no
Migraine Headaches	yes	no	Major injury/surgery on legs	yes	no
HIV	yes	no	Easy bruising/free bleeding	yes	no

Please list your Referring Physician \_\_\_\_\_

And your Primary Care Physician \_\_\_\_\_



**STANDARD AUTHORIZATION OF USE OF DISCLOSURE  
OF PROTECTED HEALTH INFORMATION**

Information to be used or disclosed

**\*\*\*The information covered by this authorization includes:**

- All medical Information
- Confirm Appointments
- Pick up medications
- Prescriptions

Persons to Whom Information May be disclosed

Information described above may be disclosed to:

- No One At This Time***
- Name of person or persons:***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**Expiration Date of Authorization:**

*This authorization is effective for 1 year unless revoked or terminated by the patient or the patients personal representative.*

**Right to Terminate or Revoke Authorization:**

You may revoke to terminate this authorization by submitting a written request to North Texas Vascular & Varicose Veins, PA.

**Potential for Re-Disclosure:**

The person or organization to which it is sent may disclose information that is disclosed under this authorization again. The privacy of this information may not be protected under the federal privacy regulations.

Signature: \_\_\_\_\_

Name of Patient (printed name): \_\_\_\_\_

Date: \_\_\_\_\_

**Mark A. McQuaid, M.D., F.A.C.S.**  
Vascular Surgeon - Board Certified

**Patient Consent Form**

I understand that as part of the provision of healthcare services, Mark A. McQuaid, MD creates and maintains health records and other information describing, among other things, my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment.

I have been provided with a Notice of Privacy practices that provides a more complete description of the uses and disclosures of certain health information. I understand that I have the right to review the notice prior to signing this consent. I understand that the organization reserves the right to change their notices and practices and prior to implementation will mail a copy of any revised notice to the address I have provided. I understand that I have the right to object to the use of my health information for directory purposes. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to *carry out* treatment, payment, or healthcare operations (quality assessment and improvement activities, underwriting, premium rating, conducting or arranging for medical review, legal services, and auditing functions, etc.) and that the organization is not required to agree to the restrictions requested.

By signing this form, I consent to the use and disclosure of protected health information about me for the purposes of treatment, payment, and health care operations. I have the right to revoke this consent, in writing, except where disclosures have already been made in reliance on my prior consent.

This consent is given freely with the understanding that:

1. Any and all records, whether written or oral or in electronic format, are confidential and cannot be disclosed without my prior written authorization, except as otherwise provided by law.
2. A photocopy, fax or scan of the consent is as valid as the original.
3. I may revoke this consent at any time, except where information has already been released. This consent is valid until revoked by me in writing.
4. I have the right to request that my Protected Health Information which is used or disclosed for the purposes of treatment, payment, or healthcare operations be restricted. Mark A. McQuaid, MD, is not bound by the restriction unless it is in agreement with the restriction.

\_\_\_\_\_  
(Patient's Name Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Signature (or Guardian, if a Minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (Optional)

\_\_\_\_\_  
Date

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General Surgery

Herniorraphy  
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Abdominal Surgery  
Spine Exposure  
Laparoscopy  
Thyroidectomy

Dear Patient,

When you schedule an appointment with our office, we reserve that time specifically for you.

We appreciate at least 48 hours cancellation notice, as we have a long waiting list for appointments and procedures waiting to be scheduled.

If we do not receive verbal confirmation within 48 hours on **all** procedures, your procedure will be cancelled as well as all appointments thereafter will need to be rescheduled. There will be a fee of **\$75.00** billed to your account as a “**No Show**” fee.

If you do not call within 24 hours of an office visit (not procedures) this will be considered a “**No Show**” appointment. You will be billed a no show fee of **\$75.00**.

Respectfully,

Cindy Brown  
Practice Manager

I \_\_\_\_\_, have received this notice regarding my appointments and procedures with North Texas Vascular & Varicose Veins.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Printed Name

# **Vascular One Diagnostics**

## **Explanation of Relationship to North Texas Vascular**

### **Sharing of Information**

North Texas Vascular will share certain information with Vascular One Diagnostics including your patient chart and insurance information. This is for your convenience and to prevent you having to fill out forms twice. This information sharing allows Vascular One Diagnostics to perform medical services for you and bill your insurance provider, if any, for those services.

### **Vascular One Diagnostics Medical Policy**

Charges for medical services are due and payable at the time services are rendered. As a courtesy to our patients, we will file your claims for you. However, you are responsible for the payment of your bill, regardless of the status of your insurance claim.

### **Release**

I authorize the assignment of benefits to Vascular One Diagnostics. I also give authorization to release necessary information to the medical practice requesting our services. I understand that I am financially responsible for all charges.

---

Signature

---

Printed Name

---

Date

# MARK A. MCQUAID, MD

## COSMETIC INTEREST QUESTIONNAIRE

Please let us know if you are interested in learning more about any of the following services:

Check if Interested:	<u>Product or Procedure</u>	<u>Comments</u>
[ ]	BOTOX® Cosmetic	
[ ]	Dermal Fillers (Juvéderm)	
[ ]	Laser Hair Removal	
[ ]	Laser Skin Tightening	
[ ]	Laser Vein Treatments	
[ ]	Laser Rosacea or Acne Treatments	
[ ]	Chemical or glycolic peels	
[ ]	General Skin Care	
[ ]	Other, please specify: _____	

When looking at my face in the mirror, I believe I look younger, the same as, or older than my true age.

<b>Younger Than</b>		<b>True Age</b>		<b>Older Than</b>
1	2	3	4	5

How did you hear about us? Please circle one:

My physician | Living Magazine | Google Search | Yahoo Search  
 Other Internet Search | Jennifer Sheehan | friend or family | friscolegs.com  
 planolegs.com | docmcquaid.com | Other

Name of source, if other than above: \_\_\_\_\_

Please provide your e-mail and/or phone if you would like us to contact you about

- [ ] a free cosmetic consultation
- [ ] special aesthetic discounts or promotions
- [ ] our quarterly e-newsletter

You can unsubscribe or opt out at any time and your email address or phone number will not be shared or used for any other purpose.

Please provide your **e-mail and/or phone**: \_\_\_\_\_