

OCTOBER 3, 2019

RE: EDWARD FREDERICK

REF:

PI#XXXXXXXX

APP ID:

XXXXXXXXXX

Attn: JOYE HOLMES, M.D.

DR HOLMES,

EDWARD FREDERICK has been a patient of mine and I have been his primary care physician for over 30 years. This letter is to address the three concerns in the SEPTEMBER 18 2019 letter to EDWARD FREDERICK.

**LEFT GREATER SAPHENOUS VEIN (LGSV)**

As stated in the letter from DR JOHN MORRIS dated MARCH 4 2019 there is no current status or symptoms regarding his LGSV, as the procedures performed by DR MORRIS have proven successful and provided a cure and after a current examination of the patient I concur with the assessment of DR MORRIS.

**HISTORY, SYMPTOMS, DIAGNOSIS, TREATMENT:**

The patient has had visible sign of the LGSV being varicose from his early teenage years. The patient demonstrated no symptoms of phlebitis, edema, or thrombosis, and the LGSV did not cause any issues with the patient for many years. After receiving lower leg trauma by being struck by a batted softball, the patient reported infrequent and sporadic pain and slight edema in the lower left leg. The patient never demonstrated or reported any issues with his right leg, nor other areas of his left leg.

2017

The patient reported increased pain and thrombosis in his lower leg near the left knee.

JANUARY 26 2017 a prescription was issued for HYDROCODONE for pain management.

FEBRUARY 1 2017 the patient was examined by DR MORRIS and radiofrequency ablation and stab phlebectomies were scheduled as treatment.

FEBRUARY 28 2017 a prescription was issued for HYDROCODONE for pain management.

MARCH 17 2017 radiofrequency ablation and stab phlebectomies were conducted by DR MORRIS as initial treatment for the manifestation of thrombosis and edema in his lower left leg. Evidence of deep vein thrombosis was NEGATIVE.

MARCH 21 2017 post treatment examination revealed protruding thrombus into the common femoral artery at the greater saphenous junction. The patient was issued a 7 day prescription for XARELTO.

MARCH 29 2017 observation revealed retraction of the thrombus into the LGSV and successful closure of the LGSV.

MAY 23 2017 ultrasound revealed successful closure of LGSV and no reflux or thrombosis of deep venous system.

2018

Patient reported increasing but infrequent recurrence of edema and sporadic pain in lower left leg.

MARCH 7 2018 a prescription for HYDROCODONE was issued for pain management associated with edema and pain in lower left leg.

MAY 29 2018 a prescription for HYDROCODONE was issued for pain management associated with edema and pain in lower left leg.

JUNE 27 2018 patient reported pain in inner side of left knee and edema. Observation of trace edema at lower left ankle present. Referral to DR MORRIS for further observation and treatment.

JULY 23 2018 observation by DR MORRIS revealed residual varicose veins in lower left leg. 3 syringes of 1 percent POLIDOCANOL injected into residual varicose veins in left anterior shin.

Patient has not reported any pain or edema post treatment of injections in left anterior shin.

MARCH 4 2019 at the suggestion of DR BRUCE CHIEN, in preparation for his FAA Medical exam, scheduled an appointment with DR MORRIS. DR MORRIS determined that the ablation, stab phlebectomies, and injections have provided a surgical cure for his venous insufficiency of the LGSV with no residual effects or recurrent or residual varicose veins.

OCTOBER 3 2019 I have determined that the assessment of DR MORRIS on MARCH 4 2019 is accurate and agree that the treatment was one hundred percent successful and no further treatments are necessary.

#### CURRENT TREATMENT PLAN

As per the MARCH 4 2019 observation and DR MORRIS letter there is no further treatment necessary for the LGSV as the procedures have provided a cure.

#### CURRENT OVER THE COUNTER MEDICATION

As per the MARCH 4 2019 observation and DR MORRIS letter there is no over the counter medication associated with the LGSV as the procedures have provided a cure.

#### CURRENT PRESCRIPTION MEDICATION

As per MARCH 4 2019 observation and DR MORRIS letter there is no prescription medication associated with the LGSV as the procedures have provided a cure.

#### PROGNOSIS

As per the MARCH 4 2019 observation and DR MORRIS letter the procedures have provided a cure and there is no current prognosis.

Patient reported the termination of use of HYDROCODONE in association with this condition as of JULY 2018

## **GASTROESOPHAGEAL REFLUX DISEASE (GERD)**

### **HISTORY, SYMPTOMS, DIAGNOSIS, TREATMENT:**

JUNE 26 2015 patient reported abdominal pain, cramps, and nausea associated with the use of Naproxen with an initial diagnosis of GERD. Patient reports no further symptoms with discontinuation of use of NAPROXEN. No over the counter or prescription medications were prescribed in association with GERD.

### **CURRENT TREATMENT PLAN**

No current treatment plan as patient reports no further symptoms with the discontinuation of use of NAPROXEN.

### **CURRENT OVER THE COUNTER MEDICATION**

No current over the counter medication is being taken as patient reports no symptoms with the discontinuation of use of NAPROXEN.

### **CURRENT PRESCRIPTION MEDICATION**

No current prescription medication is being taken as patient reports no symptoms with the discontinuation of use of NAPROXEN.

### **PROGNOSIS**

No current prognosis as patient reports no symptoms with the discontinuation of use of NAPROXEN.

## **ATOVAQUONE-PROGUANIL USAGE**

### **HISTORY**

2019

Patient requested anti-malarial prophylaxis in preparation for 14-day excursion to south and east Africa where he would be visiting countries where malaria is prevalent.

APRIL 18, 2019 Prescription issued for ATOVAQUONE-PROGUANIL 250-100 as prescribed by KERRI DRIESNGA. Patient requested transfer of prescription of additional unused ATOVAQUONE-PROGUANIL 250-100 issued to a relative. Transfer of prescription was approved by KERRI DRIESENKA.

### **UNDERLYING CONDITION**

Patient demonstrated no underlying condition as prescription was issued as anti-malarial prophylaxis.

### **TOLERANCE**

Patient reported no side effects in association with anti-malarial prophylaxis.

### **ISSUANCE**

ATOVAQUONE-PROGUANIL issued as anti-malarial prophylaxis to prevent the contraction of malaria during his excursion to Africa.

We hope that this will satisfy the request of the letter dated SEPTEMBER 18 2019 and will establish his ability to hold to a medical certificate issued by the FEDERAL AVIATION ADMINISTRATION.

Thank you,

DAVID R HOFFIUS, MD