

FINAL TREATMENT REIVEW

Quality Control Department

Dear Patient

In an effort to improve our services and advance every day more our patient satisfaction, as well as to evaluate the performance of our staff we would appreciate if you could give us your candid and sincere option of the services

Telephone (, DOB:
Please briefly Describe the results of your treatment L was very please with my results. Comparing what my legs looked before and then a file.
Would you recommend the services to a friend or family Yes [] No [] Did you receive a professional and courteous treatment since
start to finish
Did every one that you came in contact with gave you detail explanation of there services
Is there any suggestions that you would like to give us that could make our services better
Signature:



SPECIAL MEDICAL EVALUATION

Medical Necessity Report Documentation Support

DIAZ For Direct access:to medical record WWW.expertsinviens.com							
Name	5		C	FL 33055			
Address.				1			
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MIAMI LAKES - BROWARD

8028 NW 154 ST.

PH 305-820-5001



SPECIAL MEDICAL EVALUATION

Medical Necessity Report. Documentation Support

For Direct access to medical record www.expertsinviens.com

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Address: !

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Control N6305)

11/18/2004

SSN.

Date. Thursday, November 18, 2004

























Treatment Options Surgery []:____ Ulcer []:____ Sclerotherapy []:_ Page 1 of 1

MIAMI - DADE

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