# 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

Patient Name: Concepcion Solis.

Telephone : 305) _____ ., DOB _____ Nationality : _____

Please briefly Describe the results of your treatment

Estoy Super Pero super Maravillada Con el tratamiento y Sus Resultado

Gracias

Would you recommend the services to a friend or family ..... Yes [✓] No [ ]

Did you receive a professional and courteous treatment since start to finish ..... Yes [✓] No [ ]

Did every one that you came in contact with gave you detail explanation of there services ..... Yes [✓] No [ ]

Is there any suggestions that you would like to give us that could make our services better

Signature : Concepción Solis

Date : 9-30-02.

CROWN MEDICAL
6785 SW 40 Street, Miami, Fl
Telephone: (305) 740-444

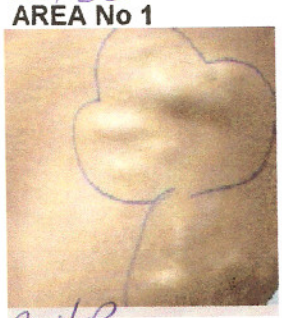
www . experts in veins . com

# Medical Necessity Report. DOCUMENTATION SUPPORT

ID: 1.0E+09 First Name: [illegible]PCION Last Name: SOLIS Date 9/17/01

Home Phone Birthdate:

R5I
AREA No 1



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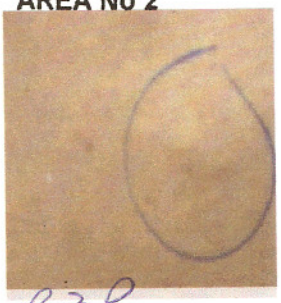
AREA No 2



R3E
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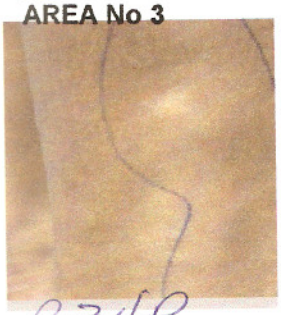

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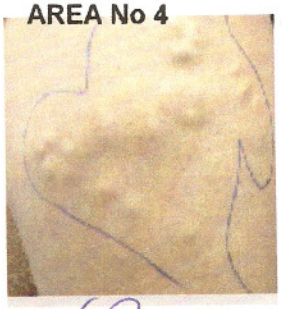

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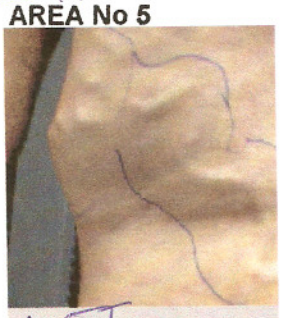
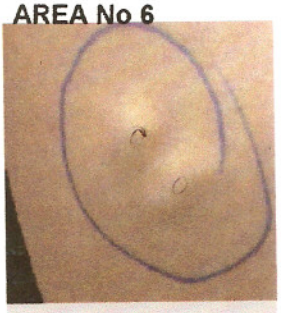


R3P
AREA No 6



R34P
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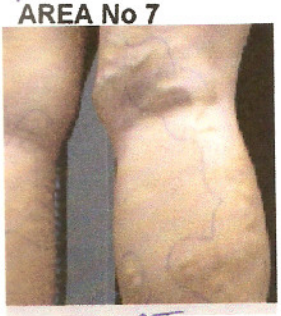
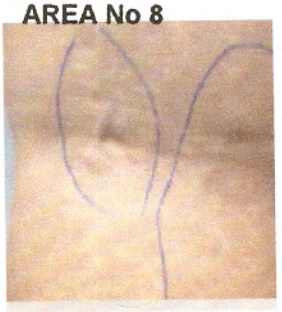


L4P
AREA No 8



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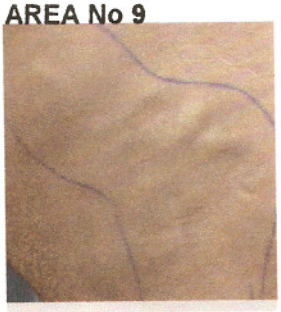
AREA No 9



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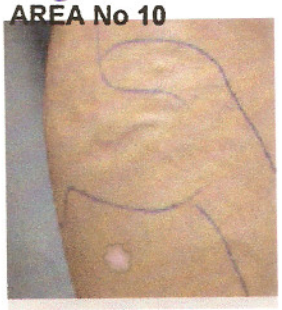
AREA No 10



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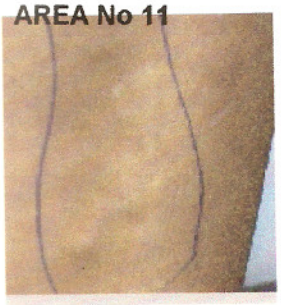
AREA No 11



AREA No 12

## MEDICAL TREATMENT OPTIONS

[ ] Surgery Saphenus Left [ ] Right [ ] Both [ ]

[ ] Surgery Partial Left [ ] Right [ ] Both [ ]

[ ] Scleotherapy Left [ ] Right [ ] Both [ ]

# SPECIAL MEDICAL EVALUATION

## Medical Necessity Report. Documentation Support

*For Direct access to medical record www.expertsinviens.com*

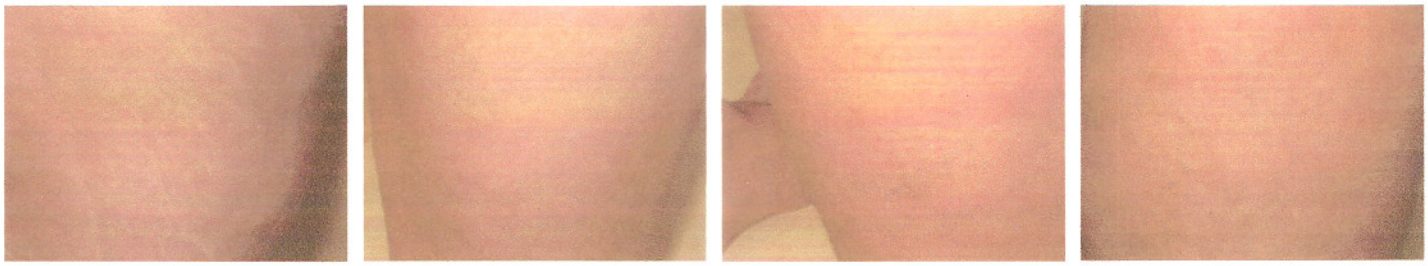
Name: SOLIS CONCEPCION

Address Miami FL 33125

Control No. SSN.

7/14/2005 Date. Thursday, July 14, 2005

Areas: _____



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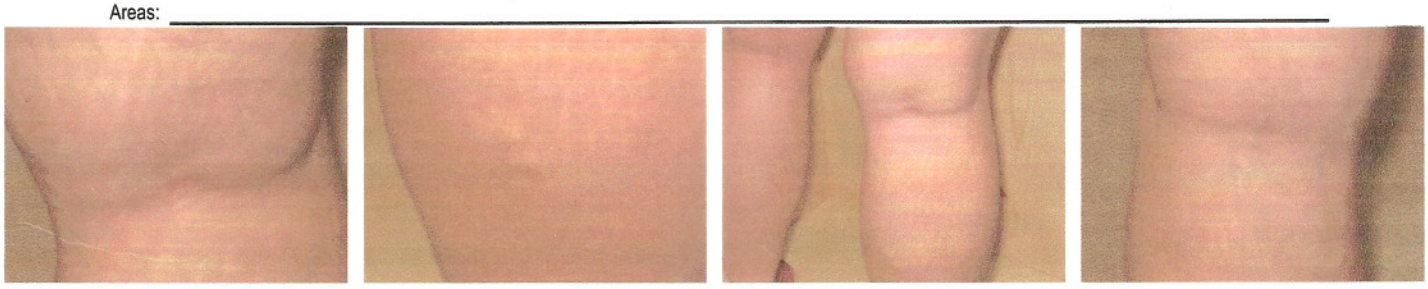

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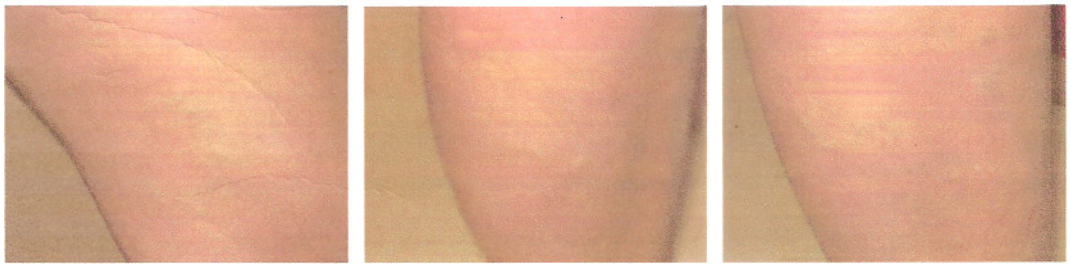

Treatment Options Surgery [ ] : _____

Ulcer [ ] : _____

Sclerotherapy [ ] : _____



**MIAMI - DADE** 6785 SW 40 ST. • PH. 305-740-4444

**MIAMI LAKES - BROWARD** 8028 NW 154 ST. • PH. 305-820-5001