



## FINAL TREATMENTN REVIEW

### Quality Control Department

Dear Patient:

In an effort to improve our services an increase on a daily basic 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 opinion of the services.

Patient Name: x Catherine Kent  
Telephone No.                      D.O.B.                     

Please briefly describe the results of your treatment.

*Very Happy my leg look great*

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

Did you received a professional and courteous treatment from start to finish... Yes  No

Did everyone that you come in contact with give you a detailed explanation of his or her services.....Yes  No

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

Signature: x Catherine

Date: 8/21/04



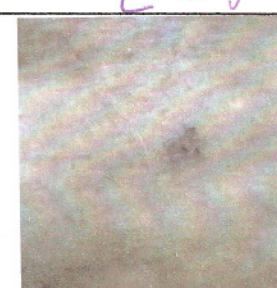
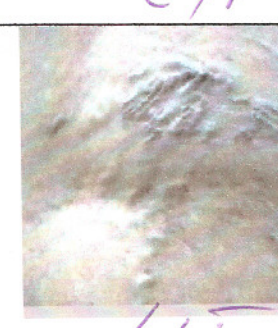
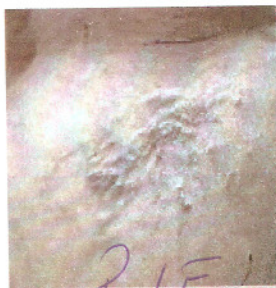
# SPECIAL MEDICAL EVALUATION


## Medical Necessity Report. Documentation Support

For Direct access to medical record [WWW.expertsinviens.com](http://WWW.expertsinviens.com)  
CATHERINE

Name KENT  
Address Miami FL 33196  
Control No. (305) 751-1000  
Date. SS...  
Wednesday, October 08, 2003

Areas: R4P R4PI R3E R4E



Treatment Options Surgery  :   
Ulcer  :  
Sclerotherapy  :

allergy - Colony test Negative.



# SPECIAL MEDICAL EVALUATION

## Medical Necessity Report. Documentation Support

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Name: KENT

CATHERINE

Address

Miami

FL

33196

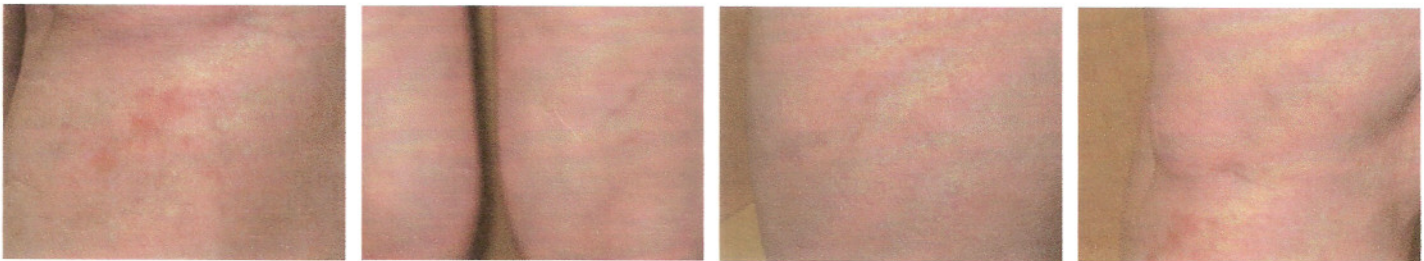
Control#

SSN.

8/31/2004

Date. Tuesday, August 31, 2004

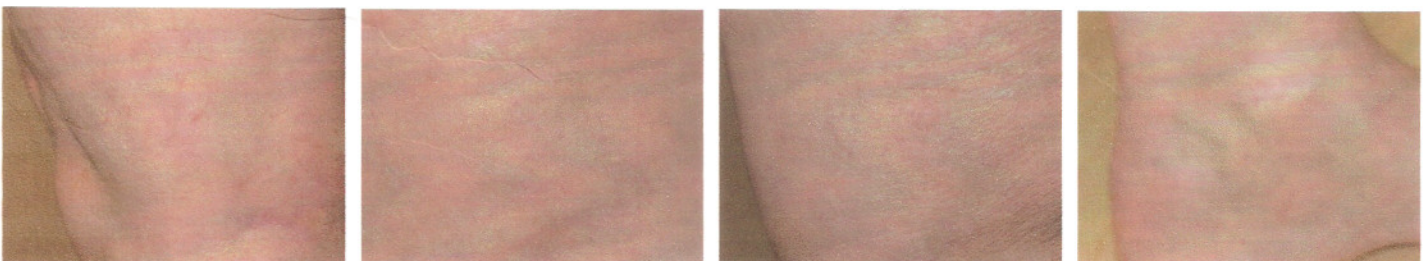
Areas: \_\_\_\_\_



Areas: \_\_\_\_\_



Areas: \_\_\_\_\_



Treatment Options Surgery [ ] : \_\_\_\_\_

Ulcer [ ] : \_\_\_\_\_

Sclerotherapy [ ] : \_\_\_\_\_