

FINAL TREATMENT REVIEW

Quality Control Department				
Dear patient, In an effort to improve our services and increase our patient satisfaction, as well as to evaluation the performance of our staff, we would appreciate if you could give us your candid and sincere opinion of our services.				
Patient Name: WISTNA MOSCHINI				
Telephone No: D.O.B:				
Please briefly describe the results of your treatment. ES FARTASTICO-INCREIBLE. Preque no vine antes. fas cluicos Bunisiruos y los ruernos de Melliso suaves y mus Buerre.				
Would you recommend the service to a friend or family member				
Did you receive a professional and courteous treatment from start to finish Yes ∠ No □				
Did everyone you came in contact with give you a detailed explanation of his or her services				
Are there any suggestions that you would like to give us that could make our services better?				
J				
Patient Signature: Date: 0 2 5 - 06				

MIAMI - DADE

6785 SW 40 ST.

PH. 305-740-4444

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

Name:MOSCHINI

CRISTINA

Address:16 SW 22 TERR

Miami

33145

Date.

Contr

4/27/2006

SSN.

Thursday, April 27, 2006

Areas:

















Areas:









Treatment Options Surgery []:_____

Ulcer []:_____

Sclerotherapy []:____ Page 1 of 1

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

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				
Name MOSCHINI Address. 3416 SW 22 TERR Control No. 10/25/2006 Areas:		Miami F	L 33145 SSN. Date Wednesday, October 25, 2006	
Areas:				
Areas:				
	ns Surgery []: Ulcer []: erotherapy []:			

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

Page 1 of 1

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