



**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: Mayli Mayorga

Telephone No: (305) 251-0000 D.O.B: \_\_\_\_\_

Please briefly describe the results of your treatment.

*Observe excelentes cambios en mis piernas, y tambien una agradable atencion de parte del personal de la clinica.*

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

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..... Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient Signature: Mayli Mayorga

Date: 12/15/06



Date : 12/15/06.

To whom it may concern,

I Meyli Mayorga. authorized CROWN MEDICAL to utilize my name ,pictures and testimonials for promotional activities such as News Letters, Web-Site,etc.

Patient's Signature: Meyli Mayorga Date: 12/15/06.



# SPECIAL MEDICAL EVALUATION

## Medical Necessity Report. Documentation Support

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

Name: MAYORGA

MEYLING

Address:

Miami

FL

Control (N066)

7

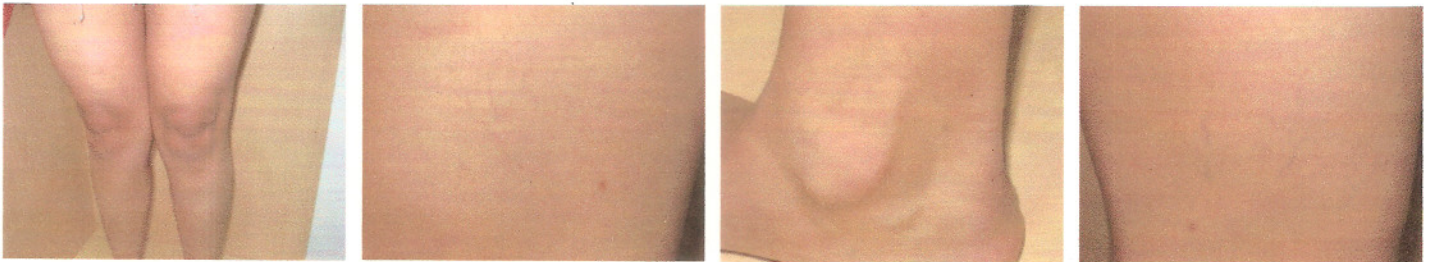
SSN.

3/10/2006

Date.

Friday, March 10, 2006

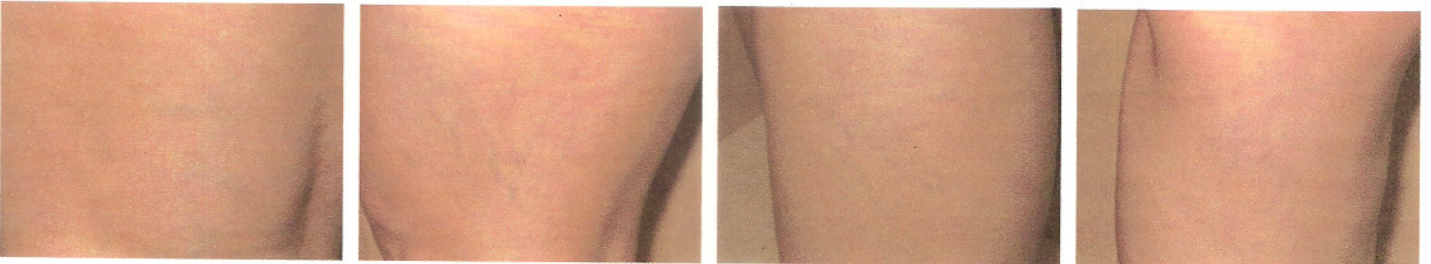
Areas: \_\_\_\_\_



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



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



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

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

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

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MIAMI - DADE

6785 SW 40 ST. • PH. 305-740-4444

MIAMI LAKES - BROWARD

8028 NW 154 ST. • PH. 305-820-5001



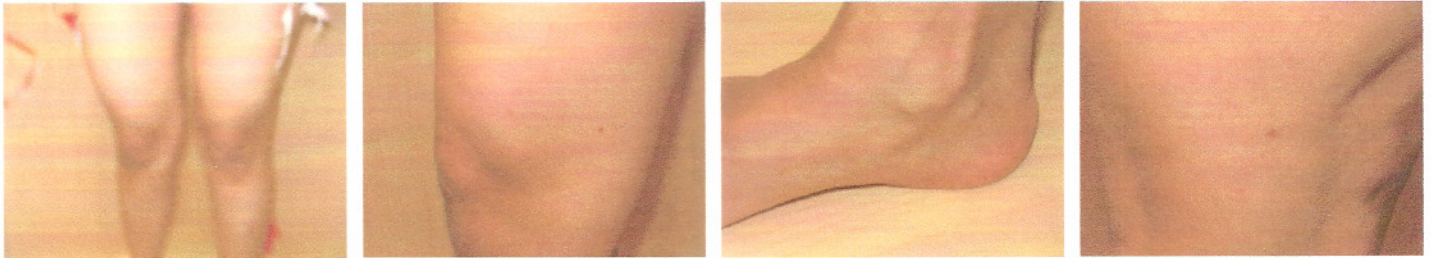
# SPECIAL MEDICAL EVALUATION

## Medical Necessity Report. Documentation Support

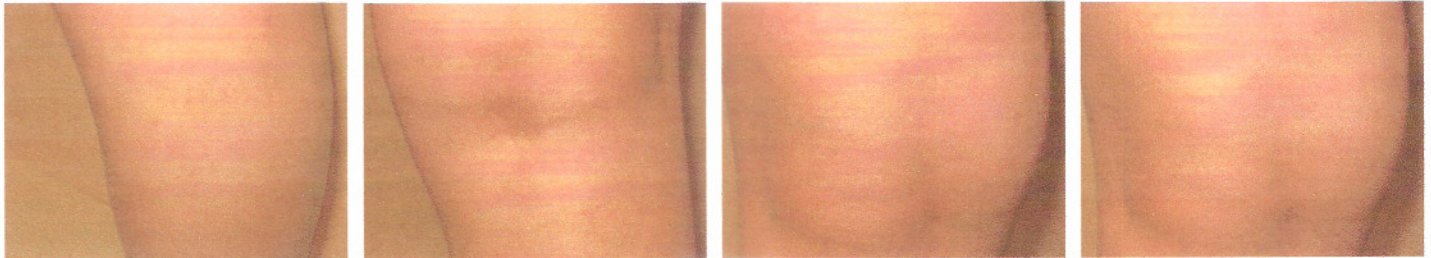
For Direct access: to medical record [WWW.expertsinviens.com](http://WWW.expertsinviens.com)

Name: MAYORGA MEYLING  
Address: Miami FL  
Control No: 786 SSN.  
Date: Friday, December 15, 2006  
12/15/2006

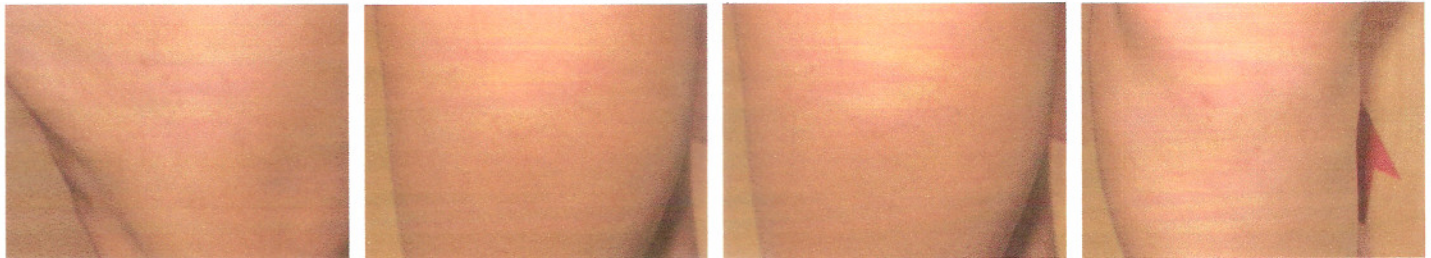
Areas: \_\_\_\_\_



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



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



Treatment Options Surgery  : \_\_\_\_\_  
Ulcer  : \_\_\_\_\_  
Sclerotherapy  : \_\_\_\_\_