



# 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: JOHN VALDES  
Telephone : \_\_\_\_\_, DOB: \_\_\_\_\_ Nationality : \_\_\_\_\_

Please briefly Describe the results of your treatment

X El resultado de mi Tratamiento  
lo encuentro Bueno

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 : \_\_\_\_\_

Date : X 3/31/04



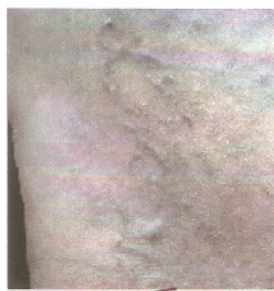
# SPECIAL MEDICAL EVALUATION

## Medical Necessity Report. Documentation Support

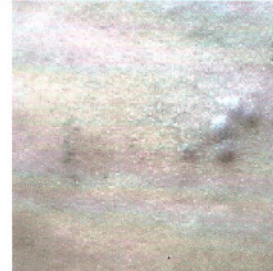
For Direct access: to medical record [WWW.expertsinviens.com](http://WWW.expertsinviens.com)

Name: VALDES IVON  
 Address: Miami FL  
 Control No. 5/29/03  
 Date: Thursday, May 29, 2003

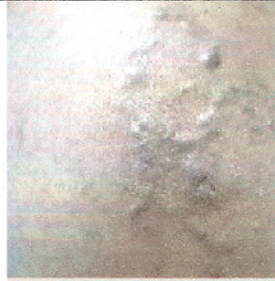
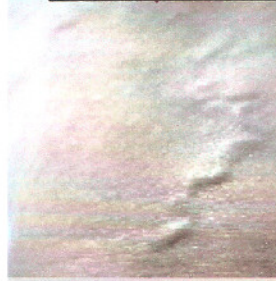
Areas: R6E      R5E      R4PE      R3E



Areas: R4P      R4I      L6E      L5EP



Areas: L4PE      L3PE      L3P      L4,3I



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

*Allergy and Colonoscopy just negative*



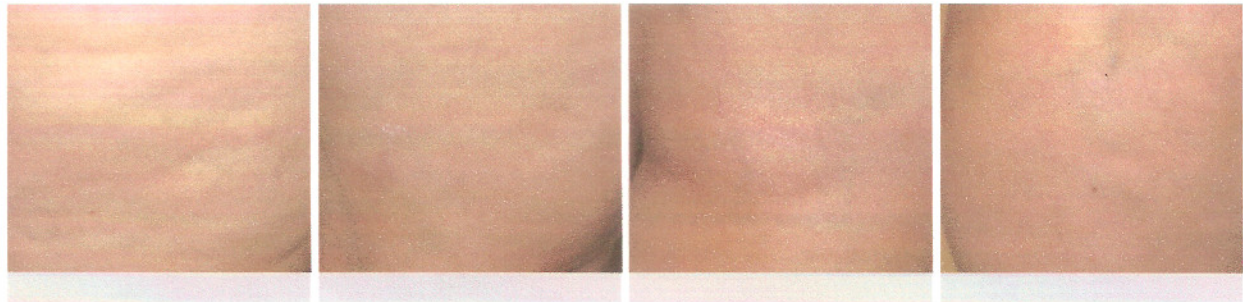
# SPECIAL MEDICAL EVALUATION

## Medical Necessity Report. Documentation Support

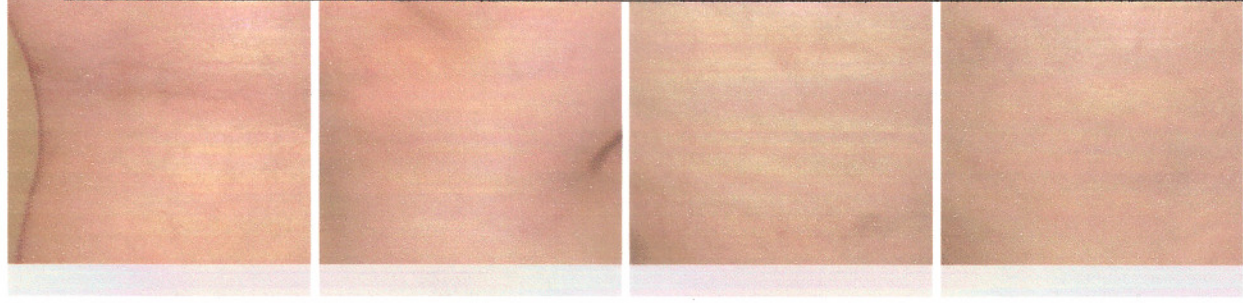
For Direct access: to medical record [WWW.expertsinviens.com](http://WWW.expertsinviens.com)

Name: VALDES IVON  
 Address: Miami FL  
 Control No. 2/24/2004  
 Date: Tuesday, February 24, 2004  
 SSN: \_\_\_\_\_

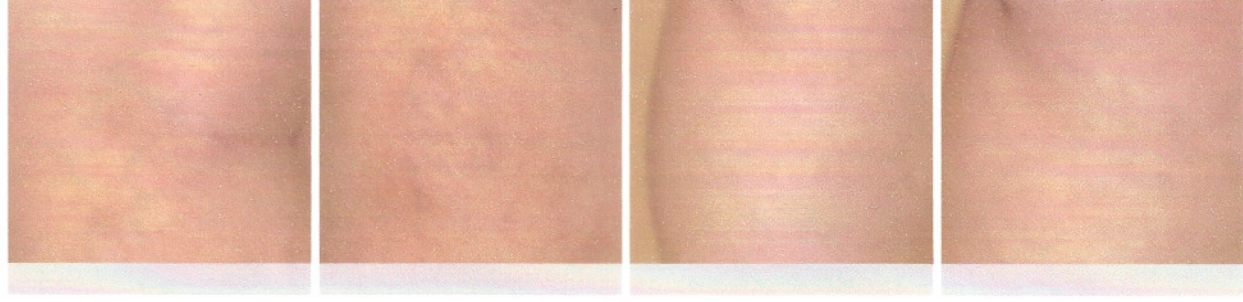
Areas: \_\_\_\_\_



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



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



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

