

Isn't it Time to Look & Feel Better?

Cosmetic Interest Questionnaire

Name: _____ E-mail address: _____ Phone: _____

We are constantly striving to offer you the safest, most advanced procedures for facial rejuvenation and overall skin health. Please check any of the following topics you would like to receive more information about.

- | | | |
|--|--|---|
| <input type="checkbox"/> Fine Lines & Wrinkles | <input type="checkbox"/> Acne | <input type="checkbox"/> Lip Lines |
| <input type="checkbox"/> Sagging skin | <input type="checkbox"/> Microdermabrasion | <input type="checkbox"/> Age spots |
| <input type="checkbox"/> Unwanted Hair | <input type="checkbox"/> Skin Rejuvenation | <input type="checkbox"/> Tattoo removal |
| <input type="checkbox"/> BOTOX® Cosmetic | <input type="checkbox"/> Brown Spots | <input type="checkbox"/> Laser skin resurfacing |
| <input type="checkbox"/> Facial Volume Loss | <input type="checkbox"/> Leg Veins | <input type="checkbox"/> Laser hair Removal |
| <input type="checkbox"/> Skin Peels | <input type="checkbox"/> Juvederm/Voluma | <input type="checkbox"/> Facial Redness |
| <input type="checkbox"/> O shot | | |

May we contact you with information about your expressed areas of interest? Yes No

Would you like to schedule a consultation with our Skin Specialist? Yes No

I would like to be added to the email/mailling list to be informed of special events Yes No

How did you hear about our practice? (internet search, friend, Doctor) _____.

Please circle areas of concern:

