

McKitty Dermatology

Simone A. McKitty, M.D. Inc.
Shelly Brunner, NP

Cosmetic Procedures Questionnaire

(optional)

Patient name: _____ Date: _____

The following is a list of products and services that we offer.
If you have an interest in any of these, please check the corresponding box or boxes, and we will get brochures for you to answer any questions you might have.

Skin Rejuvenation: BOTOX/ XEOMIN for lines/wrinkles
 BOTOX/ XEOMIN for hyperhidrosis (excessive sweating)
 FILLERS: JUVEDERM, VOLUMA, RADIESSE, BELOTERO, AND VOBELLA

Medical Skin Care: Chemical peels
 Retin-A or Retinols
 Rosacea
 Acne
 Rejuvenating facials
 Bleaching/ Lightening cream
 Sunscreen
 Sclerotherapy (spider veins)

Laser/ Intense Pulsed Light Treatment:
 Acne scarring, surgical scars
 Facial fine and deep lines
 Stretch marks
 Permanent hair removal
 Rosacea/ Facial redness/ facial spider veins/ sun-damage
 Pigmentation/ sun spots/ freckles/ liver spot removal (Face, neck, chest, arms, hands)
 Photofacial for improved skin texture/ tone (Reduced pore size, sun spots, dilated vei

Any services not listed: _____

Please provide your contact information: Phone: (_____) _____ Email: _____

Would you like to be contacted regarding office promotions/events? (please circle one) YES / NO

