



COSMETIC INTEREST QUESTIONNAIRE

Patient Name: _____

Date: _____

Date of Birth: _____

Please indicate if you are interested or would like to learn more about any of the following services below: (Circle all that apply)

Botox injections	Dermal Fillers
Fat Reduction	Chemical Peels
Laser Hair Removal	Spider Vein Treatment
Brown spot/ Age Spot Removal	Acne Scarring
Skin Care Products	Skin Tightening
Facial Redness/ Rosacea Treatments	Treatment of Wrinkles
Weight Loss Program	Other (Please Specify):

Would you like to join our email list to receive exclusive information about Special Offers and Events?

Yes Please provide your current email

address: _____

No