



NOW OFFERING NEW AESTHETIC TREATMENTS

Cosmetic Interest Survey

PATIENT NAME (PRINT): _____

Email address: _____

| Services that interest you | Concerns you may have |
|---|--|
| <input type="checkbox"/> Botox Cosmetic | <input type="checkbox"/> Wrinkles or Laxity |
| <input type="checkbox"/> Injectable Fillers | <input type="checkbox"/> Volume Loss and Aging |
| <input type="checkbox"/> Forma – Face/ Neck Firming | <input type="checkbox"/> Face; Neck / Jaw line Laxity |
| <input type="checkbox"/> Fractora – Resurfacing | <input type="checkbox"/> Resurfacing & Anti-aging |
| <input type="checkbox"/> Lumecca - IPL | <input type="checkbox"/> Pigmentation; Sun Damage |
| <input type="checkbox"/> Morpheus8 – Microneedling RF Treatment | <input type="checkbox"/> Deep Skin Rejuvenation; Collagen production |
| <input type="checkbox"/> Medical Grade Skin Care | <input type="checkbox"/> Preventative Anti-Aging |
| <input type="checkbox"/> TruSculpt 3D – Fat Reduction | <input type="checkbox"/> Abdomen <input type="checkbox"/> Love Handles <input type="checkbox"/> Back/Bra area <input type="checkbox"/> Neck/Jaw line <input type="checkbox"/> Arms <input type="checkbox"/> Inner Thighs <input type="checkbox"/> Outer Thighs <input type="checkbox"/> Above the knees |
| <input type="checkbox"/> Other Concerns: | |

Can we call you?

Yes Tel #: _____

No

PATIENT SIGNATURE: _____ **DATE:** _____