

## COSMETIC INTEREST PATIENT QUESTIONNAIRE

Our goal is to respond to all of our patient's needs and to provide the highest quality care. In order to provide the information and services you desire on the health and appearance of your skin and body, we invite you to complete the following questionnaire:

Please check all that apply:

<input type="checkbox"/> Wrinkle Reduction <input type="checkbox"/> Hyperhidrosis <input type="checkbox"/> Skin care <input type="checkbox"/> Injectable dermal fillers <input type="checkbox"/> Microdermabrasion/Cleopatra <input type="checkbox"/> Cleopatra : Skin revitalization <input type="checkbox"/> Cryotouch <input type="checkbox"/> Instalift String lifts <input type="checkbox"/> Skin Rejuvenation <input type="checkbox"/> Skin Care Products <input type="checkbox"/> Birthmarks <input type="checkbox"/> Liver Spots/Age Spots <input type="checkbox"/> Dermablade <input type="checkbox"/> Weight management <input type="checkbox"/> Sunscreen Advice <input type="checkbox"/> Pore Size <input type="checkbox"/> Acne treatments <input type="checkbox"/> Chemical Peels <input type="checkbox"/> Laser Treatments <input type="checkbox"/> Removing Facial Veins <input type="checkbox"/> Laser Hair Removal <input type="checkbox"/> Coolsculpting <input type="checkbox"/> Anti-aging/antioxidant treatments <input type="checkbox"/> Botox Cosmetic <input type="checkbox"/> Daxxy <input type="checkbox"/> Jeuveau <input type="checkbox"/> Dysport	<input type="checkbox"/> Picosure Laser; Skin resurfacing <input type="checkbox"/> Picosure laser Tattoo removal <input type="checkbox"/> Breast Implant Removal <input type="checkbox"/> Breast Augmentation <input type="checkbox"/> Breast enlargement <input type="checkbox"/> Breast reduction <input type="checkbox"/> Liposuction <input type="checkbox"/> Thigh lift <input type="checkbox"/> Neck Lift <input type="checkbox"/> Face lift <input type="checkbox"/> Brow lift <input type="checkbox"/> Eyelid surgery <input type="checkbox"/> Abdominoplasty <input type="checkbox"/> Buttock Contouring/ Emsculpt <input type="checkbox"/> Facelift <input type="checkbox"/> Co2 laser resurfacing <input type="checkbox"/> Emsculpt Neo <input type="checkbox"/> Emface <input type="checkbox"/> Clear & Brilliant Fractionated laser <input type="checkbox"/> VFit Plus ThermiVA <input type="checkbox"/> Sofwave -skin tightening <input type="checkbox"/> QWO for Cellulite <input type="checkbox"/> Zimmer Z Wave: cellulite <input type="checkbox"/> Male sexual Function ,ED/Gainswave <input type="checkbox"/> Female Sexual Dysfunction/ ThermiVa/VFit Plus
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Other – Please Specify: \_\_\_\_\_

I WOULD LIKE TO BE CONTACTED FOR FURTHER INFORMATION, EVENTS AND PROMOTIONS. THE BEST WAY TO CONTACT ME IS:

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_