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Cosmetic Questionnaire

Name: _____ Date: _____

Email: _____

Please check any/all of the following that you currently have an interest in and would like to learn more about:

- _____ Botox
- _____ Eyelash growth product (Latisse)
- _____ AHA/Glycolic peels
- _____ Skin rejuvenation
- _____ Skin care products and mineral make-up
- _____ Chemical peels
- _____ Eliminating underarm sweating
- _____ Laser treatment for hair removal
- _____ Laser treatment for sun spots and age spots
- _____ Laser treatment for varicose or spider veins on face and body
- _____ Cosmetic fillers ie; Juvederm, Restylane, Prevelle, Radiesse, Perlane, and Sculptra
- _____ Liposuction and body contouring surgeries after weight loss
- _____ Facial Cosmetic surgery ie; facelift, neck lift, eyelid/eyebrow lift and forehead lift
- _____ Cosmetic surgery ie; rhinoplasty, tummy tuck, breast aug, etc.
- _____ Mole or cyst removal
- _____ Breast reduction
- _____ Breast Reconstruction
- _____ Scar revision
- _____ Gynecomastia (male breast reduction) surgery

I would like more information on the following topics that are not listed.

- 1) _____
- 2) _____
- 3) _____
- 4) _____