

INTEREST QUESTIONNAIRE

Patient Name:	Date:
----------------------	--------------

Other than the services we have already provided for you, what additional services would you like to learn about? Please check all that apply

<p>Neurmodulators (Relax Muscles)</p> <p><input type="checkbox"/> Botox</p> <p><input type="checkbox"/> Xeomen</p> <p><input type="checkbox"/> Dysport</p> <p>Cosmetic Fillers (Lost Volume)</p> <p><input type="checkbox"/> Belotero</p> <p><input type="checkbox"/> Restylane Sylk</p> <p><input type="checkbox"/> Restylane Lyft</p> <p><input type="checkbox"/> Juvederm Ultra Plus</p> <p><input type="checkbox"/> Sculptra</p> <p><input type="checkbox"/> Bellafill</p> <p><input type="checkbox"/> Radiesse</p> <p>Products for Skin Conditions</p> <p><input type="checkbox"/> Cleanse / Exfoliate</p> <p><input type="checkbox"/> Tone / Protect / Mask</p> <p><input type="checkbox"/> Anti-Aging</p> <p><input type="checkbox"/> Anti-Redness</p> <p><input type="checkbox"/> Lash Length/Fullness</p>	<p>Laser Treatments</p> <p><input type="checkbox"/> Facial Veins (Telangectasia)</p> <p><input type="checkbox"/> Spider Veins - Legs</p> <p><input type="checkbox"/> Brown Spots / Age Spots</p> <p><input type="checkbox"/> Rosacea (Facial Redness)</p> <p><input type="checkbox"/> Acne Scarring / Scar Revision</p> <p><input type="checkbox"/> Wrinkles / Lax Skin – Face</p> <p><input type="checkbox"/> Oil Control / Reduce Pores</p> <p><input type="checkbox"/> Hyperhidrosis (Miradry)</p> <p><input type="checkbox"/> Skin Regeneration (PSR)</p> <p><input type="checkbox"/> Skin Tightening / Body Contouring (Viora)</p> <p>Esthetic Procedures</p> <p><input type="checkbox"/> Microdermabrasion</p> <p><input type="checkbox"/> Chemical Peels / VI Peel</p> <p><input type="checkbox"/> Skin Care Consultation</p> <p><input type="checkbox"/> Extractions</p> <p><input type="checkbox"/> Dermalplaning</p> <p><input type="checkbox"/> Customized Facial</p>	<p>Advanced Surgical Procedures</p> <p><input type="checkbox"/> Sclerotherapy – Leg Veins</p> <p><input type="checkbox"/> Blepharoplasty (Eye Lids)</p> <p><input type="checkbox"/> S-Lift (Mini-Face Lift)</p> <p><input type="checkbox"/> Tumescant Liposuction</p> <p><input type="checkbox"/> Tatoon Removal</p> <p><input type="checkbox"/> Medium Depth Chemical Peel</p> <p><input type="checkbox"/> Mole / Birthmark Removal</p> <p><input type="checkbox"/> Keratosis/Oil Gland Removal</p> <p><input type="checkbox"/> Skin Tag Removal</p> <p>Other please specify:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
---	--	--

Please answer the following questions on a scale of 1 to 5 by circling the appropriate number.

When looking at my face in the mirror, I believe I look younger, the same as, or older than my true age.

<i>Younger Than</i>		<i>True Age</i>		<i>Older Than</i>
1	2	3	4	5

When looking in the mirror, I am not concerned, somewhat concerned, or very concerned about my wrinkles.

<i>Not Concerned</i>		<i>Somewhat Concerned</i>		<i>Very Concerned</i>
1	2	3	4	5

EMAIL LIST

Would you like to become part of our exclusive mailing list? You will receive periodic emails regarding **promotions** and **specials** we offer on many products, services and cosmetics procedures.

Don't miss your chance to save and look great all year round!

(Special offers only valid through email)

<input type="checkbox"/> I'm not interested in any additional services provided at this time	Email address: _____
--	-----------------------------