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CONSULTATION QUESTIONAIRE

Name: _____ **Date:** _____

Email address: _____

Reason for Consultation: _____

Previous cosmetic procedures (please list) _____

_____

Pregnant or Nursing: Yes No Not Applicable

Interested in any of the following (please circle)

Botox Collagen/Restylane

Liposuction Laser resurfacing

Eyelid Rejuvenation Chemical Peels

Skin Care/Complexion Improvement

Spider & Varicose Vein treatment

Microdermabrasion

Laser Hair Removal

Mini face lift

Any other areas of concern _____

How did you hear about us _____

Thank you