

Cosmetic Interest Questionnaire

As our practice continues to grow, we are offering some new services that might be of interest to you. Please take the time to answer a few questions for us.

Services of interest to you (please check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Breast Augmentation (implants) | <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Skin Care Advice |
| <input type="checkbox"/> Breast Reduction | <input type="checkbox"/> Laser Hair Removal | <input type="checkbox"/> Acne |
| <input type="checkbox"/> Breast Lift | <input type="checkbox"/> Liposuction | <input type="checkbox"/> Rosacea |
| | <input type="checkbox"/> Tummy | <input type="checkbox"/> Wrinkles |
| <input type="checkbox"/> Tummy Tuck | <input type="checkbox"/> Back | <input type="checkbox"/> Sun Damage |
| <input type="checkbox"/> Arm Lift | <input type="checkbox"/> Arms | <input type="checkbox"/> Oily/Combination Skin |
| <input type="checkbox"/> Genital Refinement | <input type="checkbox"/> Legs | <input type="checkbox"/> Dry Skin |
| | <input type="checkbox"/> Hips/Waist | |
| | <input type="checkbox"/> Chin | |

So that we can continue to follow our patients and make sure we assist them with their every need, we will have someone call you to follow-up on these services that interest you.

How interested are you?

Please check all that apply:

-
- Very interested – please call ASAP! I’m ready to get started.**

Best time to call _____

- Somewhat interested – please call when convenient. I have questions and want to know more.**

Best time to call _____

- I’m interested in financing, please call with more information.**

Best time to call _____

- Not that interested – don’t call me!**
-

How did you hear about us? _____

Name: _____

Address: _____

Daytime telephone # _____

THANK YOU
