

Cosmetic Interest Questionnaire

Would you be interested in any of the following? (Check all that apply.)

<input type="checkbox"/> Restylane®	<input type="checkbox"/> Chemical peels	<input type="checkbox"/> Sunscreen advice
<input type="checkbox"/> AHA and glycolic peels	<input type="checkbox"/> Laser resurfacing	<input type="checkbox"/> Removing leg veins
<input type="checkbox"/> Collagen therapy	<input type="checkbox"/> Laser treatments	<input type="checkbox"/> Facials and hair treatments
<input type="checkbox"/> Skin rejuvenation	<input type="checkbox"/> Avage™ (tazarotene)	<input type="checkbox"/> Hair removal
<input type="checkbox"/> Retin-A or Renova	<input type="checkbox"/> Skin-care advice	<input type="checkbox"/> Spider-vein treatments
<input type="checkbox"/> Microdermabrasion	<input type="checkbox"/> Skin-care products	<input type="checkbox"/> Removing facial veins
<input type="checkbox"/> Botox Cosmetic	<input type="checkbox"/> Birthmarks	<input type="checkbox"/> Other, please specify:
<input type="checkbox"/> Acne treatment	<input type="checkbox"/> Liver spots/age spots	_____

How did you hear about our practice?

Physician A friend or family member A seminar Insurance company Internet

Yellow pages Advertisement or article

If you were referred by one of our patients, please share his or her name so we can thank him/her.

What cosmetic procedures, if any, have you had in the past?

Were you pleased with the outcome? If not, why?

If our office held a seminar for patients to learn more about certain cosmetic procedures, would you attend?

Yes No

Thank You.

Restylane
redefining beauty