

COSMETIC INTEREST QUESTIONNAIRE

Patient Name: _____ Date: _____

Date of Birth: _____ Sex: Male Female

Address: _____ Preferred
Phone: _____

E-Mail Address: _____ Fax: _____

Approval to send or e-mail information: _____

Patient Signature

Our practice is constantly striving to offer you the safest, most advanced procedures for facial rejuvenation and overall physical improvement. Please check any of the following health issues you would like to receive more information on, either a brochure or consultation.

- | | |
|---|--|
| <input type="checkbox"/> BOTOX® Cosmetic treatment for wrinkles | <input type="checkbox"/> Breast Augmentation (enlargement) |
| <input type="checkbox"/> Dermal Fillers (Juvederm, Restylane, Radiesse) | <input type="checkbox"/> Breast Reduction |
| <input type="checkbox"/> Overall Skin Rejuvenation/Skin care advice | <input type="checkbox"/> Breast Lift |
| <input type="checkbox"/> Laser skin resurfacing | <input type="checkbox"/> Liposuction |
| <input type="checkbox"/> Age spots/facial pigmentation problems | <input type="checkbox"/> Tummy Tuck |
| <input type="checkbox"/> Eyelid Surgery | <input type="checkbox"/> Facelift |
| <input type="checkbox"/> Nose Surgery (Rhinoplasty) | <input type="checkbox"/> Forehead/Brow Lift |
| <input type="checkbox"/> Chin Surgery | <input type="checkbox"/> Cheek Implants |
| <input type="checkbox"/> OTHER _____ | |

How did you hear about our practice? Please check any that apply.

- A friend or family member (please name) _____
- Yellow pages
- Physician referral (please name) _____
- Internet
- An article or advertisement in _____
- Other _____

Would you like to receive announcements on special discounts, new products or procedures?

YES NO

How would you like to receive this information? Mail E-Mail

Print Name _____ **Signature** _____ **Date** _____

For Office Use Only	Completed By: _____
<i>Dr. Lewis</i> Follow-up Date: _____	Reason: _____
<input type="checkbox"/> Initial Inquiry/Information Mailed	<input type="checkbox"/> Seminar Participation
<input type="checkbox"/> Free Consultation	<input type="checkbox"/> Procedure Date: _____ Type: _____
Comments: _____	

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