



## COSMETIC INTEREST QUESTIONNAIRE

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

- |  |   |
|--|---|
| <input type="checkbox"/> BOTOX® Cosmetic | <input type="checkbox"/> Laser Resurfacing                  |
| <input type="checkbox"/> DYSPORT         | <input type="checkbox"/> Laser peels                        |
| <input type="checkbox"/> XEOMIN          | <input type="checkbox"/> Hair Removal                       |
|  | <input type="checkbox"/> Kybella (Double chin, Turkey Neck) |
| <br>                                     |   |
| <input type="checkbox"/> Filler          |   |
| ➤ Restylane                              |   |
| ➤ Restylane Silk                         |   |
| ➤ Juvederm                               | <input type="checkbox"/> Skin Rejuvenation                  |
| ➤ Belotero                               | <input type="checkbox"/> Photofacials                       |
| ➤ Radiesse                               | <input type="checkbox"/> Acne and acne scars                |
| ➤ Voluma                                 | <input type="checkbox"/> Chemical peels                     |
| ➤ Volbella                               | <input type="checkbox"/> Sun Damage                         |
|  | <input type="checkbox"/> Uneven Skin Tone                   |
|  | <input type="checkbox"/> Skin Texture                       |
|  | <input type="checkbox"/> Skin care products                 |
| <br>                                     |   |
| <input type="checkbox"/> Rosacea         |   |
| <input type="checkbox"/> Melasma         |   |
| <input type="checkbox"/> Brown Spots     |   |

Other, please specify: \_\_\_\_\_  
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