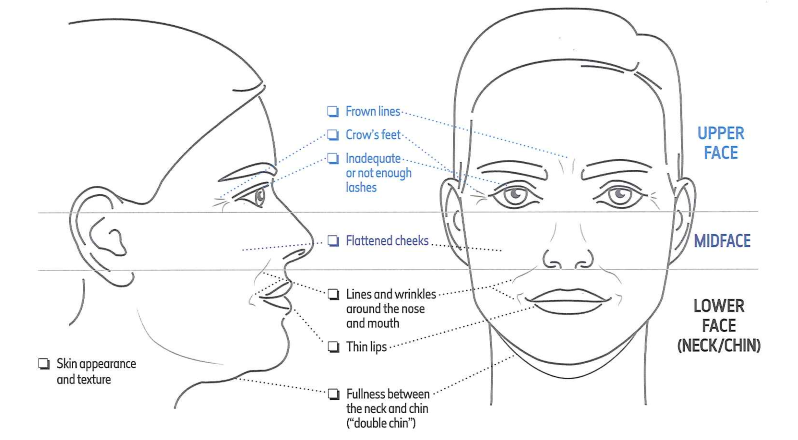


**Cosmetic Interest Questionnaire**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check which areas of the face concern you on the diagram below.**  
By showing how you see yourself, we can best evaluate your aesthetic goals and select an appropriate treatment for you.

  
**Please indicate if you are interested or would like to learn more about any of the following services below**:   
(Check all that apply)

|  |  |
| --- | --- |
| * Botox injections | * Dermal Fillers |
| * Fat Reduction | * Chemical Peels |
| * Laser Hair Reduction | * Treatment of wrinkles |
| * Brown spot/Age spot removal | * Acne scarring |
| * Skin Care Products | * Facial redness/rosacea treatments |
| * Other (Please Specify): | |

Please provide your email address to join our list to receive exclusive information about Special Offers, Brilliant Distinctions, and Events.

Current email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**\*\* Payment in full is required prior to all cosmetic services being rendered. \_\_\_\_\_\_\_\_\_***(Provider will review cost of cosmetic services prior to treatment.)*

***For Office Use Only:*** *Recommended Cosmetic Procedures*

|  |  |  |  |
| --- | --- | --- | --- |
| **Fillers** | **Chemical Peels** | **Laser Hair Reduction** | |
| * Silk | * Illuminize | * Upper Lip | * Legs (half/full) |
| * Restylane | * Vitalize | * Chin | * Bikini |
| * Perlane | * Rejuvenize | * Ears | * Brazilian |
| * Juvederm Ultra |  | * Neck | * Forearms |
| * Juvederm Ultra Plus |  | * Underarms | * Full Arms |
| * Voluma |  | * Navel |  |
| * Volbella |  | * Upper chest |  |
| * Vollure |  | * Head |  |
|  |  | * Back (half/full) |  |
| * **Botox** | * **Kybella** |  |  |
|  |  |  |  |

*Recommended Skin Care Products*

|  |  |
| --- | --- |
| **SkinMedica** | **EltaMD** |
| * HA5 | * Intense Moisturizer |
| * Retinol 0.25% | * UV Shield Broad Spectrum 45 |
| * Retinol 0.5% |  |
| * Lytera 2.0 |  |
| * TNS Essential Serum |  |
| * Essential Defense Mineral Shield Sunscreen SPF 35 |  |
| * Total Defense & Repair Sunscreen SPF 34 (Tinted) |  |
| * Total Devense & Repair Sunscreen SPF 50 (Untinted) |  |

**Brilliant Distinctions member email:­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notes**

Provider Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**