

**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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**