AESTHETIC INTEREST QUESTIONNAIRE

Patient Name: ____________________________ Date: ___________

What is the reason for your visit today?

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What additional services would you like to learn about? Please feel free to check all that apply:

- ❑ Botox
- ❑ JUVEDERM XC
- ❑ VOLUMA
- ❑ LATISSE
- ❑ Skin care advice
- ❑ Fine lines/wrinkles
- ❑ Facial contouring
- ❑ Facial fullness
- ❑ Facial drooping
- ❑ Age spots/freckles
- ❑ Eyelashes
- ❑ Drooping brows
- ❑ Drooping eyelids
- ❑ Nose size/shape
- ❑ Chin/jawline
- ❑ Neck/loose skin
- ❑ Mole removal
- ❑ Scar revision
- ❑ Breast size
- ❑ Breast shape
- ❑ Abdominal area
- ❑ Legs
- ❑ Hips
- ❑ Arms
- ❑ Liposuction
- ❑ Body Contouring
- ❑ Buttocks

Please tell us how you heard about us:

❑ My physician	Physician Name ______________________
❑ My insurance company	Insurance Company ______________________
❑ Friend/Family Member	Friend/Family Name ______________________
❑ Internet/Web Ad/Website	Please Specify ______________________
❑ Other	Please Specify Other ______________________

If you would like information on promotions, special offers & discounts on any of the above products and/or services, please provide us with your e-mail address below:

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BRYAN S. ARMIJO, M.D.
PLASTIC & RECONSTRUCTIVE SURGERY