Beauty & Cosmetic Interest Questionnaire

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Check off the areas that interest you at this time:**

**Yes \_\_\_ No \_\_\_** I am interested in toning my abdomen/buttocks.

**Yes \_\_\_ No \_\_\_** I am interested in non-surgical, permanent fat reduction.

**Yes \_\_\_ No \_\_\_** I am interested in non-surgical options to correct fine lines/wrinkles on my face.

**Yes \_\_\_ No \_\_\_** I am interested in non-surgical options to tighten loose skin on my body.

**Yes \_\_\_ No \_\_\_** I am interested in maintaining healthy looking skin.

**Yes \_\_\_ No \_\_\_** I would like to be contacted for further information, events and promotions.

**Yes \_\_\_ No \_\_\_** Are you interested in scheduling in a complimentary consultation?

**Please circle any of the following that you would like more information on:**

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Welcome to our Office, Please Enjoy

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Your First Cosmetic Service of Your Choice!

Expires 90 Days after your New Patient Visit

Cut along the dotted lines and save the bottom portion coupon to use on yourself!

Skin Tightening

Muscle Toning

Non-Surgical Fat Reduction

Facial Rejuvenation