

Cosmetic Interest Questionnaire

Patient Name: _____ Date: _____

Please check any issues and procedures of interest to you and give this form to the doctor or medical assistant during your visit.

- | | |
|---|---|
| <input type="checkbox"/> Skin-care advice and products | <input type="checkbox"/> Redness/ Rosacea |
| <input type="checkbox"/> Sunscreen advice/ Sun damage | <input type="checkbox"/> Brown spots/ Melasma |
| <input type="checkbox"/> Botox | <input type="checkbox"/> Sagging skin |
| <input type="checkbox"/> Dermal fillers | <input type="checkbox"/> Acne & other scars |
| <input type="checkbox"/> FotoFacial (IPL)/ FotoFirm | <input type="checkbox"/> Restoring volume to the face |
| <input type="checkbox"/> Fraxel or Thermage | <input type="checkbox"/> Stretch marks |
| <input type="checkbox"/> Lip enhancement | <input type="checkbox"/> Laser hair removal |
| <input type="checkbox"/> Forehead wrinkles/ Frown lines | <input type="checkbox"/> Removing facial/leg veins |
| <input type="checkbox"/> Wrinkles around the eyes | <input type="checkbox"/> Cellulite |
| <input type="checkbox"/> Laser treatments | <input type="checkbox"/> Spa services |

We also have two monthly electronic newsletters called the *Skin-e-letter* and the *Spa-e-letter*. With these newsletters you will be the first to hear about the monthly specials, promotions and upcoming events.

Please check your preference(s):

_____ Sign me up for the *Skin-e-letter*, featuring the latest advances and specials in cosmetic dermatology.

_____ Sign me up for the *Spa-e-letter*, featuring the latest products and services, including specials, in the SPA at SBA.

Your email: _____

We encourage you to get the skinny each month from Suzanne Bruce and Associates so you can stay in the know and take advantage of our monthly procedure, treatment and product specials. You can elect at any time to discontinue this service easily through the e-letters each month.

Thank you.