

## **DERMACOSMEDICA**

In effort to provide you with a thorough analysis during your consultation visit, kindly complete the following cosmetic assessment. You can email or fax it back to our office prior to your appointment.

Please check all that apply.

**These are the areas of concern or interest for me:**

- Fine Lines and Wrinkles**
- Lines around Nose and Mouth**
- Eyelashes: Short, Thin**
- Rough Texture of Skin**
- Tired Looking Skin or Uneven Skin Tone**
- Skin Discoloration or Hyperpigmentation**
- Sagging Skin**
- Unwanted Hair**
- Brown Spots, Red Spots or Freckles**
- Frown Lines between your eyebrows**
- Acne Scars**
- Surgical Scars**
- Blue or Red Leg Veins**
- Blood Vessels around the Nose or other Parts of the Face**

Do I have your approval to email information on the above procedures (including special offers)?  Yes  No

Patient Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Patient Signature: \_\_\_\_\_