**Health issues and procedures or products of interest to you (please check all that apply).**

- BOTOX® Cosmetic
- Juvederm (dermal filler)
- Restylane/Perlane (dermal fillers)
- Skin Rejuvenation
- Retin-A or Renova
- Radiesse (dermal filler)
- Acne
- Chemical Peels
- Laser Resurfacing
- Laser Treatments
- Other, please specify ___________________________________________________

Please answer the following questions on a scale of 1 to 5 by circling the appropriate number.

When looking at my face in the mirror, I believe I look younger, the same as, or older than my true age.

<table>
<thead>
<tr>
<th>Younger Than</th>
<th>True Age</th>
<th>Older Than</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

When looking in the mirror, I am not concerned, somewhat concerned, or very concerned about the appearance of my wrinkles.

<table>
<thead>
<tr>
<th>Not Concerned</th>
<th>Somewhat Concerned</th>
<th>Very Concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

**How did you hear about us?**

- My physician (full name) _______________________________________________________
- My insurance company provider (name) ___________________________________________
- The yellow pages (specify advertisement) _______________________________________
- A friend or family member (name) ______________________________________________
- Another person not listed above (name) __________________________________________

*Please provide the name of and address of the person who referred you so we can thank them.*

<table>
<thead>
<tr>
<th>Internet</th>
<th>Local magazine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Approval to Email promotional offers** ____________________________________________

__________________________
Patient Signature

*Thank You!*