AMERICAN SKIN AND CANCER CENTER PC

COSMETIC QUESTIONAIRE

Patient Name:	**Date:**

What additional enhancement treatments would you like to learn about? Please check all that apply.

❑ Skin care advice	❑ Fine Wrinkles	❑ Neck wrinkles
❑ Skin Rejuvenation	❑ Botox	❑ Unwanted Hair
❑ Hair Removal	❑ Fillers	❑ Eyelash Fullness
❑ Spider Veins	❑ Chemical Peels	❑ Age Spots
❑ Microdermabrasion	❑ Acne Scarring	❑ Uneven Skin Tone
❑ Sun Damage	❑ Thin Lips	

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Special offers only valid through email

❑ **Approval to send you information via email on products and services** **(including special offers)**	***Email address:***

❑ *I'm not interested in any additional services provided at this time*