



COSMETIC INTEREST QUESTIONNAIRE

Name: _____

Cosmetic Interests (Check all that apply):

- | | | |
|------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Botox Cosmetic | <input type="checkbox"/> Facials | <input type="checkbox"/> Restylane/Perlane (Filler) |
| <input type="checkbox"/> Dark Spot Removal | <input type="checkbox"/> Skincare Products | <input type="checkbox"/> Juvederm (Filler) |
| <input type="checkbox"/> Microdermabrasion | <input type="checkbox"/> Mole Removal | <input type="checkbox"/> Radiesse (Filler) |
| <input type="checkbox"/> Skin Tightening | <input type="checkbox"/> IPL | <input type="checkbox"/> Spider Vein Removal |
| <input type="checkbox"/> Chemical Peels | <input type="checkbox"/> Scar Removal | <input type="checkbox"/> Eyelash Growth |
| <input type="checkbox"/> Laser Hair Reduction | <input type="checkbox"/> Waxing | <input type="checkbox"/> Laser Facials |

Facial Surgery Interests (Check all that apply):

- | | | |
|----------------------------------------------------|----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Excess Eyelid Skin | <input type="checkbox"/> Browlift | <input type="checkbox"/> Facial Implants |
| <input type="checkbox"/> Eyelid Lift | <input type="checkbox"/> Low Eyebrows | <input type="checkbox"/> Cheeklift |
| <input type="checkbox"/> Fat Transfer | <input type="checkbox"/> Lid Lift | <input type="checkbox"/> Droopy Eyelids |

How did you hear about Dr. Logani and Aesthetic Eye Plastic Surgeons?

- | | | |
|-----------------------------------------------|--------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Friend or Family | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Other: _____ |

If someone referred you, please share his or her name so we can thank them:
