

Cosmetic Questionnaire (Optional)

Our goal is to make every patient look and feel as radiant as possible. The Derm Institute is committed to a no-pressure atmosphere where we partner with you to achieve healthy, happy skin.

Tell us if you are interested . . .

- | | |
|---|--|
| <input type="checkbox"/> Skincare Advice | <input type="checkbox"/> Non-Invasive Body Fat Elimination |
| <input type="checkbox"/> Skin Texture/ Skin Laxity Improvement | <input type="checkbox"/> Non-Invasive Butt Lift |
| <input type="checkbox"/> Botox or Other Wrinkle Relaxer | <input type="checkbox"/> Laser Resurfacing/ IPL |
| <input type="checkbox"/> Cosmetic Fillers (Restylane, Juvederm, Radiesse) | <input type="checkbox"/> Redness or Broken Capillaries |
| <input type="checkbox"/> Age Spots/ Uneven Pigmentation | <input type="checkbox"/> Pore Size |
| <input type="checkbox"/> Chemical Peels | <input type="checkbox"/> Eyelash Enhancement |
| <input type="checkbox"/> Acne Scars | <input type="checkbox"/> Spider Vein Treatment |

Share with us any specific concerns or areas for improvement . . .

Let us know your current skincare products:

AM Regimen

Cleanser: _____

Serum: _____

Moisturizer: _____

SPF: _____

Topical Rx: _____

PM Regimen

Cleanser: _____

Serum: _____

Moisturizer: _____

Eye Cream: _____

Topical Rx: _____