



Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date: \_\_\_\_\_

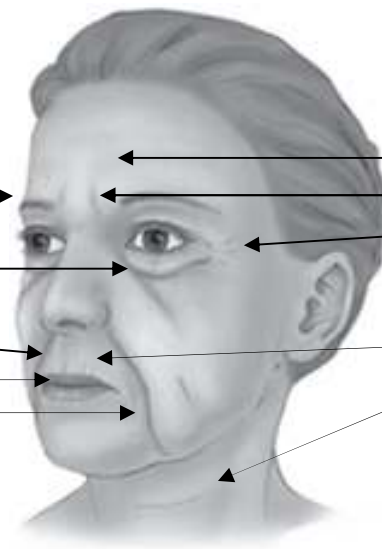
### Your Aesthetic & Skin Concerns:

Please review the list below and CHECK off the areas you have concerns and/or questions about.

- Brown Spots
- Redness
- Skin Laxity
- Texture
- Scarring
- Dark Circles
- Pores
- Veins
- Firmness
- Body Contouring
- Acne
- Unwanted Hair

#### FILLERS

- BROW
- HALLOWS
- SMILE LINES
- LIPS
- MARIONETTE LINES



#### BOTOX®

- WORRY LINES
- FROWN LINES
- CROW'S FEET
- SMOKER'S LINES
- NECK LINES

#### LAXITY

- JOWLS
- NECK
- CHEEKS

Please feel free to elaborate

- Frown Lines Between Brows: \_\_\_\_\_
- Horizontal Forehead Lines: \_\_\_\_\_
- Crow's Feet / Bunny Lines: \_\_\_\_\_
- Opening Up Eyes / Brow Shaping: \_\_\_\_\_
- Vertical Lip Line Softening: \_\_\_\_\_
- Soften Dimpling Chin / Chin Crease: \_\_\_\_\_
- Horizontal Neck Lines: \_\_\_\_\_
- Vertical Neck Bands: \_\_\_\_\_
- Square Jaw / Jaw Line Softening: \_\_\_\_\_
- Upper Nose Wrinkles: \_\_\_\_\_
- Soften Down Turned Mouth: \_\_\_\_\_
- Gentle Brow Lift: \_\_\_\_\_
- OTHER: \_\_\_\_\_

Note Areas Discussed With Client:

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