

## Cosmetic Market Survey

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ DOB: \_\_\_\_\_

Email \_\_\_\_\_

- ☐ **Wrinkles**
- ☐ Around eyes
- ☐ Around mouth
- ☐ Forehead
- ☐ Between brow
- ☐ Other \_\_\_\_\_

- ☐ **Brown Spots**
- ☐ Face
- ☐ Neck
- ☐ Chest
- ☐ Hands
- ☐ Arms

- ☐ **Broken Veins**
- ☐ Face
- ☐ Neck
- ☐ Chest
- ☐ Legs

- ☐ **Red/Ruddy Skin**
- ☐ Face
- ☐ Neck
- ☐ Chest
- ☐ Other \_\_\_\_\_

- ☐ **Saggy/loose Skin**
- ☐ Face
- ☐ Neck
- ☐ Eyes

- ☐ **Volume Defect**
- ☐ Lips

- ☐ Under eyes
- ☐ Hands

- ☐ **Unwanted Fat**
- ☐ Chin
- ☐ Stomach
- ☐ Arms
- ☐ Thighs
- ☐ Back
- ☐ Hips
- ☐ Buttocks

- ☐ **Skin Texture/Tone**
- ☐ Rough
- ☐ Dry
- ☐ Oily
- ☐ Blotchy

- ☐ **Acne**
- ☐ Blackheads
- ☐ Pustules
- ☐ Whiteheads
- ☐ Scarring

- ☐ **Unwanted Hair**
- ☐ Face
- ☐ Body

- ☐ Puffy eyes
- ☐ Dark Circles
- ☐ Hair Loss
- ☐ Proper skin regimen

- ☐ **Botox™ Cosmetic**
- ☐ **Restylane**
- ☐ **Photo-rejuvenation**
- ☐ **Micro-Dermabrasion**
- ☐ **Threadlift™**
- ☐ **Safelift™**
- ☐ **Chemical Peels**
- ☐ **Tumescent Liposuction**

**What objections might you have to addressing any of these issues?**

- ☐ **Cost**
- ☐ **Time**
- ☐ **Fear of Pain**
- ☐ **Other** \_\_\_\_\_

**If you would like to receive information on how we can help with these issues, please choose which contact method you prefer?**

- ☐ **US Mail**
- ☐ **Email**
- ☐ **Telephone #** \_\_\_\_\_
- ☐ **Schedule A Free Consultation**
- ☐ **I do not wish to receive any information**