



Name: _____ Date: _____

Telephone: _____ Email: _____

May we contact you regarding specials? If yes, how would you like us to contact you? _____

What are your areas of concerns?

Frown lines between the brows	Fine lines and wrinkles
Significant lines around the nose and mouth	Rough skin text
Facial Hair	Acne
Hyper pigmentation	Leg spider veins
Longer, Thicker, Darker Lashes	
Body Hair, please specify area _____	
Other, please specify _____	

Are you interested in learning more about any of the following?

Botox® Cosmetic	Liver spots/ age spots
Laser skin resurfacing	Facial Fillers
Hair removal	Skin Rejuvenation
Facial vein removal	Spider vein removal
Chemical peels	LATISSE™ (Eyelashes)
Other, please specify _____	

FIND OUT WHAT'S RIGHT FOR YOU

Start with number one non-surgical procedures

**SCHEDULE YOUR COMPLIMENTARY CONSULTATION WITH OUR
AESTHETIC EXPERT TODAY**