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www.therenewalcenter.com

Cosmetic Interest Questionnaire

Name _____

Please indicate area(s) of concern. Mark all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Fat Reduction | <input type="checkbox"/> Skin Analysis |
| <input type="checkbox"/> Spider Veins/Varicose Veins | <input type="checkbox"/> Facial Redness or Veins |
| <input type="checkbox"/> Fine Lines and Wrinkles | <input type="checkbox"/> Uneven Skin tone |
| <input type="checkbox"/> Major lines around nose and mouth | <input type="checkbox"/> Acne |
| <input type="checkbox"/> Texture of skin | <input type="checkbox"/> Dark circles under eyes |
| <input type="checkbox"/> Tired-looking skin | <input type="checkbox"/> Freckles |
| <input type="checkbox"/> Sagging Skin | <input type="checkbox"/> Sun/Age spots |
| <input type="checkbox"/> Hair Reduction | <input type="checkbox"/> Other _____ |

I would like to have more information on the following:

- | | |
|---|--|
| <input type="checkbox"/> Botox | <input type="checkbox"/> Chemical Peels |
| <input type="checkbox"/> Juvederm | <input type="checkbox"/> Sclerotherapy |
| <input type="checkbox"/> Restylane | <input type="checkbox"/> Intense Pulsed Light |
| <input type="checkbox"/> Radiesse | <input type="checkbox"/> Laser Hair Removal |
| <input type="checkbox"/> ArteFill | <input type="checkbox"/> HydraDermAbrasion |
| <input type="checkbox"/> The Renewal Lift | <input type="checkbox"/> CO2 Laser Resurfacing |
| <input type="checkbox"/> Fat Transfer | <input type="checkbox"/> Mole Removal |

I currently use the following skin care products to cleanse, moisturize and protect my face:

How did you hear about us:

Do you know about our Client Referral Program?

Refer a friend and you will receive a credit of 10% of their first purchase!

Name	Phone	Email
<hr/>		

Name	Phone	Email
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