



COMMONWEALTH

FACIAL PLASTIC SURGERY

Cosmetic Interest Questionnaire

Name: _____ Date: _____

Would you be interested in any of the following? (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Botox/Dysport | <input type="checkbox"/> Facial cosmetic surgery |
| <input type="checkbox"/> Sculptra Aesthetic | <input type="checkbox"/> Facelift |
| <input type="checkbox"/> Facial fillers such as: | <input type="checkbox"/> Browlift |
| <input type="checkbox"/> Restylane/Juvederm/Radiesse | <input type="checkbox"/> Eyelid lift (blepharoplasty) |
| <input type="checkbox"/> Latisse (for longer/thicker eyelashes) | <input type="checkbox"/> Nasal surgery (rhinoplasty) |
| <input type="checkbox"/> Lip enhancement | <input type="checkbox"/> Mole removal |
| <input type="checkbox"/> Skin rejuvenation | <input type="checkbox"/> Facial implants |
| <input type="checkbox"/> Skin-care consultation | <input type="checkbox"/> Other, please specify: |
| <input type="checkbox"/> Brown spots | _____ |

How did you hear about our practice?

- | | |
|--|---|
| <input type="checkbox"/> A friend or family member | <input type="checkbox"/> Internet Search |
| <input type="checkbox"/> A seminar | <input type="checkbox"/> Google |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Bing |
| <input type="checkbox"/> Salon | <input type="checkbox"/> Realself.com |
| <input type="checkbox"/> Advertisement or article | <input type="checkbox"/> DocShop.com |
| <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> www.matthewbridgesmd.com |

If you were referred by one of our patients, please share his or her name so we can thank him/her.

What cosmetic procedures, if any, have you had in the past?

Were you pleased with the outcome? If not, why?

If our office held a seminar for patients to learn more about certain cosmetic procedures, would you attend? Yes No

Would you like to be added to our e-newsletter list that provides information about specials on products and services? Yes No