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**Consultation Intake Form**

Please indicate the services and areas of interest

 Uneven Skin Color  Wrinkles  Leathery Texture

 Sun Damage  Lip Lines  Acne Scarring

 Age Spots  Crow’s Feet  Large Pores

 Melasma  Fine Lines  Hair Removal

 Freckles  Deep Lines  Dry/Rough Skin

 Broken Capillaries  Frown Lines  Alopecia

 Rosacea  Smile Lines  Hair Loss

 Acne  Cheek Volume  Skin Tightening

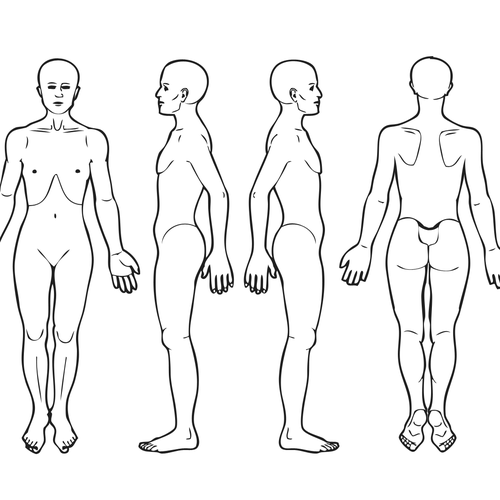
 Facial Veins  Chin Fat  Tattoo Removal

 Leg Veins  Lip Enhancement  Cosmetic Tattoo Removal

 Redness  Fine Facial Hairs

 Vaginal Dryness

 Incontinence



Circle any area(s) of concern for Body Contouring / Permanent Fat Reduction

Please list any other services you might be interested in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_