



Michael A. Persky, M.D. F.A.C.S.
16311 Ventura Blvd
Encino CA 91436
818-501-3223

Cosmetic Interest Questionnaire

Patient Name: _____ Date: _____ Chart ID_____

Please take a few minutes to fill in your areas of interest.

Please check all that apply:

- Botox® Eyes Forehead Crows feet Brow Shape Neck
- Restylane Lip Augmentation Naso Labial Fold Scarring Chemical Peels
- Juvederm Brow Lift Nasal Tip Nasal Obstruction Acne
- Collagen Skin Rejuvenation Wrinkle Birthmarks Retin-A, Renova
- Perlane Radiesse Liver-Age Spots Sunscreen Skin Care Products
- Eliminating Underarm Sweating Laser Treatments Hyperpigmentation
- Fraxel Laser Skin Tightening Eyelid Rejuvenation Lipo-Suction Snoring
- Rhinoplasty Fat Transfer Face Lift Ear Lobe Repair Otoplasty

Please list any previous cosmetic procedures or treatments you have had including Botox or fillers:

Name and phone number of your current physician:_____