PERSKY/SUNDER

FACIAL PLASTIC SURGERY

­­­­­­­­­­­­­­­16311 VENTURA BLVD. SUITE 600

ENCINO, CA 91436

(818) 501-3223

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| **COSMETIC INTEREST QUESTIONNAIRE** |
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| Thank you for scheduling your consultation at **PERSKY SUNDER FACIAL PLASTIC SURGERY** |
| In an effort to better serve your aesthetic goals, please take a few minutes to fill out this form |
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| **PATIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  |  |  |  |  |  |
| **WHAT IS THE REASON FOR YOUR VISIT TODAY?**Fine Lines \_\_\_ Deep Wrinkles \_\_\_ Dark Circles \_\_\_ Puffiness \_\_\_ Hollowness \_\_\_ Acne \_\_\_Nasolabial Folds \_\_\_ Loose Jowls \_\_\_ Loose Neck \_\_\_ Loss Facial Volume \_\_\_ Redness \_\_\_Sun Damaged Skin \_\_\_ Body Contouring \_\_\_ Body Skin Tightening \_\_\_ Baggy Eye Lids \_\_\_ Thin Lips \_\_\_ Skincare \_\_\_ Snoring \_\_\_ Scar \_\_\_ Cheeks \_\_\_ Breathing Problems \_\_\_Plastic Surgery, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Additional comments you would like to share with us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |