

Name _____ Date _____

Would you be interested in any of the following aesthetic services that we have to offer?

	YES	NO
Laser Hair Removal	_____	_____
Spider Vein Reduction	_____	_____
Tattoo Removal	_____	_____
Non-Surgical Fat Reduction	_____	_____
Wrinkle Reduction on Face/Neck		
Botox	_____	_____
Juvederm	_____	_____
Personal Skin Care Regimen	_____	_____
Medical Grade Facials	_____	_____
Nerium AD Anti Aging Night Cream	_____	_____
Longer, Thicker Eyelashes	_____	_____
Plumper Lip	_____	_____
Permanent Make-Up		
Lips	_____	_____
Eyeliner	_____	_____
Eyebrows	_____	_____
Therapeutic Massage	_____	_____
Physician Guided Weight Loss Program	_____	_____
Removal of Brown Spots, Freckles on face, neck or hands	_____	_____