EXPERTS IN BEAUTIFUL SKIN

LASER Esthetica

NALINI G. PRASAD, MD

PATIENT INFORMATION FORM

Patient Name: _____ Date: _____

Reason for visiting us today? _____

Consultation Information:

What conditions currently apply to your skin?

- ❑ Uneven skin tone
- ❑ Hyperpigmentation
- ❑ Acne/Acne scars
- ❑ Unwanted hair
- ❑ Facial capillaries
- ❑ Enlarged pores
- ❑ Lip lines
- ❑ Age spots
- ❑ Fine lines
- ❑ Wrinkles

Please indicate which treatments you are interested in:

- ❑ Acne Treatment
- ❑ Botox/Dysport
- ❑ Brown Spots
- ❑ Capillaries
- ❑ Chemical Peel
- ❑ FotoFacial
- ❑ Fractional Resurfacing
- ❑ Hair Restoration- Revage 670
- ❑ Laser Hair Removal
- ❑ Leg Vein Therapy
- ❑ Microdermabrasion
- ❑ Mole Removal
- ❑ Radiesse
- ❑ Restylane/Perlane
- ❑ Sculptra
- ❑ Skin Care
- ❑ Skin Surgery
- ❑ Tattoo Removal
- ❑ Teeth Whitening
- ❑ Waxing/Tinting

Areas of Interest for Laser Hair Removal (check all that apply):

- ❑ Lip
- ❑ Chin
- ❑ Sideburn
- ❑ Neck
- ❑ Bikini
- ❑ Underarm
- ❑ Lower Legs
- ❑ Thighs
- ❑ Upper Back
- ❑ Lower Back
- ❑ Buttocks
- ❑ Areolas
- ❑ Shoulder
- ❑ Abdomen
- ❑ Chest
- ❑ Arms

What would you like to achieve with your treatment(s) and/or skin care recommendations?

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