

## Personal Hair Restoration Objectives

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Your personal hair restoration objectives (check all the apply):**

- ☐ Hairline restoration
- ☐ Increase in frontal density
- ☐ Crown coverage
- ☐ Stop hair loss/decrease shedding
- ☐ Touch-up, refinement or correction of previous procedure
- ☐ Scar coverage
- ☐ Other (please explain): \_\_\_\_\_

**Please check the box which most closely matches your hair loss pattern.**

