Dermalase
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About Your Skin

Name: _____

Procedure you are interested in consulting on today.

_____

Please mark which conditions apply to your skin.

_____ Sun Damage

_____ Fine Lines

_____ Wrinkles

_____ Crows Feet

_____ Skin Texture

_____ Acne

_____ Acne Scars

_____ Blackheads

_____ Enlarged Pores

_____ Spider veins

_____ Dark Spots (Hyperpigmentation)

_____ Light Spots (Hypopigmentation)

_____ Broken Capillaries

_____ Rosacea

_____ Excessive Hair

_____ Loose Skin

_____ Body Contouring

_____ Moles

_____ Facial Redness

_____ Unwanted Tattoo

What skin care products do you currently use? Do you use SPF?

(Please provide us with all over the counter products and pharmaceuticals)

_____

_____

Are you interested in learning more about?

_____ Botox

_____ Restylane

_____ Microdermabrasion

_____ Chemical Peels

_____ Tattoo Removal

_____ Permanent Cosmetics

_____ 3-D Facial Rejuvenation

_____ Products

_____ Laser Treatments: * Hair Removal * Titan (Skin Tightening) * VelaShape (Body Contouring)

*Photofacial (Blotchy Skin) *Genesis (Skin Redness) *Laser Vein

*Fraxel® Laser Treatments (Brown Spots, Wrinkles, Overall Skin Texture)