

Name: _____ Date of Birth: _____

City: _____ State: _____

Phone #: _____ Email: _____

Occupation: _____

What areas are you interested in treating?

(Please check your primary areas)

Liposuction:

- Abdomen
- Arms
- Back
- Calves/Ankles/Knees
- Chest
- Chin/neck
- Hip/Waist
- Inner thigh
- Outer thigh
- Other (list below)

Plastic Surgery Procedures:

- Arm Lift/Brachio
- Breast Aug/Implants
- Breast Lift/Reduction
- Blepharoplasty
- Face/Neck Lift
- Gynecomastia/Male Breast
- Rhinoplasty
- Thigh Lift
- Tummy Tuck
- Other (list below)

What cosmetic procedures have you had done? (Check all that apply)

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- Arms
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- Chest
- Chin/neck
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Have you had Non-Invasive fat reduction procedures (i.e., CoolSculpting, sculpture etc.)? How long ago was it performed and what area? _____

Have you had large weight loss, if so how much did you lose and when? _____

Do you have skin looseness in areas you want lipo done? _____

Do you have any major medical issues? (Check all that apply)

- High Blood Pressure
- Heart Disease
- Lung Disease
- Diabetes
- Autoimmune/Lupus/MS
- Cancer
- DVT

- Bleeding disorder
- Hepatitis
- HIV
- Other

Height _____

Weight _____