NORTHERN JERSEY PLASTIC SURGERY CENTER, LLC

COSMETIC INTEREST QUESTIONNAIRE

Name: _____ **Phone: (_____)**_____

Address: _____

E-mail address: _____

Health issues of interest to you (please check all that apply):

( ) Abdominoplasty (Tummy Tuck)
( ) Acne
( ) Body Contouring after Weight Loss
( ) Breast Augmentation
( ) Breast Lift
( ) Breast Reduction
( ) Brow Lift (Forehead Lift)
( ) BOTOX®
( ) Cheek Implants
( ) Chemical Peels
( ) Chin Augmentation
( ) Chin Reduction
( ) Collagen Therapy
( ) Ear Pinback (Otoplasty)
( ) Eyelid Surgery (Blepharoplasty)
( ) Facelift
( ) Facials and Eye treatments
( ) Glycolic Peels
( ) Liposuction
( ) Nose Reshaping (Rhinoplasty)
( ) Skin Care Advice
( ) Sunscreen Advice
( ) Other _____

Are you thinking of having cosmetic surgery? _____

What type of surgery are you considering? _____

Give a brief description of the physical condition you are hoping to change/correct:

_____

_____

Give a brief description of your medical history i.e., other surgeries, allergies, etc.:

_____

_____

How would you like to be contacted?

_____ Email
_____ Telephone
_____ Regular Mail
_____ Other