

CARNIOL

PLASTIC SURGERY

COSMETIC • LASER • RECONSTRUCTIVE

WE ARE DEDICATED TO PROVIDING OUR PATIENTS WITH THE NEWEST AND MOST EFFECTIVE PROCEDURES AND PRODUCTS TO ENHANCE THE APPEARANCE OF YOUR SKIN, FACE, AND BODY.

NAME _____

WHAT ARE YOU INTERESTED IN?

- SKIN REJUVENATION
- WRINKLE REMOVAL
- FACIAL REDNESS, ROSACEA
- FACIAL SPIDER VEINS
- SCAR AND KELOID TREATMENTS
- AGE SPOTS AND FRECKLES
- BIRTHMARKS
- CHEMICAL PEELS
- FACIAL SMOOTHING, TIGHTENING
- NECK TIGHTENING
- LIQUID FACELIFT
- QUICKLIFT
- FULLER LIPS
- BOTOX ®
- RESTYLANE ®/ PERLANE ®/ JUVADERM ®
- VOLUMA
- YOUNGER LOOKING HANDS
- FIX EYELIDS
- YOUNGER LOOKING EYES
- ENHANCE LIPS
- REMOVE BROWN SPOTS
- IMPROVE NOSE
- IMPROVE SCARS
- PROTRUDING EARS
- REDUCE ACNE SCARS
- FACE AND NECK LIFT
- SKIN CANCER SURGERY AND RECONSTRUCTION
- BREAST AUGMENTATION, LIFT AND REDUCTION
- TUMMY TUCK
- FAT TRANSFERS
- FACIAL LIPOSTRUCTURE
- LASER WRINKLES
- DEVIATED SEPTUM
- MOLE REMOVAL
- OTHER _____

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HOW WOULD YOU LIKE PLASTIC SURGERY TO BENEFIT YOU?

PLEASE LIST YOUR CURRENT MEDICATIONS, INCLUDING DOSAGE, IF POSSIBLE. (REMEMBER TO INCLUDE ASPIRIN, ADVIL, BIRTH CONTROL PILLS AND HORMONES, STEROIDS, HEART AND ASTHMA MEDICATIONS, VITAMINS, BLOOD THINNERS OR HERBS.)

PLEASE LIST ANY MEDICATION ALLERGIES

DO YOU USE TOBACCO PRODUCTS? IF SO HOW MUCH?

HAVE YOU EVER HAD ANY OTHER SURGERY? _____
IF YES, WHAT WAS DONE?

DO YOU HAVE ANY BLEEDING PROBLEMS?

THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE

SIGNATURE (PATIENT, PARENT OR GUARDIAN)

(DATE)