

# 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 \_\_\_\_\_

# CARNIOL

PLASTIC SURGERY

COSMETIC • LASER • RECONSTRUCTIVE

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)