

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Are you interested in receiving information about the following?**

**COSMETIC PROCEDURES**

- MiniLift** (Mini-Face Lift under Local Anesthetic)
- Contour Thread Lift** (Non-Surgical Face and Brow Lifting)
- Blepharoplasty** (Cosmetic Eyelid Surgery)
- Endoscopic Brow Lift**
- Tumescent Liposuction**
- FAMI** (Fat Transfer)
- Fillers** (Restylane, Juvederm, Sculptra and Radiesse)
- Dermabrasion and Microdermabrasion**
- Chemical Peels**
- Botox**

**LASER SERVICES**

- Thermage/ThermaLift**
- PhotoFacial/ Photo-Rejuvenation**
- Profractional Laser**
- ClearLight Acne Treatment**
- Facial Veins**
- Leg Veins**
- Hair Removal**

**VEIN SERVICES**

- EndoVenous Laser Ablation** (for symptomatic Varicose Veins)
- Sclerotherapy** (for Spider Veins)
- Ambulatory Phlebectomy**

**COSMETIC SERVICES**

- Facials**
- Eyebrow/Eyelash Tinting**
- Waxing**