



Thank You for Choosing Swetnam Cosmetic Surgery!

1. Have you ever had or considered Cosmetic surgery? Yes No

If "yes" please provide your areas of interest: _____

2. Do you have Varicose Veins? Yes No

Do they bother you? Yes No

3. Do you currently use a skin care protocol (excluding make up)? Yes No

If yes, are you satisfied with your current skin care line? Yes No

4. Would you be interested in a ZO Medical Skin Care Consultation with one of our Swetnam Cosmetic Surgical Staff? Yes No

5. Have you ever had Botox Injections? Yes No

6. Would you be interested in scheduling a Botox injection treatment? Yes No

Why Did You Select Our Clinic? Please select all that apply.

Patient Referral. May we ask who? _____

Doctor Referral. May we ask who? _____

General Reputation or Recommendation _____

Speaking Engagement. Where? _____

Magazine. Name? _____

Newspaper. Name? _____

Yellow Pages. Which book? _____

Other _____

Would you like us to add your email address to our preferred patient contact list? Yes No