

WHAT IS THE REASON FOR YOUR VISIT TODAY?

ANY OTHER AREAS OF CONCERN YOU WOULD LIKE TO ADDRESS? *(Please note location)*

- | | |
|--|--|
| <input type="checkbox"/> Pigmentation _____ | <input type="checkbox"/> Fat Reduction _____ |
| <input type="checkbox"/> Sun Damage _____ | <input type="checkbox"/> Redness/Veins _____ |
| <input type="checkbox"/> Wrinkles/Lines _____ | <input type="checkbox"/> Tattoo Removal _____ |
| <input type="checkbox"/> Acne/Acne Scars _____ | <input type="checkbox"/> Hair Removal _____ |
| <input type="checkbox"/> Under-Eye Hollows _____ | <input type="checkbox"/> Feminine Rejuve _____ |
| <input type="checkbox"/> Loose Skin _____ | <input type="checkbox"/> Other _____ |

HOW DID YOU HEAR ABOUT DR. PILEST? *(Please check only one box below)*

- | | |
|---|--|
| <input type="checkbox"/> Friend/Family/Physician _____
<i>Name</i> | <input type="checkbox"/> Internet/Search Engine _____
<i>Google, Yelp, RealSelf, etc.</i> |
| <input type="checkbox"/> Magazine/Newspaper _____
<i>New Beauty, OC Register, etc.</i> | <input type="checkbox"/> Other _____ |

*** TOTAL DERMATOLOGY E-NEWSLETTER**

Our monthly e-newsletters are packed with educational information, the latest treatments, skin care tips, and **valuable special pricing & discounts** only offered to our subscribers! **You don't want to miss it!**

Print your e-mail to sign up _____

*** MAY WE FOLLOW-UP WITH YOU AFTER YOUR VISIT?**

It is our practice to call patients after visits to ensure all your questions are answered; we also utilize an automated text message system for appointment reminders. If you would like to be contacted following your appointment, please enter your preferred contact information below. If you do not wish to be contacted, simply leave it blank.

Contact number _____ *E-mail* _____