

Aesthetic Plastic & Reconstructive Surgery, P.C.
&
Spa On The Green

Interest Questionnaire

Patient Name: _____ Date: _____

Would you be interested in receiving an electronic newsletter and specials? Yes No

Please provide your e-mail address to authorize the use of your e-mail for this purpose only.

We do not share information with third parties

Email Address: _____

Signature: _____

Please check if you are interested in any of the following:

- | | |
|---|--|
| <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Abdominoplasty |
| <input type="checkbox"/> Facials | <input type="checkbox"/> Breast Enlargement |
| <input type="checkbox"/> Medical Skin Care Consult | <input type="checkbox"/> Breast Reconstruction |
| <input type="checkbox"/> AHA and Glycolic | <input type="checkbox"/> Breast Reduction |
| <input type="checkbox"/> PeelsBody Treatments | <input type="checkbox"/> Ear Surgery |
| <input type="checkbox"/> Botox | <input type="checkbox"/> Eyelid Surgery |
| <input type="checkbox"/> Wrinkle Fillers | <input type="checkbox"/> Facelift |
| <input type="checkbox"/> Laser Hair Removal | <input type="checkbox"/> Forehead Lift |
| <input type="checkbox"/> Laser Resurfacing | <input type="checkbox"/> Liposuction |
| <input type="checkbox"/> Spider Vein Treatment | <input type="checkbox"/> Male Breast Reduction |
| <input type="checkbox"/> Micro Laser | <input type="checkbox"/> Nose Surgery |
| <input type="checkbox"/> Peel/Profractional | |
| <input type="checkbox"/> Anti-Aging Skin Treatments | |

How did you hear about us?

- | | |
|---|-------|
| <input type="checkbox"/> My physician (name) | _____ |
| <input type="checkbox"/> Internet | _____ |
| <input type="checkbox"/> Previous Patient (name) | _____ |
| <input type="checkbox"/> Friend or Family (name) | _____ |
| <input type="checkbox"/> Seminar where I saw the Doctor | _____ |
| <input type="checkbox"/> Yellow Pages (city name) | _____ |
| <input type="checkbox"/> TV | _____ |
| <input type="checkbox"/> Newspaper | _____ |
| <input type="checkbox"/> Other (please be specific) | _____ |

How would you like to be contacted?

Phone _____ **Circle one:** Home/Work/Mobile
Email _____
Regular Mail _____