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[DEREKJONES\\_GENERAL\\_QUESTIONNAIRE\\_5.2014.INDD](#)

COSMETIC PATIENT INFORMATION Your answers to the following questions will help us with your treatment. Please answer each question as completely and accurately as you can. If you are unsure about a question, please ask one of our medical staff to clarify it. Your Name: Address: Home Ph.: Work: Mobile: Email: Please circle your contact preference: ? Home? ? Work? ? Mobile? ? Email Have you ever had plastic surgery...

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BACK AND FORTH ENDOSCOPIC SEPTOPLASTY TECHNIQUE AND RESULTS Chiara Bellini MD Matteo Trimarchi MD Salvatore Toma MD Mario Bussi MD Department of Otorhinolaryngology San Raffaele Scientific Hospital Vita-Salute University Milan Italy ABSTRACT INTRODUCTION SURGICAL TECHNIQUE DISCUSSION OBJECTIVES Describe our clinical experience in Septoplasty is a well-established procedure that is All patients were tre...

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[MICROSOFT WORD - COSMETIC INTEREST QUESTIONNAIRE \(1\).DOCX](#)

Cosmetic Interest Questionnaire Name What brings you to the office today? Do you have other areas of concern? (please check all that apply) Frown lines on brow, forehead, eyes, or Dark circles under eyes nose Breast size shape Hollows around the nose and mouth Fat in belly, flanks, arms, legs, chest, or Skin pigment, sun spots neck Acne scars Cellulite Fine lines, wrinkles, sagging skin Birthmarks...

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Patient information Name of Patient: Age: Date: Address Home Phone Email Cosmetic Interests Listed below are minimally invasive treatments offered here in the office. Please read the list below and tell us what procedure(s) you may be interested in. Please check all that apply: Botox Cosmetic Hyperpigmentation AHA and Glycolic peels Liver Spots Age Spots Juvederm Removing Leg Veins Skin Rejuvenatio...

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