

Name: _____

WHAT BOTHERS YOU?

Please mark below "what bothers you".

Date: _____

- FRECKLES/
PIGMENTATION**
- Freezing/LN
 - Bleaching cream
 - Laser to spots
 - Microdermabrasion
 - Chemical peel
 - Laser resurfacing
 - Photorejuvenation

- BLOOD VESSELS**
- Intense Pulsed Light
 - Lasers
 - Photorejuvenation

- SCARRING**
- Laser Resurfacing
 - Cool-Touch/
Smooth beam Lasers
 - Fillers
 - Subcision
 - Pulsed-dye Lasers
 - Punch grafts

- LARGE PORES, POOR
SKIN TEXTURE AND
FINE LINES**
- Laser Resurfacing
 - At-Home Skin Care
 - Chemical Peels
 - Microdermabrasion
 - Cool-Touch/
Smooth beam Lasers
 - Photorejuvenation
 - Gentle Waves

- SAGGING JOWLS**
- Thermage



- FOREHEAD LINES**
- Botox
 - Fillers
 - Thermage

- FROWN LINES**
- Botox
 - Fillers

- CROWS FEET**
- Botox
 - Fillers
 - Cool-Touch Laser
 - Laser Resurfacing

- DARK CIRCLES**
- Intense Pulsed Light
 - Lasers

- NOSE-TO-MOUTH LINES**
- Fillers
 - Thermage

- LIP LINES**
- Fillers
 - Cool-Touch/
Smooth Lasers
 - Laser Resurfacing

- MARIONETTE LINES**
- Fillers
 - Lipotransfer
 - Botox
 - Thermage

- NECK LINES**
- Botox
 - Thermage



REMEMBER:

- Don't smoke
- Protect your skin and eyes from the sun
- Follow your at-home skin rejuvenation program faithfully to maximize your benefits

COMMENTS:
