

Cosmetic Interest Questionnaire

Health issues of interest to you (please check all that apply):

Restylane

BOTOX[®] Cosmetic
(Botulinum Toxin Type A)

Please answer the following questions on a scale of 1 to 5 by circling the appropriate number:

When looking at my face in the mirror, I believe I look younger, the same as, or older than my true age:

Younger Than		True Age		Older Than
1	2	3	4	5

When looking in the mirror, I am not concerned, somewhat concerned, or very concerned about the appearance of my wrinkles:

Not Concerned		Somewhat Concerned		Very Concerned
1	2	3	4	5

How did you hear about us?

My physician (full name): _____

My insurance company provider: _____

The yellow pages (specify advertisement): _____

A friend or family member (name): _____

An article or advertisement in: _____

Internet: _____

Doctor's seminar (please include date and location): _____

Please provide the name and address of the person who referred you so we can thank them:

