Bryan PHYSICIAN NETWORK

Lincoln Aesthetic Surgical Institute

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402-483-8530 • fax 402-483-8531
www.lincolnaesthetic.com

Patient Name________________________________ Date ________________

Please check any of the following health topics, procedures, products, and body areas of concern or interest to you.

- ❑ Skin care advice
- ❑ Skin care products
- ❑ BOTOX® Cosmetic
- ❑ Facial Fillers: Juvederm/Radiesse
- ❑ Facial fine lines/wrinkles
- ❑ Laser skin resurfacing
- ❑ Thin lips
- ❑ Blotchy skin
- ❑ Chemical peel
- ❑ Eyelashes; Longer, Fuller, Darker
- ❑ Brown spots/age spots/freckles
- ❑ Drooping brow
- ❑ Drooping eyelids
- ❑ Nose size or shape
- ❑ Ear size or shape
- ❑ Facial fullness/drooping
- ❑ Mole removal
- ❑ Scar revision
- ❑ Neck wrinkles
- ❑ Breast size
- ❑ Abdominal area
- ❑ Hips
- ❑ Legs
- ❑ Facial Contouring
- ❑ Body Contouring
- ❑ OTHER: ____________________________

Please answer the following questions on a scale of 1 to 5 by marking 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

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

Not Concerned		*Somewhat Concerned*		*Very Concerned*
❍ 1	❍ 2	❍ 3	❍ 4	❍ 5

How did you hear about us? Check all that apply.

❑ My physician	Full name:
❑ My insurance company provider	Name:
❑ The yellow pages	Specify Ad:
❑ A friend or family member	Name:
❑ Internet Search Engine	Please specify:
❑ Lincoln Aesthetic Surgical Institute Website	
❑ Seminar	Date & Location:
❑ Other Website (i.e., LoveYourLook, PhysicianFinder, etc.)	Please specify:
❑ Other	Please specify:

Would you like to receive announcements on special discounts, new products or procedures?

❑ Yes ❑ No

If YES, what address can we send it to? ____________________________

Would you like to receive this information via an email address?

❑ Yes ❑ No

If YES, please list email address (name@example.com) ________________________

SIGNATURE ____________________________ DATE ________________