



Please fill out your issues of concern / things you would like to improve on below:

X	Concern / Interest - Face	Area on Face / Notes
	Wrinkles	
	Sun Damage / Wrinkles	
	Loose Skin	
	Thin Lips / Aging Lips	
	Spider Veins / Broken Capillaries / Redness	
	Double Chin	
	Unwanted Hair	
	Facial Volume Loss	

X	Concern / Interest - Body	Area on Body / Notes
	Loose Skin	
	Fat	
	Spider Veins	
	Unwanted Tattoo	
	Unwanted Hair	

X	Concern /Interest - Skin	Area / Notes
	Enlarged Pores	
	Sensitive Skin	
	Acne	
	Rosacea / Redness	
	Dry Skin	
	Uneven Texture of Skin	
	Melasma	
	Scars	