

Aging Skin Questionnaire

Which aging skin treatment is the correct one for me? (What are the options?) _____

What is the estimated cost of the procedure? _____

How long is one appointment? _____

How often will I need to receive treatments to treat my aging skin? _____

How far apart are the treatments? _____

What are the common side effects or complications associated with the procedure? _____

How can I prepare for the treatment/procedure? _____

Will the treatment hurt? _____

What are my pain management and anesthesia options? _____

How long is the recovery time associated with my procedure? _____

Do you have before-and-after patient images to help to prepare me for what to expect? _____

Will someone walk me through the process before going in for the treatment? _____

What are the risks? _____

What should I expect after the procedure is performed? (i.e., short-term and long-term effects; activity restrictions; expected recovery period) _____

Other Questions and Notes _____

Is a doctor on site? Yes No

Is the doctor board-certified in dermatology or in another specialty with equivalent training and experience? Yes No

Was my medical history taken? Yes No

Was I given an initial evaluation to determine if the technique or procedure is appropriate for my skin type? Yes No

Did the doctor show me before-and-after photos? Yes No