

Wang Plastic Surgery

Initial Survey Form

In order to better serve our patients and addressing all your needs and concerns please indicate areas of interests below. We will be happy to discuss these issues with you during your visit.

FACE

- | | |
|---|---|
| <input type="checkbox"/> Wrinkles | <input type="checkbox"/> Botox |
| <input type="checkbox"/> Sagging | <input type="checkbox"/> Restylane/Juvederm/Radiesse/Collagen |
| <input type="checkbox"/> Pores | <input type="checkbox"/> Laser/IPL Treatment |
| <input type="checkbox"/> Facial Veins | <input type="checkbox"/> Laser Hair Removal |
| <input type="checkbox"/> Chin | <input type="checkbox"/> Thermage |
| <input type="checkbox"/> Eyelids/Eyebrows | <input type="checkbox"/> Microdermabrasion |
| <input type="checkbox"/> Nose | <input type="checkbox"/> Mole/Wart Removal |
| <input type="checkbox"/> Ears | <input type="checkbox"/> Rhinoplasty |
| <input type="checkbox"/> Lip | <input type="checkbox"/> Otoplasty |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Brow/Face/Neck Lift |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Blepharoplasty |

BREAST

- Augmentation
- Lift
- Reduction
- Reconstruction
- Other _____

BODY

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Arm | <input type="checkbox"/> Liposuction |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Tummy Tuck |
| <input type="checkbox"/> Back | <input type="checkbox"/> Leg Vein Treatment |
| <input type="checkbox"/> Calf/Ankle | <input type="checkbox"/> Thermage |
| <input type="checkbox"/> Thigh | <input type="checkbox"/> Cellulite Treatment |
| <input type="checkbox"/> Buttock | <input type="checkbox"/> Scar Revision |
| <input type="checkbox"/> Other _____ | |