



Anna Avaliani MD

Cosmetic & Laser Surgery

Name: _____ Date: _____

Please check what treatments or concerns you would like to discuss **TODAY** with Dr. Avaliani

FACE concerns:

- | | | | |
|-------------------------------------|---|---|--|
| ☐ Acne scars | ☐ Marionette lines | ☐ Dark under eye circles | ☐ Brown spots |
| ☐ Melasma | ☐ Dark spots | ☐ Loose or saggy skin | ☐ Face/Nose veins |
| ☐ Rosacea | ☐ Volume loss | ☐ Smile lines | ☐ Facial hair |
| ☐ Small lips | ☐ Lip wrinkles | ☐ Looking tired | ☐ Wrinkles |

BODY concerns:

- | | | | |
|---|---|---|--|
| ☐ Fat removal | ☐ Cellulite | ☐ Loose or saggy skin | ☐ Tattoo removal |
| ☐ Hair loss | ☐ Stretch marks | ☐ Small or uneven butt | ☐ Leg veins |
| ☐ Surgical scars | ☐ Under chin fat | ☐ Profuse sweating | ☐ Old looking hands |

TREATMENTS:

- | | | | |
|---|---|--|--|
| ☐ Novathreads | ☐ Vampire Facial | ☐ PRP | ☐ Butt enhancement |
| ☐ Laser hair removal | ☐ Microneedling | ☐ Skin tightening | ☐ IV Infusion Therapy |

Lasers:

- | | | | |
|------------------------------------|---|---|--|
| ☐ SculpSure | ☐ PicoSure Focus | ☐ HydraFacial MD | ☐ Photofacial/IPL |
| ☐ Ultherapy | ☐ Elite+ HairRemoval | ☐ Vein Removal | ☐ PicoSure Tattoo |

Injectables:

- | | | | |
|--|--|---|--|
| ☐ Botox | ☐ Dysport | ☐ Sculptra | ☐ Restylane Defyne/Refyne |
| ☐ Juvederm Volbella | ☐ Juvederm Voluma | ☐ Juvederm Ultra | ☐ Juvederm Ultra Plus |
| ☐ Restylane | ☐ Restylane Silk | ☐ Restylane Lyft | ☐ Kybella |

☐ Other (please list): _____

Would you be interested in financing options?

- ☐ Yes ☐ No ☐ I have a CareCredit ☐ I have FlexPay (FSA)

Reveal the best you

