



### COSMETIC INTEREST FORM

\_\_\_\_\_ I would like to receive announcements, newsletters, and promotions through email.

\_\_\_\_\_ I would like to receive information about products and procedures through the mail.

\_\_\_\_\_ I would like to be contacted by phone to receive more information about cosmetic products and procedures.

#### I am interested in:

\_\_\_\_\_ Botox

\_\_\_\_\_ Fillers

\_\_\_\_\_ Clinical skincare treatments

\_\_\_\_\_ Peels

\_\_\_\_\_ Microdermabrasion

\_\_\_\_\_ Dermaplaning

\_\_\_\_\_ Kybella

\_\_\_\_\_ Make Up

\_\_\_\_\_ Products

\_\_\_\_\_ Latisse Eye Serum

\_\_\_\_\_ Skin Care Analysis

\_\_\_\_\_ Laser Hair Reduction

\_\_\_\_\_ Laser Leg Vein Treatments

\_\_\_\_\_ Laser Skin Rejuvenation

\_\_\_\_\_ Laser Facial Vein Treatments

**Print Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

*Thank you for your interest in our cosmetic products and procedures!*

