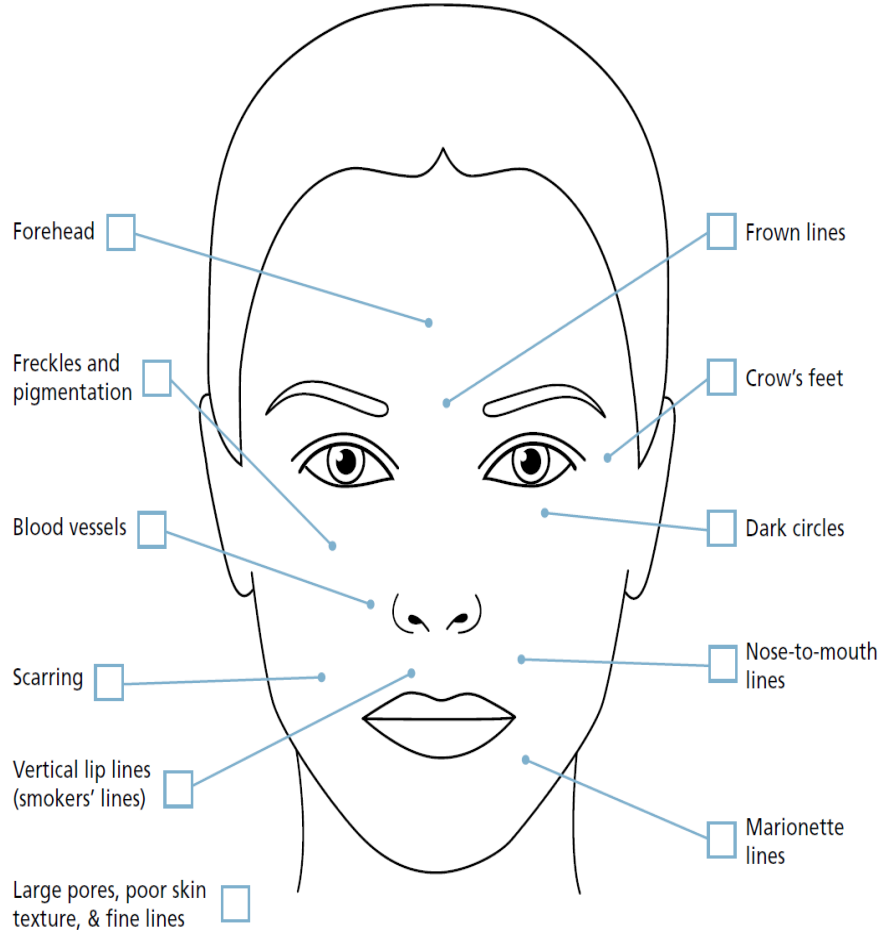


Cosmetic Questionnaire

Please select any cosmetic procedures you have had in the past:

Laser Chemical Peels Filler Botox/Dysport/Xeomin Surgical Correction

Please identify all areas of personal concern:



PATIENT NAME: _____

EMAIL: _____

DATE OF BIRTH: _____

PHONE: _____

SIGNATURE: _____ DATE: _____

Notice of Privacy Practices-Acknowledgement-We keep a record of the health care services we provide you. You may request to see, receive and/or make corrections to that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. To request a copy of your records or for more information contact the office at 425-455-3376. Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information. You may request a complete copy of our Notice of Privacy Practices or access it via our website at www.cjbmd.com. By providing your email and signing this form you are authorizing Carla J Bauman M.D. staff to contact you with information on cosmetic procedures, requested information and promotional specials.