



Paul A. Blair, M.D., Inc.

medispa
ALEXA ALEXA

My Cosmetic Concerns

Date: _____

Forehead:	<input type="checkbox"/> Wrinkles	<input type="checkbox"/> Low Brow	<input type="checkbox"/> Frown Lines
Eyelids:	<input type="checkbox"/> Excess Skin Upper Eyelids <input type="checkbox"/> Bags Lower Lids		<input type="checkbox"/> Wrinkles
Nose:	<input type="checkbox"/> Hump	<input type="checkbox"/> Boxy Tip	<input type="checkbox"/> Crooked
Lips:	<input type="checkbox"/> Wrinkles	<input type="checkbox"/> Thin	
Jawline:	<input type="checkbox"/> Laxity	<input type="checkbox"/> Jowls	
Neck:	<input type="checkbox"/> Laxity	<input type="checkbox"/> Wrinkles	<input type="checkbox"/> Turkey Neck
Skin:	<input type="checkbox"/> Wrinkles <input type="checkbox"/> Acne	<input type="checkbox"/> Texture <input type="checkbox"/> Scarring	<input type="checkbox"/> Blemishes
Other:	_____ _____		

Dr. Blair's Recommended Treatment

Surgery:	_____			
Laser:	_____			
Filler:	Radiesse	Juvederm	Restylane	# Syringes _____
Wrinkle Relaxer:	Botox	Dysport	Xeomin	# Units _____
Thermage:	_____			
Other:	_____ _____			

~ Please see attached quote for pricing.