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Name: _____

Today's Date: ____/____/____

What is your skin type: Oily ___ Dry ___ Combination ___

What do you use to cleanse your face: _____

What do you use to cleanse your body: _____

What do you use to wash your hands at the sink: _____

Do you use a facial sunscreen everyday: Yes ___ No ___

**If you would like to be notified of our skin care and cosmetic procedure promotions,
please provide us with your e-mail address:**

PLEASE NOTE THAT YOUR E-MAIL ADDRESS IS FOR OUR RECORDS ONLY
AND WILL NOT BE SHARED!

Have you ever had any of the following procedures:

___ Chemical Peel ___ Dermal Filler (Juvederm, Restylane)

___ Botox ___ Facial Waxing

___ Laser Treatment ___ Microdermabrasion

Did you experience any complications with any of these procedures?

If yes, please explain: _____

Do you have any of the following skin problems that you would like to correct:

___ Fine lines and wrinkles

___ Frown lines between brows

___ Wrinkles/lines around the nose and mouth

___ Wrinkles around eyes

___ Sagging/loose skin

___ Length/thickness of eyelashes

___ Facial veins

___ Hair removal

___ Leg veins

___ Age spots

___ Birthmarks

___ Uneven skin tone

___ Acne

___ Dark circles

___ Freckles

___ Dryness

Are you interested in learning about the following products and treatments:

___ Botox

___ Sun Protection

___ Juvederm injectable filler

___ Chemical Peels

___ Latisse (for longer lashes)

___ Laser Treatment/resurfacing

___ Obagi skincare

___ Jane Iredale Mineral Make-up

___ Retin-A / Refissa

___ Waxing

___ Acne Treatment