

## *Referral Information*

Name \_\_\_\_\_ Date \_\_\_\_\_

### *I learned about the Cosmetic Surgery Center from:*

- \_\_\_ 1. My **friend/relative**, \_\_\_\_\_, recommended you.
- \_\_\_ 2. I read about you in **HEALTHLINES**, the Q and A section of the AR-DEM GAZ.
- \_\_\_ 3. I saw your website **www.lrcsc.com**.
- \_\_\_ 4. I saw you in the **ARKANSAS DEMOCRAT GAZETTE**.
- \_\_\_ 5. I heard about you on the radio. **KSSN**.
- \_\_\_ 6. I saw your Facebook/Twitter.
- \_\_\_ 7. I saw you on \_\_\_\_\_ **TV show**.
- \_\_\_ 9. **Other (Please specify)** \_\_\_\_\_

### *What procedure(s) brought you to our office today?*

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### **Please place a check by any procedure(s) you may have “*future interest*” in.**

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|-----------------------------------|-------------------------|
| ___ Face/Neck Lift                | ___ Breast Uplift       |
| ___ Eyelids                       | ___ Breast Reduction    |
| ___ Brow/Forehead Lift            | ___ Tummy Tuck          |
| ___ Chin/Cheek implants           | ___ Nasal Contouring    |
| ___ Laser/Dermabrasion            | ___ Laser Vein Removal  |
| ___ Chemical Peel/”The Blue Peel” | ___ Laser Hair Removal  |
| ___ Lip Augmentation              | ___ Permanent Cosmetics |
| ___ Computer Video Imaging        | ___ Microdermabrasion   |
| ___ Fat Injections                | ___ LipoSelection       |
| ___ Facial/Chin/Body Liposuction  | ___ Other _____         |
| ___ Botox                         |                         |
| ___ Restylane Injections          |                         |
| ___ Earlobe Repair                |                         |
| ___ Breast Augmentation           |                         |