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Cosmetic Questionnaire

I would like to find out more about the following services at Danbury Eye (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Eyelid lifts | <input type="checkbox"/> Skin rejuvenation |
| <input type="checkbox"/> Lower eyelid 'bag' reduction | <input type="checkbox"/> Sun damage reduction |
| <input type="checkbox"/> Brow and forehead lift | <input type="checkbox"/> Aging skin analysis |
| <input type="checkbox"/> Wrinkle reduction | <input type="checkbox"/> Wrinkle prevention |
| <input type="checkbox"/> Laser skin resurfacing | <input type="checkbox"/> Lip reduction |
| <input type="checkbox"/> Cheek lifts and implants | <input type="checkbox"/> Lip lifts |
| <input type="checkbox"/> Chemical peels | <input type="checkbox"/> Earlobe repair |
| <input type="checkbox"/> Facial fillers for wrinkles | <input type="checkbox"/> Botox for wrinkles |

Please hand this to your treating physician to learn more or fill out the bottom portion and someone will contact you with further information, events and promotions. If you are interested we can assist you in scheduling an appointment with one of our Oculoplastic surgeons.

Name _____

Date _____

Telephone _____

E-mail _____

