



## COSMETIC SURGERY BACKGROUND

### How would you describe your current practice?

- 25% Cosmetic - 75% Other \_\_\_\_\_  50% Cosmetic - 50% Other \_\_\_\_\_  
 75% Cosmetic - 25% Other \_\_\_\_\_  100% Cosmetic

### Please indicate cosmetic procedures you currently perform:

INVASIVE BODY and FACIAL (please check all the apply)

- Abdonimoplasty  Face Lift  
 Breast Implants  Forehead lift  
 Breast Lift  Genioplasty  
 Breast Reduction  Lip Implant  
 Buttock Implants  Malar Augmentation  
 Buttock Lift  Otoplasty  
 Calf Implant  Rhinoplasty  
 Gynecomastia  OTHER ( please list) \_\_\_\_\_  
 Liposuction \_\_\_\_\_  
 Thigh Lift \_\_\_\_\_  
 Upper Arm Lift \_\_\_\_\_

NON-INVASIVE TREATMENTS (please check all that apply)

- Botox ®  Hair Transplantation  
 Chemical Peels  Hair Restoration  
 Collagen Injections  Laser Hair Removal  
 Dermabrasion  Penile Enlargement  
 Fat Injections  Sclerotherapy  
 Laser Resurfacing  Tattoo Removal  
 Microdermabrasion  OTHER ( please list) \_\_\_\_\_  
 Restylane/Hylaform \_\_\_\_\_  
 Radiance \_\_\_\_\_  
 Thermage \_\_\_\_\_

### Please list all recent cosmetic surgery training or educational courses taken:

Course/training director \_\_\_\_\_ Date of course/training \_\_\_\_\_

Brief description of course/training content \_\_\_\_\_

Course/training director \_\_\_\_\_ Date of course/training \_\_\_\_\_

Brief description of course/training content \_\_\_\_\_

### Please list all residency and/or fellowship training programs completed:

Program director \_\_\_\_\_ Dates of program \_\_\_\_\_

Brief description of program content \_\_\_\_\_

Program director \_\_\_\_\_ Dates of program \_\_\_\_\_

Brief description of program content \_\_\_\_\_