surface
Cosmetic & Anti-Aging
Clinic

"Home of the Face-lift without the surgery"

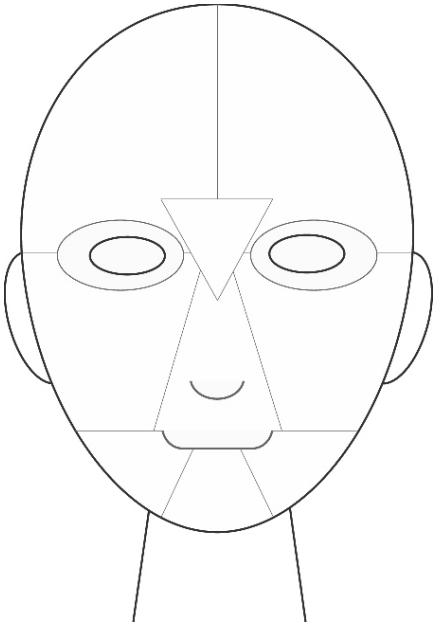
Patient Consultation Notes

Name _____ Chart # _____ Date _____

Temp._____ BP_____ P. _____ Weight _____ Age _____

Allergies _____ Meds. _____

Personal _____

_____

Notes: _____