



"Home of the Face-lift without the surgery"



surface
Cosmetic & Anti-Aging
Clinic

SURFACE COSMETIC AND ANTIAGING CLINIC FOLLOW UP VISIT

Post treatment visit #: _____

Name: _____ Date: ____ / ____ /20

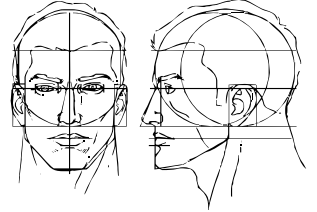
Patient presents for follow up, status post: _____

Second Consultation for: _____ First consultation date: _____

The new plan is: _____

I have discussed in details plan with the patient, risks and benefits and consent has been signed.

- Facial peel:** Healing well Erythema Pigmentation
 Pain Herpes



Other complications or complaints: _____

Facial Thermage: _____ post op time: _____

Patient presents for follow up. Doing well: _____

Pictures done today: _____ First picture: _____

Follow up plan is: _____

Facial lift

Total facial rejuvenation package _____ post op. time: _____

Patient is doing well no complaints, healing well. _____

Complaints today: _____

Site area: _____

- Healing well: Granuloma Pain Edema Ecchymose Hematoma

Follow up plan is: _____

New pigmentation area: _____



Body Thermage: _____

Area: _____ post op time: _____

Complications: _____

Picture done today: _____

Follow up plan: _____

Previous complaints are resolving well.

New plan: _____

Continue skin care:

- SEDA: _____ week #: ____ OBAGI: _____ week #: ____ Other system: _____ week #: ____

Next visit ____ / ____ /20 Picture: _____

New Thermage: Chemical Peel Tesla Other: _____

Patient satisfaction: I do not like the result The result is what I have expected The result is better than what I have expected