



“Home of the Face-lift without the surgery”



**surface**  
Cosmetic & Anti-Aging  
Clinic

## Patient Notes - Thermage

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

How long ago was your Thermage treatment? \_\_\_\_\_

Why did you decide to have Thermage?

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Why did you choose Surface for your treatment?

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How do you feel about your results so far?

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How would you recommend Thermage to a friend?

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