Secret™ RF

CONSULTATION FORM

CONSULTANT NAME: _____ DATE: _____

PATIENT INFORMATION

LAST NAME: _____ FIRST: _____ DOB: _____

PHONE: _____ EMAIL: _____

WEIGHT: _____ HEIGHT: _____

Have you tried any other rejuvenation procedures in the past? Please specify:

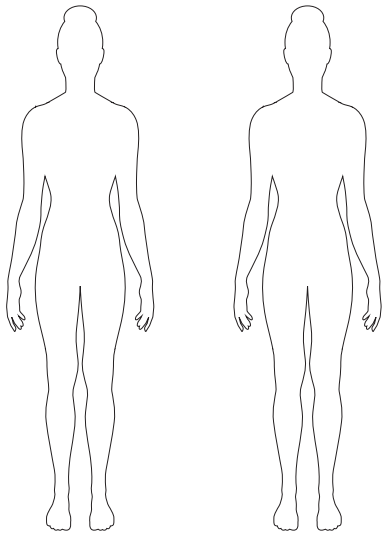
_____

What improvements would you like to achieve?

_____

	AREA OF CONCERN?	PRICE	# OF TXS
FACE	☐ YES ☐ NO		
NECK	☐ YES ☐ NO		
SCARS/STRETCH MARKS	☐ YES ☐ NO		
OTHER	☐ YES ☐ NO		
	TOTAL		
	DISCOUNT		
	QUOTE		

FRONT BACK



Comments: _____

_____

_____

Scheduled Appointment

DATE: _____ TIME: _____ PROVIDER: _____

CUTERA®
FACE + BODY AESTHETIC SOLUTIONS