www.careywang.com

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MEDICAL FORM

PLEASE COMPLETE THIS PDF FORM BY EMAIL RENDEZ-VOUS@CAREYWANG.COM BEFORE YOUR DATE OF APPOINTMENT

INFORMATION:
Last name:
First name:
Birthday: Year:Month:Day:
Home phone number: Cell.:
Home Address:
Email:
Medical card number and date of expiration:
Referring or Family doctor's name:
MEDICAL HISTORY:
☐ Drug allergies:
Smoker: ☐ Yes ☐ No
☐ Medications:
□ Cosmetic consultation □ Medical consultation □ Cosmetic and Medical consultation
If you would like to discuss an esthetic procedure at your next meeting with your dermatologist, check the one (s) you would like:
☐ Fillers (Teosyal, Restylane, Sculptra, Juvederm) for wrinkles and volume loss
☐ Lasers: Rejuvenation of skin, removal of wrinkles, brown spot, broken blood vessels
☐ Skin tightening lasers: Lax skin and jowls
☐ Botox: Wrinkles or excessive sweating
Eyelid surgery: Droopy lids or bags
□ Liposuction
☐ Skin texture improvement (photodynamic therapy microneedling)
☐ Sclerotherapy or lasers: Spider veins
 □ Removal of moles □ Nasal defect corrections with fillers
☐ Acne scar correction
☐ Chemical peels
CONDITIONS:

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A \$ 40 fee will apply for any appointment canceled or missed without a 24-hour notice (initiales)

\$ 30 fee will apply for all prescription renewals over the phone _____ (initiales)