

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: _____ ☐ Check if you do not want an email
Medical card number and date of expiration: _____
Referring or Family doctor's name: _____

MEDICAL HISTORY:

☐ Drug allergies: _____
Smoker: ☐ Yes ☐ No
☐ Medications: _____

APPOINTMENT:

☐ 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:

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)