

Ayala

ENT & Facial Plastic Surgery

Look Better, Breathe Better, Sleep Better

Welcome! Please complete this general information form and return along with any consent forms, to the receptionist.

Today's Date: _____

Name: _____

How were you referred to us? _____

What procedures are you interested in? (Please circle all which may apply)

Medical

Sleep/Snoring
Botox (Migraine) (Blepharospasm)
Skin Lesion-mole
Turbinate/ Hypertrophy
Balloon Sinuplasty
Eyelids

Face lift/ Head neck
Forehead lift
Skin pigment change
Laser treatment Micro peel
Sinus complaints
Nasal Obstruction
Reconstructive Surgery

Nasal Allergies
Voice Disturbance
Septal Deviation
Facial Deformity
Brow Ptosis
Scar Revision
Ear deformities

Aesthetics

Chemical peel
Acne Scarring
Facial Fillers
Hair removal
Chin Implant

Laser hair removal
Facial Liposuction
Aging Face
Hair Loss
Rhinoplasty

Microdermabrasion
Body Contouring
Facial Piercing repair
Botox/ Dysport
Laser resurfacing

Other: _____