

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
 Sleeping/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: _____