

# PONTE VEDRA

## Dermatology & Aesthetic Surgery

Dermatology • Mohs Surgery • Cosmetic Surgery • Medical Spa • Ambulatory Surgery Center



### Cosmetic Dermatology Survey

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

Please check the following survey items that are applicable. This will help us to better serve you. Thank you for your participation.

1. Can we email you with our monthly newsletter which has information on new skin care treatments, procedures, and general dermatology?  Y  N  
If yes, list email \_\_\_\_\_

2. Would you like to receive information on one of our upcoming seminars?  Y  N  
If so what would you like to hear about (list topic(s)) \_\_\_\_\_

3. Please Circle Yes or No  
Does your skin burn easily?  Y  N  
Does it scar easily?  Y  N  
Are you happy with your current skin care program?  Y  N  
Are you only interested in receiving prescription treatments that can be filled at a pharmacy?  Y  N

4. Are you interested in advanced skin care systems that have been researched and personally arranged by Dr. Harvey? These are carried and sold at our office.  Y  N

If yes, circle or check next to the following PVDAS skin care system(s) that you would like information on.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Sunscreen             | <input type="checkbox"/> Self Tanner                         | <input type="checkbox"/> Sun Rated Clothing             |
| <input type="checkbox"/> Acne Kit              | <input type="checkbox"/> Rosacea Kit                         | <input type="checkbox"/> Melasma Kit (Pigmentation Kit) |
| <input type="checkbox"/> Skin Rejuvenation Kit | <input type="checkbox"/> Men's Skin Care Kit                 | <input type="checkbox"/> Pregnancy Kit                  |
| <input type="checkbox"/> Oily Skin Kit         | <input type="checkbox"/> Antioxidant Kit (Cancer Prevention) | <input type="checkbox"/> Post Laser System              |
| <input type="checkbox"/> Aging Eyelid Kit      | <input type="checkbox"/> Stretch Mark Kit                    | <input type="checkbox"/> Dry Skin Care Kit              |
| <input type="checkbox"/> Scar Care Kit         | <input type="checkbox"/> Nail Care Kit                       | <input type="checkbox"/> Leg Vein Kit                   |

5. Are you interested in cosmetic dermatology procedures?  Y  N

6. Would you like a complimentary VISIA™ Complexion Analysis?  Y  N  
(VISIA™ assesses the health of your skin and how we can improve it with products or procedures)

7. Would you like to set up a complimentary cosmetic consult today?  Y  N

If yes, circle or check next to the following cosmetic dermatology advanced procedures that you would like info on.

- |  |  |
|--|--|
| <input type="checkbox"/> Fraxel™ Laser for Acne Scars, Sun Damage      | <input type="checkbox"/> Contour Thread Lift™                                      |
| <input type="checkbox"/> Botox™ Treatment                              | <input type="checkbox"/> Fillers (Restylane™, Sculptra™, Radiesse™)                |
| <input type="checkbox"/> Laser Eyelid Surgery (for tired looking eyes) | <input type="checkbox"/> CO <sub>2</sub> Micropeel™ with or without jowl reduction |
| <input type="checkbox"/> Liposuction Surgery                           | <input type="checkbox"/> (S-Lift)-Dermatology Advanced Face-Lift                   |
| <input type="checkbox"/> Earlobe Repair                                | <input type="checkbox"/> Spider Vein Treatments                                    |
| <input type="checkbox"/> Laser Hair Removal                            | <input type="checkbox"/> Growth Removal  |

Laser Treatments for:  Acne  Scars  Wrinkles  Rosacea (Veins)  Stretch Marks  Brown (Age) Spots

8. Would you like information on our medical spa or to talk to one of our aestheticians today?  Y  N

Circle or check next to the following medical spa procedures that you would like info on.

- |                                       |  |                                       |                                       |  |
|---------------------------------------|--|---------------------------------------|---------------------------------------|--|
| Peels for:                            | <input type="checkbox"/> Acne & Clogged Pores  | <input type="checkbox"/> Fine Lines   | <input type="checkbox"/> Brown Spots  | <input type="checkbox"/> Waxing Procedures   |
| Facials:                              | <input type="checkbox"/> European Facial       | <input type="checkbox"/> Men's Facial | <input type="checkbox"/> Acne Facial  | <input type="checkbox"/> Brow Tinting        |
| <input type="checkbox"/> Make-up Info | <input type="checkbox"/> Blu-U™ Light for Acne | <input type="checkbox"/> Microderm.   | <input type="checkbox"/> Ear Candling | <input type="checkbox"/> Paraffin Treatments |

"Thank you for your time and filling out this survey. Have a great day!"

Dr. Harvey

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