

PLEASE INDICATE ANY AREAS OF CONCERN FOR YOU

Check All That Apply:

Name: _____ Age: _____ Date: _____

Forehead Lines



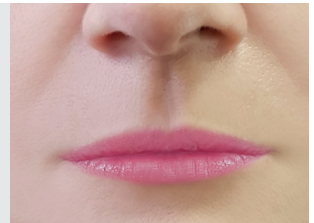
**Lip Appearance
& Texture**



Frown Lines



Thin Lips



**Crow's Feet
Lines**



Double Chin



**Flattened Cheeks/
Sunken Cheeks**



**Thinning/
Inadequate Lashes**



**Lines & Wrinkles
Around the Nose
& Mouth**



**Skin Appearance
& Texture**



Please See Next Page for More Options

13110 W. Dodge Rd, Suite B / Omaha, NE 68154 / 402.408.0017 • 12741 Q St / Omaha, NE 68137 / 402.895.8001

PLEASE INDICATE ANY AREAS OF CONCERN FOR YOU

Check All That Apply:

Sexual Wellness
Men & Women



Unwanted Hair
Men & Women



Hormone Imbalance
for Women



Excessive Sweating



Low Testosterone



Unwanted Tattoos



Hair Loss
Men & Women



Questions About Our Treatment Options?

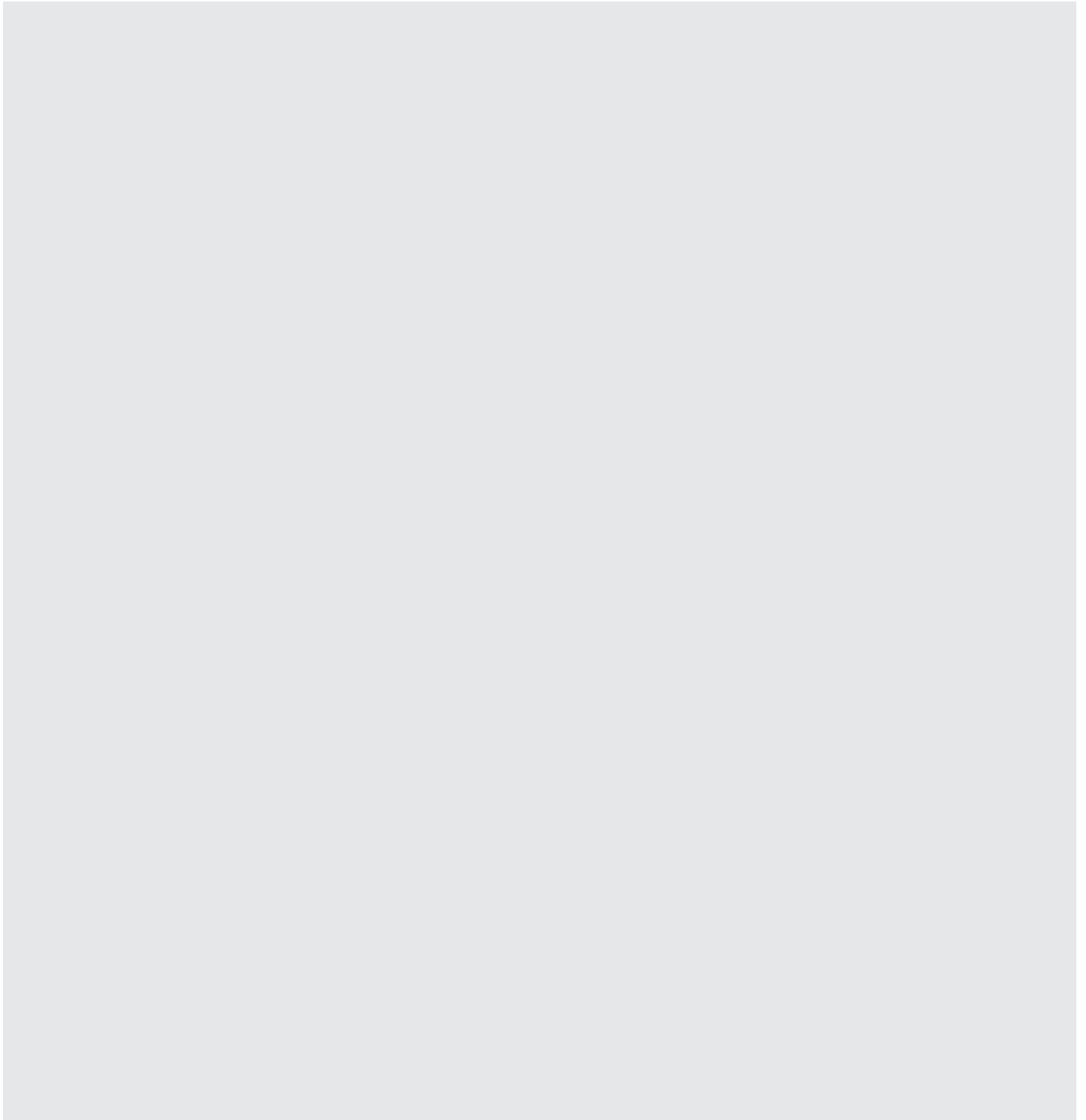
Visit us at www.OmahaPMC.com to learn more about our services or visit www.PMCspecials.com to view our current monthly specials.

Be Sure to Bring This to Your Aesthetic Specialist for Your Assessment

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PATIENT TREATMENT RECOMMENDATIONS

Name: _____ Next Appointment Date: _____

A large, empty gray rectangular area intended for writing patient treatment recommendations.