Facial Redness Questionnaire

Which facial redness procedure is the correct one for me? (What are the options?)

__________________________________________________________________________

What is the estimated cost of the procedure?

__________________________________________________________________________

How long is one appointment?

__________________________________________________________________________

How often will I need to receive treatment?

__________________________________________________________________________

How far apart are the treatments?

__________________________________________________________________________

What are the common side effects or complications associated with the procedure?

__________________________________________________________________________

__________________________________________________________________________

How can I prepare for the treatment/procedure?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Do the treatments hurt?

__________________________________________________________________________

What are my pain management and anesthesia options?

__________________________________________________________________________

__________________________________________________________________________

How long is the recovery time associated with my procedure?

__________________________________________________________________________

Do you have before-and-after patient images to help to prepare me for what to expect?

__________________________________________________________________________

Will someone walk me through the process before going in for treatment?

__________________________________________________________________________

What are the risks?

__________________________________________________________________________

__________________________________________________________________________
What should I expect after the procedure is performed? (i.e., short-term and long-term effects; activity restrictions; expected recovery period)

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Other Questions and Notes

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Is a doctor on site? ☐ Yes ☐ No

Is the doctor board-certified in dermatology or in another specialty with equivalent training and experience? ☐ Yes ☐ No

Was my medical history taken? ☐ Yes ☐ No

Was I given an initial evaluation to determine if the technique or procedure is appropriate for my skin type? ☐ Yes ☐ No

Did the doctor show me before-and-after photos? ☐ Yes ☐ No