Acne Scar Questionnaire

Which acne scar 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 to remove my acne scars? __________________

____________________________________________________________________________________

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? _________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Does acne scar removal 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)

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Other Questions and Notes

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

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