



## NEW PATIENT SURVEY FORM

Welcome! If you would like to receive notice of on-line-only specials that we offer from time to time, legibly print your email address in the space provided below. Thank you for your time.

First Name \_\_\_\_\_ In what town do you live? \_\_\_\_\_

E-Mail Address \_\_\_\_\_ How old are you? \_\_\_\_\_

Where did you **first** hear about Pinewood Medical Laser? (Please circle only **one**)

Family/Friends      The Radio      The Mail      A Newspaper      The Internet  
 The Phone Book      A Bridal Event      Billboard      Bus Advertisement

Other \_\_\_\_\_

If you have ever heard about us on the Internet, do you recall **on which website** you first heard about us?

\_\_\_\_\_

Why did you select Pinewood Medical Laser over our competitors?

\_\_\_\_\_

What procedure(s) are you having performed at Pinewood Medical Laser? (Please circle **all** that apply)

Tattoo Removal      Hair Removal      Smart Lipo  
 Botox/Juvederm      Skin Treatments      Spider Vein Treatment

Are there **other procedures** you are considering for the future? (Please circle **all** that apply)

Tattoo Removal      Hair Removal      Smart Lipo  
 Botox/Juvederm      Skin Treatments      Spider Vein Treatment

Thank you for your time. Welcome to Pinewood Medical Laser!