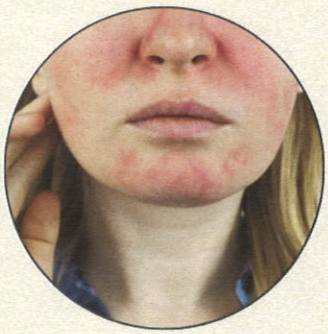
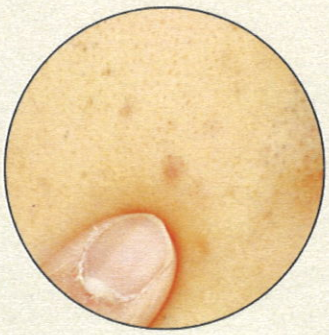
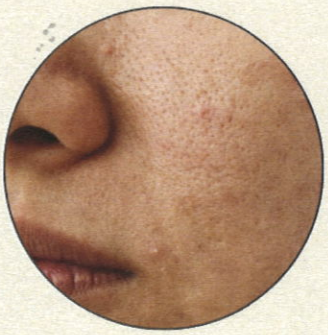
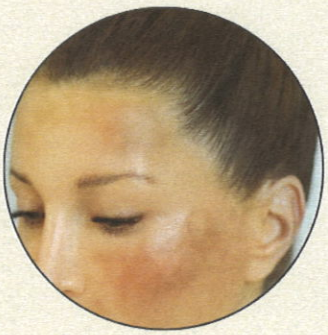
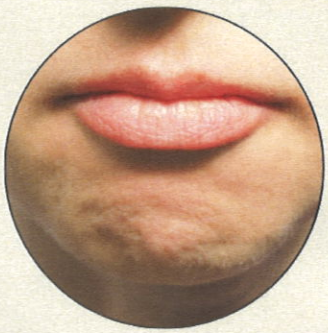
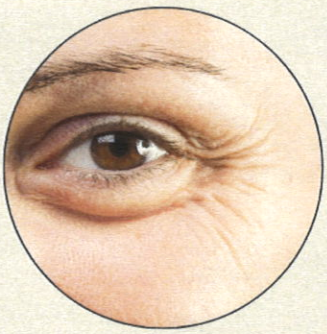
AESTHETIC QUESTIONNAIRE

Name: _____ DOB: _____ Age: _____

Phone Number: _____ Email: _____

Please check the box(es) of any skincare concerns you have:

 ☐ Redness/ Rosacea	 ☐ Dark Spots	 ☐ Uneven Texture	 ☐ Uneven Skin Tone
 ☐ Dimpled Chin	 ☐ Frown Lines	 ☐ Crow's Feet	 ☐ Forehead Wrinkles

Other skincare concerns: _____

Our VISIA facial scanner provides a detailed assessment of your skin's condition and "TruSkin Age," targeting issues such as wrinkles, spots, pores, texture, and UV spots.

Would you be interested in a **FREE** Visia skin analysis today?
❑ Yes ❑ No