

**FILL IN THIS PAGE AND RETURN IT WITH YOUR PICTURES TO:**

*Beverly Hills Institute of Aesthetic and Reconstructive Surgery  
416 North Bedford Drive - Suite 200  
Beverly Hills, CA 90210  
(310) 278 - 8823 or (800) 854 - 8823*

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Country (if other than USA): \_\_\_\_\_

Day Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

O.K. to call you at work?  YES  NO (We do not identify ourselves as a doctor's office).

What specifically bothers you?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please take photos of the areas you are requesting an evaluation upon as follows:

**CLEAR, IN FOCUS PICTURES ARE ABSOLUTELY REQUIRED!**  
**35 MM 4" X 6" ARE THE BEST. Do Not Use a Polaroid Camera!**

**Facelift Evaluation**

- Face forward
- Profile - face forward
- Profile - chin down

**Eyelid or Browlift Evaluation**

- Full face
- Close up eyes (front)
- Eyes side profiles

**Rhinoplasty (Nose) Evaluation**

- Full face
- Both profiles
- Head back - photo of nose from below

**Liposuction**

- Full body - front and sides (wear a bikini)
- Close-up of specific areas (example: thighs or knees)

**Cleavoplasty**

- Front
- Side views
- Close-up
- Height \_\_\_\_\_
- Weight \_\_\_\_\_

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