

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**

Name: _____ Age: _____

Address: _____ Apt#: _____

City, State ZIP: _____

Where did you learn about us? _____

Day Telephone: _____ Evening Telephone: _____

Date: _____ Saw video? YES NO

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

Instructions for submitting pictures:

1. Wet down your hair.
2. Clear, in focus pictures are absolutely required. 35 mm. 4" x 6" are the best.
Do not use a Polaroid camera!
3. We need to see the entire head in each picture. Do not cut off part of your head, because we won't be able to tell exactly what we are looking at.
4. Take good, clear pictures of both sides, the front, back and top of your head.
5. When taking pictures of the sides, take at eye level with hair combed back. When taking pictures from the front, comb your hair back. When taking pictures from the back, take at eye level with hair separated from top to bottom. When taking pictures of top, separate so that we can see the density or hair loss in the crown area. **Take photos of sides and back at eye level.**
6. We must be able to determine the density of your hair and what your thinning pattern looks like to make an evaluation or recommendation. So be sure the pictures are not fuzzy, or that you are so far from the camera that we can't ascertain your density, or that the glare of the flash doesn't wash out part of your pictures.

Any previous hair procedures? _____ If yes what? _____

If plugs, number _____ taken from where? _____

[If possible, please also mark donor area(s) on your picture(s)]

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