



**Please feel free to mark areas of  
concern on the facial diagram**

**Patient Name:**

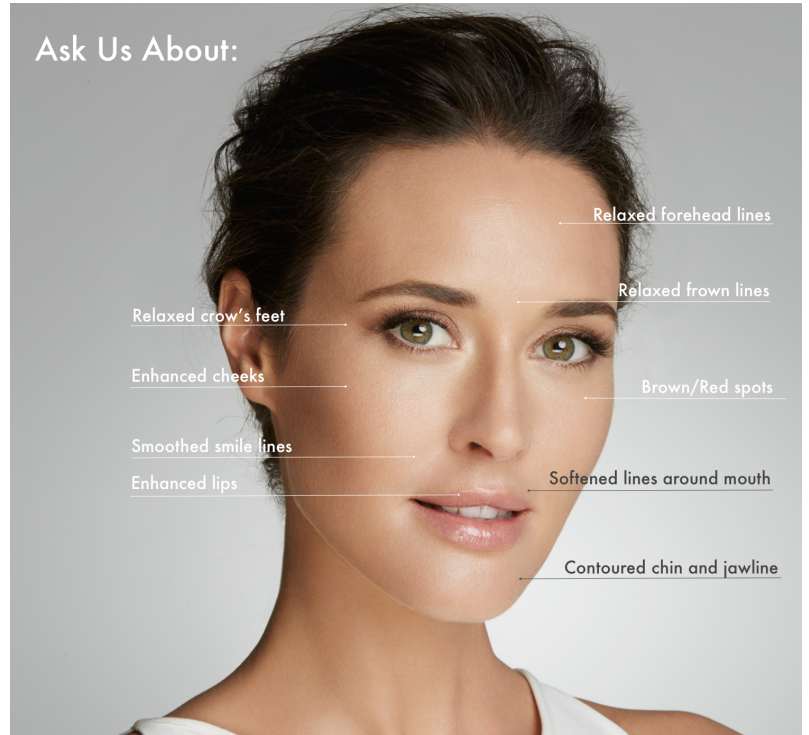
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**DOB:** \_\_\_\_\_

**Are you interested in advanced skin care  
products that have been researched by  
Dr. Kennedy? These are carried and sold  
at our office**    Y ☐    N ☐

**Recommendations can be customized  
based on skin type/concerns. (ie acne,  
anti-aging, oily skin, dry skin).**

Ask Us About:



	Interested in Learning More	Previously done/treated
<b>BOTOX</b>		
<b>Fillers (i.e. Juvederm)</b>		
<b>Microdermabrasion</b>		
<b>Microneedling</b>		
<b>Chemical Peels</b>		
<b>Facials</b>		
<b>Fine Lines/Wrinkles</b>		
<b>Brown Spots/Age Spots/ Freckles</b>		
<b>Facial Redness/Veins</b>		
<b>Hand Rejuvenation</b>		
<b>Laser Hair Removal</b>		
<b>Laser Tattoo Removal</b>		