

FORTSON DERMATOLOGY & SKIN CARE CENTER

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Personal Treatment Plan for Skin Care Services			
Na	ame	Date	
Areas of interest or concern for me (please rank using "1" as highest priority)		The main reason for my visit today.	
	Fine lines and wrinkles Major lines around nose and mouth		
	Skin texture		
	Uneven skin tone Dark circles or bags under eyes		
	Facials and eye treatments Acne		
	Acne laser Scars or acne scars Unwanted hair	The specific questions I would like answered regarding the reason for my visit.	
	Freckles/ brown spots/ age spots		
	Unwanted tattoo or birthmark Face or leg veins		
	Eliminating underarm sweating		
	Skin care products/ consultation Sun protection advice		
	Tattoo removal	Notes and additional instructions (for office use)	
	Fat reduction/Body sculpting Eyebrow enhancement		
	BOTOX® cosmetic Fillers (Voluma®, Juvéderm™, Radiesse™,		
	Sculptra™, Restylane)		
	Laser treatments Skin rejuvenation		
	Other Other		
	Other		
	How Did You Hear About Us?		
	My physician (first and last name)	☐ A friend or family member (please give us their name so we may thank them)	
	My insurance company	☐ Facebook	
	Yellow pages	☐ Ad or article	
	Web	☐ Other (please specify)	