Elhosn Eye & Aesthetics
Ramsey Elhosn, MD

COSMETIC QUESTIONAIRE

Patient Name: _____

Email: _____ Facebook/Twitter Username: _____

Would you like information today about any other procedures? _____

Check if you answer YES to any of these questions:

- € Are you pregnant or nursing?
- € Do you take antibiotics before going to the dentist?
- € Are you allergic to metals?
- € Do you have heart disease?
- € Are you taking Coumadin or other blood thinners?
- € Do you have Diabetes?
- € Have you recently taken Accutane, Retin-A, or Renova?
- € Have you had any facial chemical peels?
- € Do you have any latex allergies?
- € Are you a smoker?
- € Have you had any problems being numbed at the dentist?
- € Do you get fever blisters or cold sores?
- € Do you take Zovirax, Valtrex, or Famvir?
- € Are you a keloid former?
- € Are you allergic to Epinephrine?
- € Are you allergic to Lidocaine?
- € Did you have any alcoholic beverages recently?
- € Are you sensitive to Valium or any other anti-anxiety medication?
- € Have you had any dermal fillers in the past?

Are you currently taking any medications? If yes, please list.

_____

Are you allergic to any foods or medications? If yes, please list.

_____

Are you currently under a physician's care? If yes, please list the reason why.

_____

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