



Colorado *Facial*
Plastic Surgery
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Creating Beautiful Faces

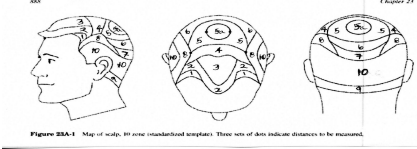
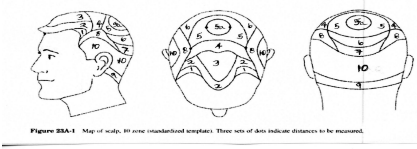
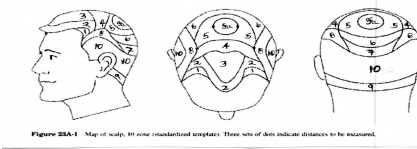
Aesthetics by *Design*
Creating Beautiful Skin

NeoGraft Consult Form

Patient Name: _____ DOB: ___/___/___ Age: _____

Cell #: (____) _____ - _____ Email address: _____

How did you hear about us: Radio Walked by Friend Internet Website Magazine

Date	# Grafts/Procedure	Cost	Graft Placement
			 <p>Figure 23A-1 Map of scalp, 89 area (standardized template). Three sets of dots indicate distances to be measured.</p>
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Allergies: _____

Are you allergic to local anesthetics: **Y or N** Are you allergic to Epinephrine: **Y or N**

Does local anesthesia work well on you? **Y or N**

Current list of meds: _____

Patient's goals: _____

Recommended # of treatments: 1 2 3 Other: _____

Recommended Medications/Vitamins: Propecia/Rogaine Other: _____

Consultant Signature

Doctor Signature