

GEORGE ORLOFF M.D.
2701 West Alameda Avenue Suite #401
Burbank, CA 91505

QUESTIONNAIRE

Patient Name: _____ Date: _____

What are your concerns? _____

If you were to change something about your appearance, what would it be? _____

This is a consultation for: (Please check one)

- Cosmetic Surgery
- Reconstructive Surgery
- Other

What are you seeing Dr. Orloff for? _____

Would you like to discuss any of these other items? (Check all that apply):

Breast

- Augmentation
- Reconstruction
- Lift
- Reduction
- Gynecomastia (Male)

Lip

- Enhancement
- Fat
- Implant
- Collagen

Eyes

- Enhancement
- Upper
- Lower
- Both

Face

- Nasolabial Folds
- Scarring
- Wrinkles

Skin

- Botox
- Collagen
- Dermabrasion
- Dermologen
- Peel
- Skin Care
- Skin Tags
- Tattoo
- Veins

Neck

- Contouring Loose Skin

Nose

- Appearance
- Breathing

Chin

- Enhancement

Body Contouring

- Liposculpture

Cheek

- Enhancement