

Zormeier Cosmetic Surgery and Longevity Center

DATE _____ PATIENT NAME _____ REFERRED BY _____

OFFICE VISITS

- ___ Cosmetic Consult
- ___ Est Patient Consult
- ___ Follow Up
- ___ Pre Op
- ___ Post Op

NEW PATIENT EVAL

- ___ 99201 10 Minutes
- ___ 99202 20 Minutes
- ___ 99203 30 Minutes

SURGERY

___ _____
___ _____

INJECTIBLES

- ___ Botox Cosmetic
- ___ Dysport
- ___ Sculptra
- ___ Perlane
- ___ Radiesse
- ___ Juvederm
- ___ Restylane

LASER TREATMENT

- ___ IPL
- ___ Vascular
- ___ Refirme
- ___ Triniti

LESION REMOVAL

- ___ Lesion, excision
- ___ Lesion, laser

HAIR REMOVAL

- ___ Upper lip
- ___ Under arms
- ___ Lower legs
- ___ Bikini line
- ___ Full face

AESTHETIC SERVICES

- ___ Microdermabrasion
- ___ Chemical peel, superficial
- ___ Chemical peel, mid-depth
- ___ Chemical peel, deep

PACKAGES / GIFT CERTIFICATES

- ___ Gift Certificate \$ _____
- ___ IPL Laser, pkg 5
- ___ Vascular, pkg 5
- ___ Refirme, pkg 5
- ___ Triniti, pkg 5
- ___ Laser hair removal, upper lip pkg 8
- ___ Laser hair removal, under arms pkg 8
- ___ Laser hair removal, lower legs pkg 8
- ___ Laser hair removal, bikini line pkg 8
- ___ Laser hair removal, full face pkg 8
- ___ Laser hair removal, back pkg 8
- ___ Microdermabrasion, pkg 6
- ___ Chemical peel, superficial pkg 6
- ___ Chemical peel, mid-depth pkg 6
- ___ Chemical peel, deep pkg 6

HORMONE THERAPY

___ _____
___ _____
___ _____

PRODUCTS

___ _____
___ _____
___ _____

CHARGE \$ _____
Shipping (\$6) \$ _____
Sales Tax (6%) \$ _____
TOTAL \$ _____

___ CASH ___ CHECK ___ CREDIT