

Client Profile

Beautiful FACES by Dr. Vu Ho

Name: _____ Date: _____

Date of Birth: _____

Phone Number: _____ Alternate Number: _____

Email Address: _____

Mailing Address: _____

What area(s) are you most concerned with? _____

Have you previously had any injections of dermal fillers or Botulinum toxin (such as Dysport or Botox)? If so, when did you last receive these injections and where? _____ Yes _____ No
