

Sherif Khattab, M.D., Inc
AESTHETIC, PLASTIC & RECONSTRUCTIVE SURGERY

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Have you ever had cosmetic surgery?

No Yes _____

What would you like to improve most?

Eyelids Face/Neck Arms Abdomen/Thighs/Buttocks
 Breast Skin Other _____

Have you ever had/used any of the following:

Botox Juvederm Radiesse Sculptra Laser _____
 Glycolic peel Retin-A Other _____

How did you hear about us?

Friend/relative _____ Web _____
 Doctor _____ Other _____

How would you prefer to be contacted about occasional promotions and events at Beyond Beautiful?

Phone Mail Email _____

The information is for internal office use ONLY. By checking the box you give us permission to add you to our mailing list.

Name/Signature: _____ **Date:** _____

*Make your experience complete with a complimentary skin evaluation.
Please check with front office for availability. Thank you!*