



BAUMAN MEDICAL GROUP, P.A.

“FREE” Eyelash Transplant: Application Form

Thank you for inquiring into the free eyelash transplantation procedure. As one of the few surgeons worldwide who routinely performs cosmetic and reconstructive Eyelash Transplantation, Dr. Bauman has been asked to demonstrate his eyelash transplantation technique in an upcoming ISHRS Regional Live Surgery Workshop, scheduled to be held on October 23rd 2006 in the Los Angeles area. In attendance, will be an international physician-only audience of approximately 40 physicians. Dr. Bauman is the only surgeon from North America who will be performing Eyelash Transplantation at this workshop.

At least one patient will be personally selected by Dr. Bauman to undergo the eyelash transplant procedure at no charge, valued at US\$6,000.

To be considered for the free eyelash transplant procedure, you must first complete the following questionnaire *in its entirety*, and submit it by fax or email *as soon as possible*. Then, you must submit three digital photos by email (below): 1) full face, 2) upper face close-up, and 3) back of head.

Applications will be considered on a first-come, first-served basis.
Selected candidates will be contacted directly.

NAME		DATE OF BIRTH	MALE / FEMALE
ADDRESS			
EMAIL ADDRESS			
TELEPHONE		MOBILE PHONE	
Are you available for an in-person medical evaluation in the L.A. area on Sunday, 10/22/06?			YES / NO
Are you available to undergo an eyelash transplant in the L.A. area on Monday, 10/23/06?			YES / NO
Are you available for a post-operative appointment in the L.A. area Tuesday 10/24/06?			YES / NO
Is your hair (at the back of your scalp) at least four inches long?			YES / NO
Is your hair CURLY, WAVY, or STRAIGHT? What is your natural hair color?			
Are you willing to sign a 'photography release' form allowing publishing and/or presenting of photos or video of yourself (and your procedure) for educational purposes?			YES / NO
Do you suffer from Alopecia Universalis, Alopecia Totalis, or active Trichotillomania (hair pulling)?			YES / NO
List all active and inactive medical conditions:			
Do you take daily aspirin or another blood thinner?			YES / NO
List all prescription medications, over-the-counter medications, vitamins, herbs and supplements you routinely take:			
Have you ever suffered from or have been treated for substance abuse or drug dependence?			YES / NO
Do you suffer from anxiety or depression?			YES / NO
List all previous surgical procedures and dates:			
Can you provide your own transportation to and from the office on the day of your procedure (you will not be allowed to drive yourself)?			YES / NO
How would you describe your current eyelashes?			
Do you wear eyelash extensions?			YES / NO
Have your lashes been damaged or traumatized in any way?			YES / NO
Why are you interested in the eyelash transplant procedure?			
May we contact you by email and/or by phone?			YES / NO

SUBMIT THIS FORM BY EMAIL: doctorb@baumanmedical.com, or FAX: 561-394-4522, TODAY

For more information or media inquiries, call 561-394-0024 or 1-877-BAUMAN-9 toll free