



BAUMAN MEDICAL GROUP, P.A.

Eyelash Transplant: Consultation Form

Thank you for inquiring into Dr. Bauman's eyelash transplantation procedures. As one of the few surgeons worldwide who routinely performs cosmetic and reconstructive Eyelash Transplantation, Dr. Bauman can help you restore and/or enhance your eyelashes using his advanced hair transplantation techniques. Simply fill out this form and click "submit." You should receive an immediate reply via email. If you do not receive confirmation that your consultation form was received, please call the office directly at 561-394-0024.

NAME		DATE OF BIRTH	MALE / FEMALE
ADDRESS			
EMAIL ADDRESS			
TELEPHONE		MOBILE PHONE	
Is your hair CURLY, WAVY, or STRAIGHT? What is your natural hair color?			
Do you suffer from Alopecia Universalis, Alopecia Totalis, or <u>active</u> 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:			
How would you describe your current eyelashes?			
Do you wear eyelash extensions?			YES / NO
Have your lashes or eyelids 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, call 561-394-0024 or 1-877-BAUMAN-9 toll free