

East End Plastic, Reconstructive & Hand Surgery, P.C.  
Judy Ann Emanuele, M.D., F.A.C.S.  
1267 East Main Street  
631-369-0490 Phone  
631-369-6421 Fax

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Procedures that I am interested in:

Facial Surgery

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Face / Neck Lift | <input type="checkbox"/> Forehead Lift     | <input type="checkbox"/> Eyelid Surgery  |
| <input type="checkbox"/> Dermabrasion     | <input type="checkbox"/> Glycolic Peel     | <input type="checkbox"/> Ear Surgery   |
| <input type="checkbox"/> Botox            | <input type="checkbox"/> Microdermabrasion | <input type="checkbox"/> Dermal Filler - Restylane,<br>Collagen, Radiesse, Other |

Breast Surgery

- |   |                                    |                                 |
|---|------------------------------------|---------------------------------|
| <input type="checkbox"/> Enlargement    | <input type="checkbox"/> Reduction | <input type="checkbox"/> Uplift |
| <input type="checkbox"/> Reconstruction |                                    |                                 |

Liposuction

- |                                   |                                      |                                      |
|-----------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Abdomen  | <input type="checkbox"/> Hips        | <input type="checkbox"/> Thighs      |
| <input type="checkbox"/> Buttocks | <input type="checkbox"/> Arms        | <input type="checkbox"/> Neck / Chin |
| <input type="checkbox"/> Knees    | <input type="checkbox"/> Other _____ |                                      |

Body Contouring Surgery

- |                                       |                                     |                                   |
|---------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Tummy Tuck   | <input type="checkbox"/> Thigh Lift | <input type="checkbox"/> Arm Lift |
| <input type="checkbox"/> Buttock Lift |                                     |                                   |

Skin and/or Lesion Removal

- |                                  |  |                                    |
|----------------------------------|--|------------------------------------|
| <input type="checkbox"/> Moles   | <input type="checkbox"/> Scar Revision | <input type="checkbox"/> Skin tags |
| <input type="checkbox"/> Keloids | <input type="checkbox"/> Other _____   |                                    |

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Yes, I authorize East End Plastic, Reconstructive & Hand Surgery, P.C. to send mail to my home / P.O. Box about future services, promotions and/or discounts that they may offer. I understand that these mailings may include post cards. \_\_\_\_\_ (Please Initial)

No, I DO NOT authorize promotional mailings to be sent to my home / P.O. Box.