



Lou Gallia MD, DDS, FACS

Follow Up Questionnaire

Name: _____

1. How did your last Botox injection work? _____

2. How long did it last? _____

3. Did you experience any problems? _____

4. Did you have:

A. Bruising? Yes No _____

B. Prolonged swelling? Yes No _____

C. Prolonged redness Yes No _____

D. Brow Drooping? Yes No _____

E. Areas where it didn't work? Yes No _____

F. Incomplete result? Yes No _____

5. Did you have any problems making an appointment to see Dr. Gallia? _____

6. Is there anything we can do to make your experience here better? _____

7. Are you considering other cosmetic surgery procedures in the future? _____

8. Would you be interested in attending one of our cosmetic surgery seminars? _____

9. Do you desire information about other cosmetic procedures? _____

10. Do you have any suggestions that would improve your experience with our office?

SIGNED _____ DATE _____