* In order for us to determine if you are a good candidate for this procedure, we will need some preliminary information. Please answer the following questions below and attach a photo of your natural eyebrows in your return message.

Thank you in advance!

Do you have any scars in or around your brow area? \_\_\_\_\_\_\_\_\_

Are you pregnant or nursing? \_\_\_\_\_\_\_\_

Are you prone to Keloid scarring? \_\_\_\_\_\_\_\_\_

Have you had a forehead lift? \_\_\_\_\_\_\_\_\_

Have you had Botox injections? If so, when? Are you planning to have Botox injections? \_\_\_\_\_\_\_\_\_

Do you have alopecia or trichotillomania (compulsive pulling out of body hair?) \_\_\_\_\_\_\_\_\_

Do you have eczema or dermatitis in or round the brow area? \_\_\_\_\_\_\_\_\_

How would you rate your skin’s complexion; Severely Oily, Oily, Normal, Dry, Severely Dry? \_\_\_\_\_\_\_\_\_

Do you have large pores? \_\_\_\_\_\_\_\_\_

Do you have moles/raised areas in or around the brow area? \_\_\_\_\_\_\_\_\_

Do you have or have you had a brow piercing? \_\_\_\_\_\_\_\_\_

Have you had a hair transplant in your brow area? \_\_\_\_\_\_\_\_\_

Do you tan or exercise frequently? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If so, please refer to the After Care page for more information.)

Please list any prescribed medications you are currently using/taking.

**\*Now please attach a photo of your brow area. Make sure you’re makeup-free and is taken in a well-lit area. You will be informed if you need to send another photo. You can attach the photo to your responding email. Thank you for your patience and cooperation. You will be notified if you are a candidate for this procedure.**