

American Academy of Cosmetic Family Medicine

INFORMATION REQUEST

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Medical Specialty: _____

Are you currently performing any Cosmetic Procedures: _____ Yes _____ No

Types of Procedures Currently Performing:

_____ Liposuction	_____ Mesotherapy
_____ Abdominoplasty	_____ Microdermabrasion
_____ Breast Augmentation	_____ Lasers
_____ Autologous Fat Transfer	_____ Botulinum Toxin
_____ Vaginal Rejuvenation	_____ Cosmetic Fillers
_____ None of the above	

Types of Procedures Interested in Learning:

_____ Liposuction	_____ Mesotherapy
_____ Abdominoplasty	_____ Microdermabrasion
_____ Breast Augmentation	_____ Lasers
_____ Autologous Fat Transfer	_____ Botulinum Toxin
_____ Vaginal Rejuvenation	_____ Cosmetic Fillers
_____ None of the above	

Comments:

_____ please send application to join the American Academy of Cosmetic Physicians
or fax this form to: 520-545-1254