THE WEST INSTITUTE

Customized Treatment Plan

Dr. West and her highly trained staff take great pride in providing you with the highest level of advanced treatment options available to meet your specific concerns.
To customize your treatment plan, please indicate your specific areas of concern.

Name: _____ Date: _____

Please circle **all applicable conditions:**

SKIN
- Acne (face/chest/back)
- Uneven Skin Tone
- Uneven Pigmentation
- Age Spots
- Tired Looking Skin
- Black Heads
- Large Pores
- Rosacea/Redness
- Actinic Keratosis (Pre-Cancers)
- Brown Spots
- Blotchiness
- Broken Capillaries
- Birthmark
- Rough Texture
- Freckles
- Dry Skin
- Wrinkles
- Premature Fine Lines
- Melasma

SKIN CONT.
- Skin Tags
- Moles
- Tattoos

FACE
- Sunken Cheeks
- Jowls
- Sagging Skin (Loss of Elasticity)
- Lines around Nose and Lips
- Under Eye Hollows
- Dark Circles Under Eyes
- Bags Under Eyes
- Chin Dimpling
- Hollow Temples
- Undefined Lip Border
- Forehead Lines
- Frown lines
- Crow's Feet
- Sagging or Flat Earlobes

NECK/CHEST
- Undefined Jawline
- Bands on Neck
- Neck Wrinkles/Crepiness
- Chest Wrinkles
- Chest Blotchiness

HAIR
- Unwanted Facial/Body Hair
- Hair Loss

BODY
- Cellulite (thighs, buttocks)
- Pockets of Fat
- Stretch Marks
- Spider Veins (legs)
- Excessive Sweating
- Aging Hands
- Incontinence
- Lack of Muscle Definition

Ranking of Concerns:

1. _____

2. _____

3. _____