



Dr. John A. Kotis
Board Certified Plastic Surgeon

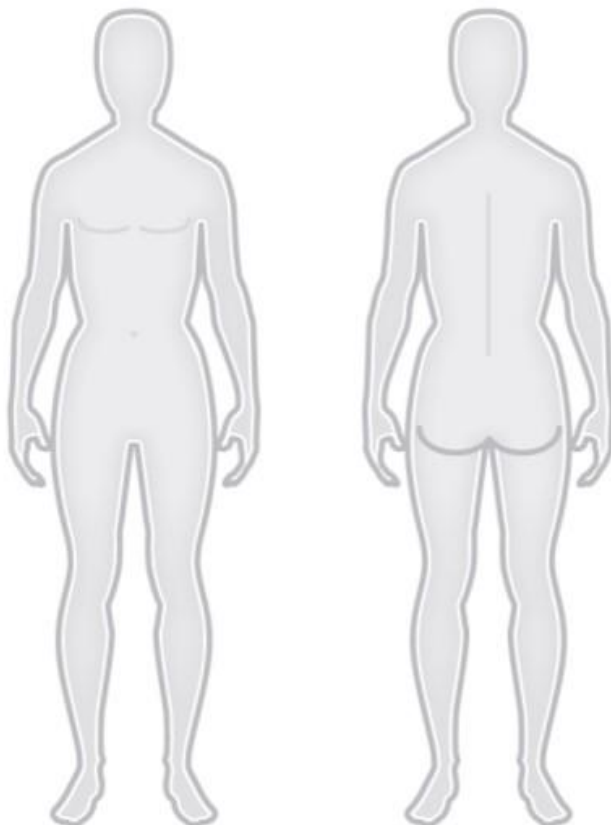
TREATMENT CONSULTATION FORM

Patient Name: _____ Date: _____

Consultation led by: _____ Gender: M / F Weight _____

Has your patient had other aesthetic procedures for the body? _____

How did your patient hear about the CoolSculpting® procedure? _____



TREATMENT PLAN

CoolCurve+™ Applicator: _____
CoolCore™ Applicator: _____
CoolFit™ Applicator: _____
CoolMax™ Applicator: _____
CoolSmooth™/CoolSmooth PRO™
Applicator: _____

Total: _____

PRICING

Treatment price: _____

Discount: _____

Total: _____

Savings: _____

Notes:

Patient Signature: _____ Date: _____

consultation day