FILL IN THIS PAGE AND RETURN IT WITH YOUR PICTURES TO:

Beverly Hills Institute of Aesthetic and Reconstructive Surgery
416 North Bedford Drive - Suite 200
Beverly Hills, CA 90210
(310) 278 - 8823 or (800) 854 - 8823

Name:		Age:
Address:		Apt#:
City, State, Zip:	Cou-	ntry (if other than USA)
Day Telephone:	Evening Tele	phone:
How did you hear	about us?	
Email:		
Date:	Saw hair DVD or Video?	YES □ NO
O.K. to call you at	t work? \square YES \square NO (We <u>do</u> <u>not</u> identify oursely	res as a doctor's office).
Instructions for su	ubmitting pictures:	
1. Wet do	own your hair.	
2. Clear, in	n focus pictures are <u>absolutely</u> required. 35mm 4' DO NOT USE A POLAROID CAMERA	
	eed to see the entire head in each picture. Do no of be able to tell exactly what part we are looking a	
4. Take g	good, clear pictures of both sides, the front, back a	nd top of your head.
picture with ha we can	taking pictures of the sides, take at eye level es from the front, comb your hair back. When taking pin see the density of hair loss in the crown area. the photos of the sides and back at eye level.	ing pictures from back, take at eye level
like to so far f	We must be able to determine the density of your hair and what your thinning pattern looks like to make an evaluation or recommendation. Be sure the pictures are <u>not</u> fuzzy, or you are so far from the camera that we can not ascertain your density, or the glare of the flash does not wash out part of your pictures.	
Any previous hair	procedures? If yes, what?	
If hair transplants, (If possible, please	, number? Taken from where? e also mark the donor area(s) on your pictures)	
	receive additional information regarding: RETURN THIS FORM WITH YOUR PICT	