



M O V A S S A G H I

PLASTIC SURGERY & ZIBA MEDICAL SPA

330 S. Garden Way, Suite 100, Eugene, OR 97401-8177

541.686.8700 Telephone 541.686.9004 Facsimile

Consultation Questionnaire

So that we may answer your questions and meet your needs, we ask that you take a moment to answer the following. Your input will help Dr. Movassaghi and staff, customize a surgical plan for you.

I learned about you from: _____.

My e-mail address is: _____.

My cosmetic surgery goals are:

1. _____.

2. _____.

3. _____.

My time frame for surgery is:

_____ As soon as possible _____ Soon _____ 1-3 months from now

_____ 6-12 months from now _____ Just need information

Comments:

_____.

I have determined a budget for my surgery _____ Yes _____ No

Health or personal factors that may affect my surgery:

_____.

Other comments: _____

_____.