

## PRACTICE INFORMATION

Address

Practice / Name

Website URL  Suite #  City

Phone  Fax  E-Mail  State  Zip Code

## BIRTHMARK REMOVAL

1. How often do you perform birthmark removal?
2. What technique do you recommend for my condition?
3. What are the typical results achieved by this procedure?
4. Will scarring be noticeable?
5. What are the potential risks and complications?

