

## PRACTICE INFORMATION

Address

Practice / Name

Website URL  Suite #  City

Phone  Fax  E-Mail  State  Zip Code

## FAT GRAFTING

1. What is fat grafting?
2. What areas of the body can this procedure be performed on?
3. Do I qualify as an ideal candidate for fat transplantation?
4. How often do you perform this procedure?
5. Are you board certified? If so, by which board(s)?



