

## PRACTICE INFORMATION

Address

Practice / Name

Website URL  Suite #  City

Phone  Fax  E-Mail  State  Zip Code

## HAIR TRANSPLANT

1. Do you specialize in hair transplant surgery?
2. How often do you perform this procedure?
3. Are you board certified? If so, by which board(s)?
4. How is this procedure performed?
5. Will my results appear natural-looking?



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12. How long will it be before I return to my regular activities, including exercise?

13. How long will my results last?

14. May I see before and after photos of your hair transplant patients?

