

# National Society of Cosmetic Physicians

## INFORMATION REQUEST

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Medical Specialty: \_\_\_\_\_

Are you currently performing any Cosmetic Procedures: \_\_\_\_\_ Yes \_\_\_\_\_ No

### Types of Procedures Currently Performing:

_____ Liposuction	_____ Mesotherapy
_____ Abdominoplasty	_____ Microdermabrasion
_____ Breast Augmentation	_____ Lasers
_____ Autologous Fat Transfer	_____ Botulinum Toxin
_____ Vaginal Rejuvenation	_____ Cosmetic Fillers
_____ None of the above	

### Types of Procedures Interested in Learning:

_____ Liposuction	_____ Mesotherapy
_____ Abdominoplasty	_____ Microdermabrasion
_____ Breast Augmentation	_____ Lasers
_____ Autologous Fat Transfer	_____ Botulinum Toxin
_____ Vaginal Rejuvenation	_____ Cosmetic Fillers
_____ None of the above	

Comments:

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\_\_\_\_\_ please send application to join the National Society of Cosmetic Physicians  
or fax this form to: 520-545-1254