

CONSULTATION FORM – BREAST ENHANCEMENT

Date: / /

First and last name:

Gender:

Age:

Height:

Weight:

Occupation:

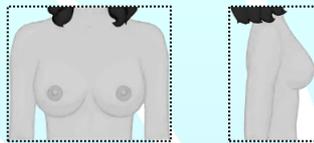
Marital Status:

Phone:

E-mail:

Address:

Please write your e-mail address legibly. The program will be e-mailed to you.
Please send two photos of your breasts, one from the front and the other from the profile
(Like the sample photos):

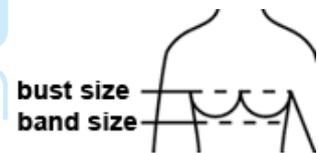


How did you hear about us? Google, Instagram, Facebook, Twitter, friends, other?

Please provide your transaction details (date of deposit, name, surname, and your PayPal e-mail address):

What is your breast size (The band size and the bust size)?

The bust size is the loose circumference measured around the chest over the fullest part of the breasts while standing straight with arms to the side and wearing a properly fitted bra. **The band or frame size** is the firm circumference, fitted not tightly, measured directly underneath the breasts.



What is your purpose for treatment?

- A: To increase my breast size
- B: To make my breasts firmer
- C: Both

How many sizes do you want to increase your breasts? Please write your ideal breast size.

Have you been pregnant before?

Did you breastfeed before?

Are you suffering from breast diseases? If so, please explain.

Have you ever performed breast augmentation, implants, or other breast surgeries?

Do you have ovarian cysts?

Do you smoke? If so, on average, how many cigarettes per day?

Do you drink alcohol? If so, how much?

Do you use drugs? What kind, and how often?

Do you have any medication or food allergies?

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Do you exercise? What kind of exercise and how many hours per week?

How many hours do you sleep at night? Do you have problems such as insomnia or excessive sleepiness? Please explain.

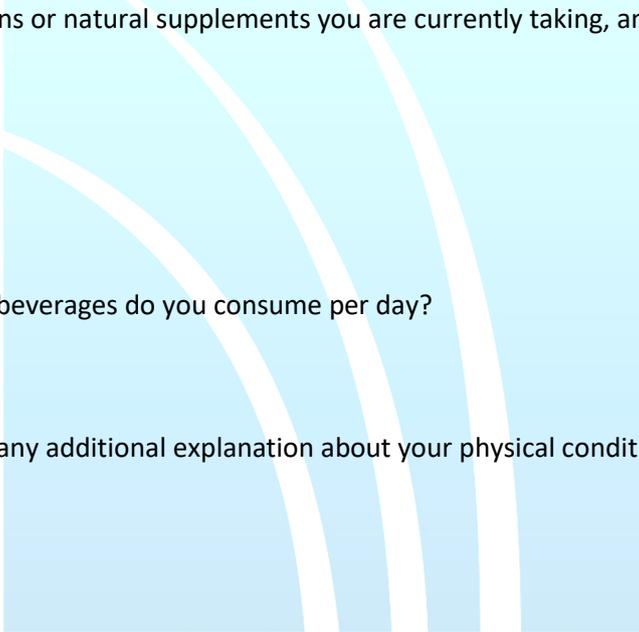
If you have any disease, please fully explain.

Please write a complete history of your parents' illnesses such as cancer, diabetes, hypertension, kidney problems, etc.

Please list all medications or natural supplements you are currently taking, and for what conditions?

How many caffeinated beverages do you consume per day?

At the end, if you have any additional explanation about your physical condition, please write.



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Name and Signature: [com](http://hairawakening.com)

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1. The applicant is responsible for the accuracy of the information in the form. The applicant must complete the treatment form accurately and keep the physician fully informed of his or her condition, illnesses and medications.
 2. I allow the use of my photos on Dr. Nasirzadeh's website and social networks.
 3. I have read the FAQ page thoroughly, and I am fully aware of the treatment process and the chance of getting a result.