



LAWRENCE M. KOPLIN, M.D., F.A.C.S.  
— AMERICAN BOARD OF PLASTIC SURGERY —

**Welcome to the practice of Lawrence M. Koplin, M.D. Our goal is to respond to all of our patients' needs and to provide the highest quality of care. In order to offer the information and services you desire regarding your health and appearance, we invite you to complete the following questionnaire:**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_  Approval to send emails and information

**Those Areas of Concern to You:**

- Lines of the forehead or between eyes
- Low Eyebrows
- Hollow Upper Eyelids
- Heavy Upper Eyelids
- Hollow Lower Eyelids and/or dark circles
- Puffy Lower Eyelids
- Lines Around Eye (Crowsfeet)
- Hollow Temples
- Reshaping or Refinement of Nose
- Difficulty Breathing
- Major Lines around Mouth and/or Nose
- Thin Lips
- Fine Lines of the Upper Lip
- Sagging Skin of the Neck
- Jowls
- Fullness of the Neck
- Muscle Bands of the Neck
- Loss of Facial Fullness
- Protruding Ears
- Thin or Wrinkled Earlobes
- Large Earlobes
- Torn Earlobes
- Breasts too Small
- Breasts too Large
- Gynecomastia (male breast tissue)
- Empty Sagging Breasts
- Breast Implant Problem
- Areola too large
- Breast Reconstruction or Deformity after Lumpectomy
- Loose Skin of Arms
- Tummy Tuck
- "Muffin Top"
- Liposuction, please list areas: \_\_\_\_\_  
\_\_\_\_\_
- Other, please specify: \_\_\_\_\_  
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