

PRIME

INTERNATIONAL JOURNAL OF AESTHETIC
AND ANTI-AGEING MEDICINE

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PLEASE CHECK THE BOXES THAT BEST DESCRIBE YOU

1. What is your occupation?

- Dermatologist
- Cosmetic Plastic Surgeon
- ENT Specialist
- Oculoplastic Surgeon
- Fellow
- Aesthetic Practitioner
- Anti-Ageing Practitioner
- CEO / Senior Partner / Director
- Endocrinologist
- Gynaecologist
- Other (*Please describe*)

2. What best describes your business?

- Dermatology Practice
- Dermatology Surgery Practice
- Plastic Surgery
- Cosmetic Surgery
- Oculoplastic Surgery
- Obstetrics & Gynecology
- Ophthalmology
- Oral & Maxillofacial Surgery
- Otolaryngology
- Other Medical Practice
- Cosmetic Laser Center
- Medical Spa
- Other (*Please describe*)

3. Services provided

- Acne treatments/topicals
- Acne treatments/laser lights
- Non-invasive body contouring
- Chemical peels
- Dermabrasion
- Hair restoration
- IPL facial rejuvenation
- Laser hair removal
- Laser resurfacing
- Microdermabrasion
- Nonsurgical vein removal
- Soft tissue fillers
- Botulinum toxins
- Liposuction
- Other (*Please describe*)

4. Purchasing authority

- Buy or authorize purchases
- Recommend purchases
- No involvement

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