

Nicole Vessels Brey, MD, PSC
270-852-1645

Cosmetic Services Information
Previously Injected Patients

We look forward to serving patients who have previously obtained desired results with injections and cosmetic fillers.

We will require a copy of your most recent cosmetic chart note from your previous practitioner, and your signature on the following statement.

Patient Name: _____
Today's Date: _____

I have read and agree to the following conditions regarding cosmetic services:

1. I have declined the customary cosmetic services consultation with Nicole V. Brey, MD.
2. I have previously used _____ (product, injectable) with acceptable results. I experienced no allergic or other unfavorable responses to this material.
3. I understand that an advance, non-refundable payment of **\$100** must be received and processed before my appointment can be scheduled for this procedure of service.

Patient Signature