

JOHNSON DERMATOLOGY

*Specializing In Skin Cancer * Providing Comprehensive Skin Care*

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Patient Name _____ Code _____ Date _____

Please circle any items below that you would like to discuss during your visit today:

brown spots/age spots/freckles

unwanted hair

lines/wrinkles

drooping/sagging

facial redness

tired look

length/fullness of eyelashes

skincare

dull skin

Other _____


