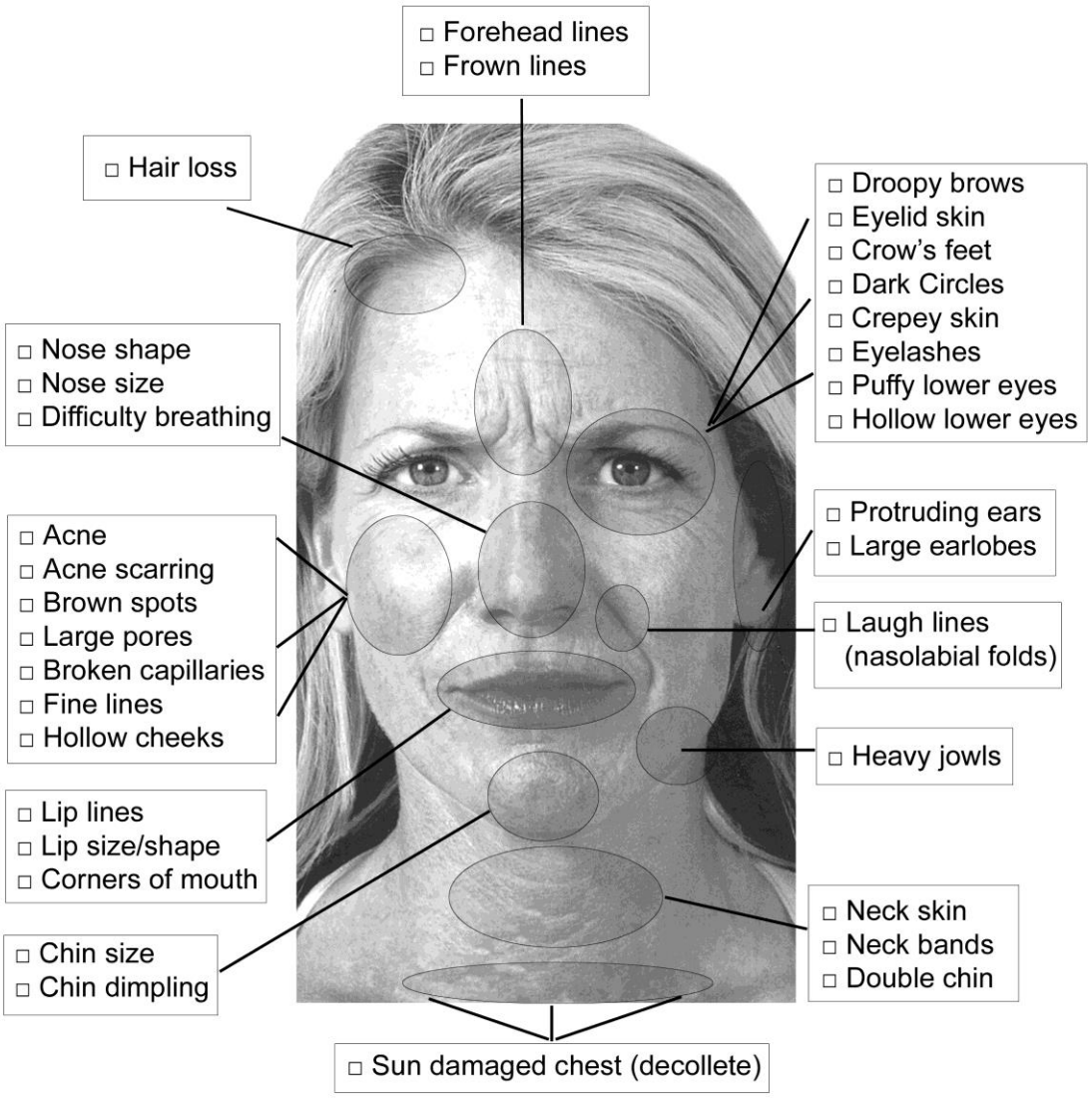
MIN S. AHN MD|FACS
THE AESTHETIC WELLNESS CENTER

Personal Beauty Checklist®

Name: _____Date: _____ Date of Birth: _____

Please place a check next to any area of concern.



CoolSculpting: Non Invasive Fat Reduction

□ Abdomen □ Flanks (love handles) □ Inner/Outer Thighs □ Bra Bulge

□ Other: _____

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