



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 our patients' needs and to provide the highest quality of care. 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: \_\_\_\_\_

**Areas of Concern to You:**

- Lines of the forehead or between eyes
- Protruding Ears
- Low Eyebrows
- This or Wrinkled Earlobes
- Hollow Upper Eyelids
- Large Earlobes
- Hollow Lower Eyelids and/or dark circles
- Breasts too small
- Puffy Lower Eyelids
- Breasts too Large
- Lines Around Eyes (Crows feet)
- Gynecomastia (male breast tissue)
- Hollow Temples
- Empty Sagging Breasts
- Major Lines around Mouth/and or Nose
- Breast Implant Problem
- Thin Lips
- Areola too large
- Sagging Skin of the Neck
- Breast Reconstruction  
Date: \_\_\_\_\_
- Fine Lines of the Upper Lip
- Deformity after Lumpectomy
- Jowls
- Loose Skin of Arms
- Fullness of the Neck
- Tummy Too Large/Skin too loose
- Muscle Bands of the Neck
- Muffin Top
- Loss of Facial Fullness
- Liposuction, please list areas:  
\_\_\_\_\_