

Plastic and Cosmetic Procedure Questionnaire

THIS QUESTIONNAIRE IS PART OF THE APPLICATION, INCLUDING A RENEWAL APPLICATION, SUBMITTED BY OR ON BEHALF OF THE APPLICANT FOR THE PROPOSED INSURANCE. THE NOTICES, CONDITIONS, REPRESENTATIONS AND AUTHORIZATIONS CONTAINED IN SUCH APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS QUESTIONNAIRE.

Applicant Name: _____				
Expiring Policy Number (if applicable): _____				
Please answer <u>each</u> of the following:				
Anti-aging Medicine (explain): _____				
	# Performed	# Assisted		
	Past	Next	Past	Next
	Year	Year	Year	Year
Autologous Fat Injection				
Bioidentical Hormone Replacement Therapy (BHRT)				
Blepharoplasty (cosmetic)				
Botox Injections: If "Yes," location where performed, by whom & what procedure / purpose? _____				
Breast Reduction				
Breast Enhancement - Silicone				
Breast Enhancement - Saline				
Breast Enhancement - Trans-Umbilical				
Chemical Peels				
Collagen Injections				
Coronal Lift				
Dermabrasion or Micro-Dermabrasion				
Facelifts (types) _____				
Hair Transplants or Suturing of Hair Pieces				
HCG for Weight Control				
Injection Treatment of Varicose Veins				
Laser Therapy (explain) _____				
Laser Vaginal Rejuvenation (This includes cosmetic and/or plastic surgery procedures performed on the vagina and associated structures. This includes, but is not limited to, vaginoplasty, labiaplasty, laser and non-laser rejuvenation procedures)				
Liposuction - under 3500 ccs				
Liposuction - 3500 ccs or more				
Mesotherapy				
Phalloplasty (including transecting the suspensory ligament of the penis and/or subcutaneous fat Injection)				
Restalyn Injections				
Rhinoplasty				
Silicone Implants (types and where located) _____				
Silicone Injections				
Treatment of Varicose or Spider Veins: If "Yes," what type of treatment? _____				
Other (specify) _____				

SIGNATURE AND AUTHORIZATION

The undersigned, as authorized agent of all individuals and entities proposed for this insurance, represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this questionnaire are true and complete.
The notices, conditions, representations and authorizations contained in the Application submitted by or on behalf of the Applicant for the proposed insurance, are incorporated into and apply to this questionnaire.

Applicant Name	
By (Authorized Signature)	
Name/Title	
Date	