

Personal Hair Restoration Objectives

Patient Name: _____ Date: _____

Your personal hair restoration objectives (check all the apply):

- Hairline restoration
- Increase in frontal density
- Crown coverage
- Stop hair loss/decrease shedding
- Touch-up, refinement or correction of previous procedure
- Scar coverage
- Other (please explain): _____

Please check the box which most closely matches your hair loss pattern.

