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Dear Patient:

Thank you for choosing us for your healthcare needs! While you are waiting to be seen by your healthcare provider we would greatly appreciate it if you would fill in this brief survey. In addition to the services we all already provide, we would also like to become your choice for you aesthetic needs as well.

Briefly read and circle all you are interested in:

- Would you be interested in learning more about skincare treatments available to you? Yes No
- Would you be interested in looking more refreshed and energized? Yes No
- Would you be interested in looking younger at any age? Yes No
- Would you be interested in lengthening your eye lashes? Yes No
- Would you be interested in fitting better into your clothing or looking better in your swimsuit/nightclub attire/dance clothing? Yes No
- Would you be interested in learning more about improving your complexion and skin tone? Yes No
- Would you be interested in removing age spots and unwanted hair? Yes No
- Would you be interested in facial skin tightening and reduction of face wrinkles? Yes No
- I would like to have a complimentary skin care analysis and consultation with the aesthetician in this office today? Yes No

I am interests in the above, please contact me:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Is there anything specifically not mentioned above that you have questions about?

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Thank You for your time!

*Dr. Gulinson*