

91 Gregory Lane, Suite 13, Pleasant Hill, CA 94523 hello@calmedciti.com | (925)665-0008 | www.calmedciti.com

Personal Hair Restoration Objectives

Patient's Name:	Date of Birtl	Date of Birth:				
Your personal hair resto	oration objectives (chec	call that apply):				
☐ Hairline restoration		t an enat appropri				
☐ Increase in frontal de	ensity					
☐ Crown coverage	,					
☐ Stop hair loss/decrea	se shedding					
☐ Touch up	S					
Please read each of the	following questions and	l indicate your a	nswers to the bes	t of your knowledg	ge.	
) (A	0			
Norwood 2	Norwood 2a	Nor	wood 3	Norwood 3a	Norwo	od 3 Vertex
P C			00			0
Norwood 4	C Norwood	la ^C No	rwood 5	Norwood 5a	C No	rwood 6
) (9	5		
	C Lud	wig 1 C I	udwig 2	Ludwig 3		