

Inland Ear, Nose and Throat, A Medical Group, Inc.
1030 East Foothill Boulevard, Suite 101 Upland, CA 91786
Phone (909) 981-5859 Fax (909) 981-8293

Welcome to our office!

Please tell us how you selected our office:

- Search Engine: Google / Bing / Yelp / Real Self
- Magazine
- www.inlandent.com
- Social Media: Facebook / Instagram
- Existing Patient Name: _____ (*information is confidential*)
- Family Member or Friend who is not a patient
- Physician, Name: _____
- Other: _____

Interests:

Which of the following procedures interest you? (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Botox | <input type="checkbox"/> Rhinoplasty (nose) | <input type="checkbox"/> Chemical Peels |
| <input type="checkbox"/> Fillers | <input type="checkbox"/> Lip Augmentation | <input type="checkbox"/> Microneedling |
| <input type="checkbox"/> Chin Implant | <input type="checkbox"/> Lip Lift | <input type="checkbox"/> Skin Care Products |
| <input type="checkbox"/> Cheek Implants | <input type="checkbox"/> Eyelids Rejuvenation | <input type="checkbox"/> Removal of Cysts/Moles |
| <input type="checkbox"/> Face or Neck Lift | <input type="checkbox"/> Protruding Ears | <input type="checkbox"/> Laser Treatment |
| <input type="checkbox"/> Forehead Lift | <input type="checkbox"/> Facial Fat Grafting | <input type="checkbox"/> Other: _____ |

Contacts:

May we contact you for upcoming events and promotions?

Email Address: _____

Cell phone no.: _____

When is the best time to call if we may? _____

Signature: _____

Date: _____