



675 Hwy 62 E • Mountain Home, AR 72653 • (870) 425-5464 • www.kingdermatology.com

Restore Injections parties

Here at Restore we are proud to offer our clients the best products and services available. We understand that with your busy daily schedules, it is not always possible to get away. Therefore, we have created an “After Hours” group opportunity that can be scheduled at your convenience. Below we have listed the requirements of an Injections party and the gifts that will be available to those that attend.

Requirements

- No less than 5 guaranteed injections receivers – If we receive cancellations that drop this number below 5 then you will be required to reschedule.
- Mandatory \$50 non-refundable deposit for those that plan to receive injections – This will be applied to your injections purchase the night of the party. If you cancel your appointment your deposit will remain on your account and can be used toward other products and services available at Restore.
- 48 Hour cancellation deadline - All attendees will be confirmed 72 hours prior to the party.

Incentives

- 15% off injections – This includes Botox, Dysport, Xeomin and all filler products.
- Complimentary Mini Facial to those receiving injections or fillers
- \$10.00 Gift Voucher to all attendees who do not receive injections or fillers.

Please have each person who is planning on receiving injections/fillers complete a demographic form. All attendees must be listed on the sign-up sheet. The sign-up sheet and all demographic forms along with the deposits must be received by our office no later than 72 hours prior to the party.

If you have any questions please contact Elisa at (870) 425-5464 option 2. We look forward to seeing you all there!

Best wishes,

Elisa Murray
Restore Representative
Phone: (870) 425-5464
Fax – (870) 425-5465



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Injections Demographic sheet

Date: _____

Patient Name: _____ Date of Birth: _____ Male / Female

Address: _____ State: _____ Zip Code: _____

Phone Number: _____ Home / Cell / Work

Email: _____

Would you like to receive our monthly newsletter via email? _____

Have you ever received Botox / Dysport / Xeomin in the past? _____

If so, please list date of your last injection: _____

Have you ever received Restylane, Perlane, or any other filler product? _____

If so, please list the date of your last service and the area that was treated:

Were you satisfied with your last injection / filler? _____

If you answered no please explain why: _____

What do you hope to gain from your injections / fillers?

Thank you for your information!

