In order for us to determine if you are a good candidate for this procedure, we will need some information. Please answer the following questions below and attach a photo of your brow area in your return message.

Do you have any scars in or around the brow area?

Are you prone to Keloid scarring?

Have you had a forehead lift?

Botox? If so, when?

Do you have alopecia or trichotillomania (compulsive pulling of body hair)?

Do you have eczema or dermatitis in or around the brow area?

How would you describe your skin? (Normal, Combination, Oily, or Severely Oily)

Do you have large pores?

Do you have moles/raised areas in or around the brow area?

Do you have or had a piercing in the brow area?

Have you ever had a hair transplant for your eyebrows?

Do you tan or exercise frequently?

* If so, please refer to the before & after care page for more information

Please list any prescribed medication you are currently taking.

Now, please attach a photo of your brow area. Make sure you are makeup-free and the photo is taken in a well-lit area. We will inform you if you need to send another photo. Thank you for your patience and cooperation. We will notify you shortly if you are a candidate for this procedure.