

## INITIAL ENQUIRY FORM

SURNAME [optional]	
FORENAME(s) [optional]	
ADDRESS [optional]	
CREDIT CARD DETAILS [compulsory field]	
PREFERRED DATE OF ARRIVAL:	
PREFERRED LENGTH OF STAY: DAYS WEEKS MONTHS MONTHS	
PROCEDURES [NOTE: All procedures are elective and irreversible]	
[a] LIGHT	[b] INTERVENTIONIST
I would like to look:	I would like to look:
10 years younger 15 years younger 20 years younger 25 years younger	Different A Lot Different Very Different Indeed Unrecognisable*
*PLEASE TICK THIS BOX IF YOU DO NOT WANT YOUR GENDER RE-ASSIGNED	
NAME OF PERSON WHO RECOMMENDED YOU:	
[a] Their name/gender before procedure [b] Their name/gender after procedure (if different)	
I understand that all surgery has attendant risks and that what I am doing is dangerous and may be criminal in some jurisdictions. I further understand that all costs must be paid before arrival and are non-refundable. I still wish to proceed.	
-111	

THE BON PORT THREADBONE CLINIC is not registered, recognised or regulated by any Swiss Authority.