

Hair Transplant Objectives

Name: _____ Date: _____

Your personal hair restoration objectives (check all that apply):

- Hairline restoration
- Increase in frontal density
- Crown coverage
- Stop hair loss/decrease shedding
- Touch-up, refinement, or correction of previous procedure
- Scar coverage
- Other (please explain: _____)

Please check the box which most closely matches your hair loss pattern.

