

# CURRICULUM

DATE : .....  
 STAGE : .....



FULL NAME			PROFESSION	
AGE	PHONE FAX		e-mail	
ADDRESS				
TYPE OF SHAMPOOS USED AND FREQUENCE				
DRY SCALP	VERY <input type="checkbox"/>	LITTLE <input type="checkbox"/>	NONE <input type="checkbox"/>	
REDNESS	VERY <input type="checkbox"/>	LITTLE <input type="checkbox"/>	NONE <input type="checkbox"/>	
SEBUM	VERY <input type="checkbox"/>	LITTLE <input type="checkbox"/>	NONE <input type="checkbox"/>	
ITCHING	VERY <input type="checkbox"/>	LITTLE <input type="checkbox"/>	NONE <input type="checkbox"/>	
OILY HAIR	VERY <input type="checkbox"/>	LITTLE <input type="checkbox"/>	NONE <input type="checkbox"/>	
OTHER DERMATOLOGICAL PROBLEMS				
OTHER PEOPLE IN THE FAMILY WITH HAIR-LOSS OR BALDNESS				

## OTHER METHODS OR PRODUCTS USED OR TRANSPLANTS

### SIDE EFFECTS OR BAD RESULTS YOU ENDURE OF THESE PRODUCTS

**SIGNATURE**  
 and \_\_\_\_\_

**TO:**

**TO:00302108623474**

**TO:info@mexis.gr**

**needed**

**better**

**needed for**

**Thank you for your time!**

**PLEASE SEND THE FORM**

**PHOTOS IF POSSIBLE**

**MEXIS GEORGE  
 177 PATION ST, 112 52  
 ATHENS, GREECE  
 OR FAX IT**

**OR E-MAIL IT**

**Photos of your hair are  
 So as, for us, to estimate  
 The number of bottles  
 You.**