

Parsa Mohebi

Hair Restoration

Online Consultation Form

Title _____

First _____ Middle _____ Last _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Birth Date _____

Skype I.D _____

Please Answer the Following Questions

Who else has a similar pattern of hair loss in your family?

What medications have you used for hair loss?

Have you ever had a hair transplant surgery?

Do you have any other medical conditions?

Do you have any allergies to medications?

How did you find us? (Internet, Yelp, Patient Referral, Doctor Referral, Radio,TV, Other)

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Please Attach Pictures of the Following Views

Frontal View



Side View



Back View



Top View



Please email information back to info@parsamohebi.com.
We will review your information and get back to you soon
to schedule an appointment. Thank you! If you have any
questions please call 888.302.8747