

Before you finish...

We just need to know a bit more to make sure that your recommendation is authentic.

What service/clinic/hospital/surgeon/nurse or medical professional is your story about?

Date of treatment:

Are you a...

1st timer regular

It'd be great to know more about you, if you don't mind sharing...

Are you: male female

What other treatments have you had or are interested in?

Send us your recommendation and help us make medical beauty industry better.

Please hand your completed form to reception.

We want to know about your experience with your treatment provider, so if you have had cosmetic surgery, a cosmetic dental procedure, medical and aesthetic beauty treatment, hair loss or weight loss surgery, tell us. We will share your experience with others, so together we can make cosmetic surgery and medical beauty safer.

Together we can make a difference



Fill in this leaflet, or leave a review at:
www.goodsurgeonguide.co.uk



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and *Results* matter

Make the difference



Share your experience and help us make a difference.



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