Total Approach Wellness and Aesthetics
200 Forsythe Street
Fayetteville, NC 28303
Office: (910) 322-7368
Fax: (910) 483-5796
www.TAWellness.net

CREDIT CARD AUTHORIZATION

I, (please print name)________________________________, authorize Total Approach Wellness and Aesthetics to charge my credit card for the following reasons: Office Visits, Mail Orders/Products, Phone Consultations, Cancellation Fees, and Procedure Deposits.

____
Patient Signature

____
Date

Note:
Information is provided for credit card with the last four digits ________, expiring ________.
The provided information is to be removed from the patient file and stored in a secure location.

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Credit Card Authorization
>>
>

Patient Name: _______________________________ Date: ____________
(Print)

Patient Signature: ____

Credit Card: Visa / MasterCard / American Express

Card Number: ____

Card Expiration: ______________ Security Code: _______________

Information is to be used only as specified on the Credit Card Authorization Form.

Rev. 10/23/17