

P : {801}•904•2006
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6526 S. State St. Ste 301
Murray | Utah | 84107

Please send a copy with first case or bill.

Credit Card Authorization Form

Doctor: _____

Credit card#: _____

Expiration date: _____ Security code: _____

Name on card: _____

Billing address: _____

City: _____

State: _____ Zip: _____

One time charge for amount of: _____.

Keep card# on file.

Automatically charge each month.

Wait for Doctor's OK to charge.

Doctors signature: _____ Date: _____

Authorized over the phone by: _____

"We'll make it Right"