

## Authorization for Credit Card Payment Over the Phone

I authorize the use of my credit card # ending in the last four digits: \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ for payment of services or products of Genesis Plastic Surgery for \_\_\_\_\_.  
Name of patient

I agree to submit a copy of my driver's license with this form as verification of my identity and signature.

\_\_\_\_\_  
Card Holder Signature

\_\_\_\_\_  
Date