

CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize the office of Dr. Raymond Douglas to charge my credit card for a VIDEO CALL CONSULTATION. I understand this amount can be applied toward surgery, should Dr. Douglas and I choose to proceed. I agree to pay the amount for services rendered under the chart.

Name: _____

Credit Card Type: Visa Mastercard AmEx Other

Credit Card #: _____

Expiration Date: _____

CVC: _____

Billing Zip Code: _____

Name: _____

Signature: _____

Date: _____