



Credit Card Authorization By Telephone

Date: _____ Time: _____ Physician: _____

Pt. Name _____

Card Holder Name: _____

Address: _____

_____ City _____ State _____ Zip Code

Is Billing Address the same as Above?: Yes _____ No _____

Address: _____

_____ City _____ State _____ Zip Code

Pt. Account #: _____

Credit Card _____ VISA _____ MC _____ AMEX _____ DISC

Credit Card #: _____ Exp _____

3 Digit Code (back of the card) _____

Amount \$ _____ Received By: _____

Pt. Signature: _____

*****PLEASE NOTE THAT ALL OF THE INFORMATION ABOVE MUST BE COMPLETE BEFORE THE CREDIT CARD CAN BE RUN THROUGH*****

- American Express should have 15 numbers
- Visa/MasterCard should have 16 numbers