



AESTHETICS &
PLASTIC SURGERY

INJECTION DAY

HOW TO ORDER:

1. Complete the *Injection Day Order Form*
2. Calculate your *total amount due*
3. Complete the *credit card authorization form*
4. Email completed forms (pages 1, 2 & 3) to
frontdesk@drkimplasticsurgery.com

Patient Name: _____ Phone: _____ DOB: _____

May Injection Day 2024 Order Form

INJECTABLES

- ___ **\$3.67/ unit** Dysport (*3 units of Dysport equals 1 unit of Botox) *60 units minimum..... Qty: _____
- ___ **\$12/ unit** Botox (reg. \$14/ unit) *20 units minimum..... Qty: _____
- ___ \$50 off Tear Troughs PRF Gel - **\$850** (reg. \$900)..... Qty: _____
- ___ **\$700** Lip Filler + Complimentary Jane Iredale HA Lip Gloss (reg. \$803)..... Qty: _____
- ___ \$100 off Sculptra Pkg of 2: (Rec. treatment - 1 vial per decade of age) - **\$1,400** (reg. \$1,500)..... Qty: _____
- ___ 50% off Sculptra Hip Dips - **\$2,000** (reg. \$4,000)..... Qty: _____
- ___ 50% off Sculptra Buttocks - **\$2,500** (reg. \$5,000)..... Qty: _____
- ___ \$200 off Kybella 2 vials (1 treatment) (Rec. 2-3 treatments) - **\$1,000** (reg. \$1,200)..... Qty: _____
- + Complimentary Alastin Transform Body Treatment Mini (\$100 retail)

\$100 off Jawline Filler: (average treatment 3+ syringes)

- ___ Juvederm Volux - **\$825** (reg \$925)..... Qty: _____

\$50 off Cheek Filler: (average treatment 2-3 syringes)

- ___ Juvederm Voluma - **\$875** (reg \$925) Qty: _____
- ___ Restylane Lyft - **\$725** (reg \$775) Qty: _____
- ___ Restylane Contour- **\$725** (reg \$775) Qty: _____
- ___ RHA 4 Qty: _____

\$50 off Smile Line / Nasolabial Fold Filler: (average treatment 1-2 syringes)

- ___ Juvederm Vollure (Light Lines) - **\$725** (reg \$775) Qty: _____
- ___ RHA 2 (Light Lines)..... Qty: _____
- ___ Restylane Refyne (Light Lines) - **\$725** (reg \$775) Qty: _____
- ___ RHA 3 (Moderate - Deep Lines) Qty: _____
- ___ Juvederm Ultra Plus (Moderate - Deep Lines) - **\$600** (reg \$650) Qty: _____
- ___ Restylane Defyne (Moderate - Deep Lines) - **\$725** (reg \$775) Qty: _____

\$50 off Marionette Line Filler: (average treatment 1-2 syringes)

- ___ Juvederm Vollure (Light Lines) - **\$725** (reg \$775) Qty: _____
- ___ RHA 2 (Light Lines) Qty: _____
- ___ Juvederm Ultra Plus (Moderate - Deep Lines) - **\$600** (reg \$650) Qty: _____

\$50 off Temple Filler: (average treatment 2 syringes)

- ___ Juvederm Voluma - **\$875** (reg \$925) Qty: _____
- ___ Restylane Lyft - **\$725** (reg \$775) Qty: _____

\$50 off Chin Filler: (average treatment 1-2 syringes)

- ___ Juvederm Voluma - **\$875** (reg \$925) Qty: _____
- ___ Restylane Lyft - **\$725** (reg \$775) Qty: _____
- ___ Restylane Refyne - **\$725** (reg \$775)..... Qty: _____

ESTIMATED TOTAL (\$) _____

**Add this total to the credit card authorization sheet*

***Restrictions apply. Offer valid 04/26/24-05/03/24. All treatments must be redeemed by 08/01/24. May need multiple syringes/ treatments to achieve desired results. 60 units min for Dysport, 20 units min for Botox. Filler sale excludes tear trough dermal filler. Valid for 1mL+ filler syringes only. Offers cannot be combined with other SGK discounts. ALL SALES ARE FINAL.**

Patient Name: _____ Phone: _____ DOB: _____

May Injection Day 2024 Order Form

SKIN + LASERS + MICRONEEDLING

- ___ **\$250** Diamond Glow + Complimentary Jane Discovery Kit (\$99 value) Qty: _____
 - PurePressed® Base Mineral Foundation SPF 20/15 & Refillable Compact
 - Flocked Sponge Makeup Blender
 - Mini Smooth Affair® Face Primer
 - Mini Pommissst™ Hydration Spray
- ___ \$100 off Morpheus8 w/ Pronox - **\$875** (reg. \$975) Qty: _____
- ___ \$50 off MOXI treatment - **\$700** (reg. \$750) Qty: _____
- ___ \$200 off MOXI Pkg of 3 - **\$2,050** (reg. \$2,250) Qty: _____

MAY IS SKIN CANCER AWARENESS MONTH!

MOXI package of 3 includes complimentary Jane Iredale SPF Glow Kit (\$148 value)

- Powder-Me SPF® 30 Dry Sunscreen
- HydroPure™ Tinted Serum with SPF, Hyaluronic Acid & CoQ10
- LipDrink® Lip Balm SPF 15
- ___ \$500 off THERMlva single session - **\$1,100** (reg. \$1,600)..... Qty: _____

20% off Laser Hair Removal Pkg of 6

- ___ Small Area Package of 6 - **\$1,000** (reg. \$1,250) Qty: _____
- ___ Medium Area Package of 6 - **\$1,600** (reg. \$2,000) Qty: _____
- ___ Large Area Package of 6 - **\$2,800** (reg. \$3,500) Qty: _____

RETAIL

20% off Skincare & Jane Iredale Makeup

ESTIMATED TOTAL (\$) _____

**Add this total to the credit card authorization sheet*

***Restrictions apply. Offer valid 04/26/24-05/03/24. All treatments must be redeemed by 08/01/24. May need multiple syringes/ treatments to achieve desired results. 60 units min for Dysport, 20 units min for Botox. Filler sale excludes tear trough dermal filler. Valid for 1mL+ filler syringes only. Offers cannot be combined with other SGK discounts. ALL SALES ARE FINAL.**

ONE (1) TIME CREDIT CARD PAYMENT AUTHORIZATION FORM

Sign and complete this form to authorize *SGK Aesthetics & Plastic Surgery* to make a one-time charge to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ authorize *SGK Aesthetics & Plastic Surgery* to charge
(Cardholder's Full Name)

my credit card account indicated below for \$ _____ on _____.
(Amount Due \$) (Today's Date)

This payment is for my May Injection Day 2024 purchase, as outlined in the attached form.

CARD DETAILS

Visa MasterCard Discover American Express CareCredit (\$1,000 min.)

Cardholder Name _____

Account/CC Number _____

Expiration Date _____ / _____ CVV _____ Zip Code _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____ DATE _____
(cardholder)