



February Injection Day Order Form

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: _____

February Injection Day 2026 Order Form

INJECTABLES

Daxxify

\$13/ double unit Daxxify (reg. \$14/ double unit) *20 units minimum..... Qty: _____

Dysport

\$11/ triple unit Dysport (reg. \$13/ triple unit) *20 units minimum..... Qty: _____

Botox

\$12/ unit Botox (reg. \$14/ unit) * 20 units minimum..... Qty: _____

Fillers

\$675 any syringe of 1mL Dermal Filler..... Qty: _____

\$650 Lip Filler (1mL Full Syringe)..... Qty: _____

\$350 Lip Filler (Half Syringe)..... Qty: _____

PRF EZ Gel

\$1,200 PRF Undereye Area 2 treatments (reg. \$1,500)..... Qty: _____

Sculptra

\$1,300 Sculptra 2 vials (reg. \$1,600)..... Qty: _____

FACIALS

\$200 Diamond Glow Facial (reg. \$250)..... Qty: _____

\$150 Custom Facial (reg. \$200)..... Qty: _____

\$150 Teen Acne Facial (reg. \$200)..... Qty: _____

\$375 VI Peel Precision Plus (reg. \$425)..... Qty: _____

MICRONEEDLING

\$350 SkinPen (reg. \$400)..... Qty: _____

\$600 SkinPen MicroTox (w/ Daxxify) (reg. \$750)..... Qty: _____

\$775 SkinPen Vampire Facial w/ PRF (reg. \$875)..... Qty: _____

\$875 Morpheus8 + Pronox (reg. \$975)..... Qty: _____

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LASERS

Erbium Laser:

\$2,250 Face & Neck (Reg. \$2,550) Qty: _____

Includes post-care essentials:

- Revision's DEJ Power Regimen Kit (\$240 value)
- Revision's CMT Post Procedure Cream (\$65 value)
- Aquaphor

20% off Laser Hair Removal Packages of 6:

\$1,000 One Small Area Package: Face, Underarms, or Back of Neck (reg. \$1,250) Qty: _____

\$1,600 One Medium Area Package: Bikini, Brazilian, Half Arms, or Half legs (reg. \$2,000) Qty: _____

\$2,800 One Large Area Package: Full Legs, Full Arms, or Full Back (reg. \$3,500) Qty: _____

MOXI Laser

\$775 MOXI Face/Neck/Chest (reg. \$1,550) Qty: _____

ThermiVa Vaginal Rejuvenation:

\$750 single treatment (reg. \$1,600) Qty: _____

WELLNESS

Hormone Therapy:

\$400 Hormone Therapy Consultation (includes initial consult, labs, and follow up) Qty: _____

*required for New BHRT patients (reg. \$450)

\$350 BHRT Female Pellets (reg. \$400) Qty: _____

\$700 off BHRT Male Pellets (reg. \$750) Qty: _____

RETAIL

20% off Skincare & Jane Iredale Makeup

*Restrictions apply. Offers valid 01/29/26-02/06/26. All injectable & facial treatments must be redeemed by May 6, 2026. Multiple syringes or treatment sessions may be required to achieve optimal results. A minimum of 20 units is required for Botox®, Dysport®, and Daxxify®. Offers may not be combined with other SGK discounts or promotions. Erbium Laser treatments require a 7-week treatment commitment to achieve desired results. All sales are final.

ESTIMATED TOTAL (\$) _____

*Add this total to the credit card authorization sheet



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 February Injection Day 2026 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)

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