



AESTHETICS &
PLASTIC SURGERY

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 _____
(cardholder)

DATE _____

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