



AESTHETICS &
PLASTIC SURGERY

EVENT ORDER FORM

HOW TO ORDER:

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

NEW PATIENT INFORMATION

Patient Name: _____ Phone: _____ DOB: _____

Email Address: _____ How Did You Find Us? _____

Card #: _____ Exp: _____ CW: _____ Zip Code: _____

Cardholder Signature: _____ Total Units of BOTOX (30 units min): _____
\$10/ unit (\$14/ reg)

**Circle each area
of concern!**

FOREHEAD LINES
20 units

CROWS FEET
24 units (12 per side)

JELLY ROLL
4 units (2 per side)

TMJ
40 units (20 per side)

CHIN
8 units

NEFERTITI LIFT
16 units

NECKLACE LINES
20 units

BROW LIFT
8 units (4 per side)

GLABELLA
20 units

BUNNY LINES
12 units

LIPS
Gummy Smile - 4 units
Lip Flip - 8 units

DAO (Droopy Mouth Corners)
8 units (4 per side)

PLATYSMAL BANDS
12 units per band

TRAP TOX
40 units (20 per side)

The number of suggested units is approximate and intended for guidance only. The precise dosage will be determined during your initial consultation.

*Restrictions apply. Offer valid for New Patients or Must be new to Botox at SGK Plastic Surgery. Thirty (30) units minimum purchase for Botox. Must be a candidate for treatment. Cannot be combined with additional SGK discounts or medspa credits. 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 Brunch & Botox Event 06/20/2025 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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