AESTHETICS &
PLASTIC SURGERY

# Open House/ November 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:** _____

# Open House/ November 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**

____ **$650** any syringe of 1mL Dermal Filler (reg. $750)..... Qty: _____

____ **$350** Mini Lip Filler (reg. $425)..... Qty: _____

**Receive FREE Revision YouthFull Lip Replenisher® with purchase of Mini Lip Filler ($46.50 value)*

**PRF EZ Gel**

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

**Sculptra**

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

**Lipo Dissolve Injections (fat reduction for stubborn areas)**

____ **$1,000** per treatment area - 3 sessions (reg. $1,500) ..... Qty: _____

## MICRONEEDLING

____ **$375** SkinPen Microneedling (reg. $400)..... Qty: _____

____ **$600** SkinPen + Exosomes (reg. $700)..... Qty: _____

____ **$650** SkinPen + MicroTox (reg. $750)..... Qty: _____

____ **$750** SkinPen + PRF (reg. $875)..... Qty: _____

____ **$800** Morpheus8 + Pronox (reg. $975)..... Qty: _____

## RETAIL

**25% off Revision, Epicutis, Epionce, Alastin, Eminence Skincare, Revitalash and Jane Iredale Makeup**

_____

_____

_____

_____

EMAIL ORDER FORMS TO **FRONTDESK@DRKIMPLASTICSURGERY.COM**

**Patient Name:** _____ **Phone:** _____ **DOB:** _____

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## LASERS

Erbium Laser:

____ **$350** Micro-Resurfacing Treatment (reg. $450) ..... Qty: _____

____ **$1,000** Micro-Resurfacing Treatment pkg of 3 (reg. $1,350)..... Qty: _____

____ **$2,500** Resurfacing Treatment (reg. $2,700)..... Qty: _____

Includes post-care essentials:

• Revision's DEJ Power Regimen Kit ($240 value)

• Revision's CMT Post Procedure Cream ($65 value)

• Aquaphor

50% off Laser Hair Removal Packages of 6:

___ **$625** One Small Area Package: Face, Underarms, or Back of Neck (reg. $1,250) ..... Qty: _____

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

___ **$1,750** One Large Area Package: Full Legs, Full Arms, or Full Back (reg. $3,500) ..... Qty: _____

MOXI Laser (Melasma Treatment)

____ **$750** MOXI Face/Neck/Chest (reg. $1,550)..... Qty: _____

ThermiVa Vaginal Rejuvenation:

____ **$1,000** single treatment (reg. $1,600) ..... Qty: _____

____ **$2,500** pkg of 3 (reg. $3,500) ..... Qty: _____

*Restrictions apply. Must be a candidate for treatments purchased. Offers valid October 29, 2026-November 5, 2026. All injectable and facial treatments must be redeemed by February 5, 2026. A minimum of 20 units is required for Botox®, Dysport®, and Daxxify®. Multiple syringes or facial treatment sessions may be necessary to achieve optimal results. Offers may not be combined with other SGK promotions or discounts. All sales are final.

***ESTIMATED TOTAL ($)*** _____

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

EMAIL ORDER FORMS TO **FRONTDESK@DRKIMPLASTICSURGERY.COM**

# 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 Open House/ November Injection Day 2026 purchase, as outlined in the attached form.

**CARD DETAILS**

□ Visa □ MasterCard □ Discover □ American Express □ CareCredit □ Cherry

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)

*Restrictions apply. Must be a candidate for treatments purchased. Offers valid October 29, 2026-November 5, 2026. All injectable and facial treatments must be redeemed by February 5, 2026. A minimum of 20 units is required for Botox®, Dysport®, and Daxxify®. Multiple syringes or facial treatment sessions may be necessary to achieve optimal results. Offers may not be combined with other SGK promotions or discounts. All sales are final.

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