



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: \_\_\_\_\_

## February Injection Day 2024 Order Form

### INJECTABLES

\_\_\_\_ **\$11/ unit** Dysport (reg. \$13/ unit) \*20 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 w/ Complimentary Jane Lip Gloss (reg. \$803)..... Qty: \_\_\_\_\_  
\_\_\_\_ \$100 off Skinivive - **\$675** (reg. \$775)..... Qty: \_\_\_\_\_  
\_\_\_\_ \$200 off Sculptra Pkg of 2: (Rec. treatment - 1 vial per decade of age) - **\$1,600** (reg. \$1,800)..... Qty: \_\_\_\_\_  
\_\_\_\_ \$1,000 off Sculptra Hip Dips - **\$3,000** (reg. \$4,000)..... Qty: \_\_\_\_\_  
\_\_\_\_ \$1,000 off Sculptra Buttocks - **\$4,000** (reg. \$5,000)..... Qty: \_\_\_\_\_  
\_\_\_\_ \$750 off PRF Hair Restoration One Area - **\$1,000** (reg. \$1,750)..... Qty: \_\_\_\_\_  
\_\_\_\_ \$100 off Hand Filler: (Rec. Treatment 2-4 syringes) - **\$825** (reg. \$925) ..... Qty: \_\_\_\_\_

#### **\$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*

Patient Name: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

## February Injection Day 2024 Order Form

### SKIN

\_\_\_ \$50 off Morpheus8 treatment - **\$825** (reg. \$875) ..... Qty: \_\_\_\_\_  
\_\_\_ \$100 off Morpheus8 w/ Pronox - **\$875** (reg. \$975) ..... Qty: \_\_\_\_\_  
\_\_\_ \$50 off MOXI treatment - **\$700** (reg. \$750) ..... Qty: \_\_\_\_\_  
\_\_\_ \$300 off MOXI Pkg of 3 w/ Complimentary Alastin HA Serum - **\$1,950** (reg. \$2,370) ..... Qty: \_\_\_\_\_  
\_\_\_ \$500 off THERMlva Pkg of 3 - **\$3,000** (reg. \$3,500) ..... 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 Retail:

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#### Jane Iredale Makeup Kits

\_\_\_ Gloss Kit: Lip Stain + HA Lip Gloss | **\$45 + tax** (reg \$62)  
\_\_\_ Lip Kit: Lipstick + Lip Liner | **\$40 + tax** (reg \$54)  
\_\_\_ Face Kit #1: Primer, Foundation, Hydrating Spray, Concealer, Blush | **\$199 + tax** (reg \$287)  
\_\_\_ Face Kit #2: Primer, Foundation, Hydrating Spray | **\$115 + tax** (reg \$171)  
\_\_\_ Face Kit #3: Powder-Me SPF, HydroPure HA Serum, Lip Gloss | **\$99 + tax** (reg \$141)

#### Payment Method (check all that apply)

☐ Credit Card ☐ CareCredit (\$1,000 min.) ☐ Aspire or ☐ Allē points/ gift cards \$ \_\_\_\_\_

**ESTIMATED TOTAL (\$)** \_\_\_\_\_

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

**NON SURGICAL:** \*Restrictions apply. Offer valid 01/26/24-02/02/24. All treatments must be redeemed by 05/02/24. May need multiple syringes/ treatments to achieve desired results. 20 units minimum for Dysport & 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 February 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 \_\_\_\_\_  
(cardholder)

DATE \_\_\_\_\_