



INJECTION DAY
HOW TO ORDER:

1. Complete the order form
2. Calculate your total
3. Complete the credit card authorization form
4. Email both completed forms to
frontdesk@drkimplasticsurgery.com

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NOVEMBER INJECTION DAY ORDER FORM

- Botox - \$10/unit (reg \$12/unit) Qty: _____
- Restylane - \$525 (reg \$600) Qty: _____
- Restylane Kysse - \$605 (reg \$680) Qty: _____
- Restylane Lyft - \$675 (reg \$750) Qty: _____
- RHA2 Qty: _____
- RHA3 Qty: _____
- RHA4 Qty: _____
- Voluma - \$800 (reg \$900) Qty: _____
- Vollure - \$675 (reg \$750) Qty: _____
- Volbella - \$675 (reg \$750) Qty: _____
- Juvederm Ultra - \$555 (reg \$630) Qty: _____
- Juvederm Ultra Plus - \$555 (reg \$630) Qty: _____
- Radiesse - \$800 (reg \$875) Qty: _____
- Thread Lift - \$2,250 (reg \$2,400). Qty: _____
- Morpheus8 - Single Treatment - \$775 (reg \$875) Qty: _____
- IPL + Fractional Combo Laser - Face - \$675 (reg \$750) Qty: _____
- IPL + Fractional Combo Laser - Chest - \$775 (reg \$850) Qty: _____
- Fractional Laser - Face or 2 spot treatments - \$425 (reg \$500) Qty: _____
- Photofacial (IPL) - Face or 2 spot treatments- \$325 (reg \$400) Qty: _____
- Body IPL - \$575 (reg \$650) Qty: _____
- DiamondGlow - \$200 (reg \$250) Qty: _____
- Microneedling - \$250 (reg \$300) Qty: _____
- VI Chemical Peel with Precision Plus - \$325 (reg \$375) Qty: _____
- CoolSculpting (4 applicators) - \$2,600 (reg \$3,000) Qty: _____
- THERMlva Package of Three - \$2,700 (reg \$3,000) Qty: _____
- Laser Hair Removal Package - Small - \$300 (reg \$400) Qty: _____
- Laser Hair Removal Package - Medium - \$750 (reg \$1,000) Qty: _____
- Laser Hair Removal Package - Large - \$1,500 (reg \$2,000) Qty: _____
- Skin Care - 25% off Qty: _____

Total (\$): _____
(Add this total to the credit card authorization sheet)

Name: _____ DOB: _____

Payment Method (check all that apply)

- Credit Card CareCredit Alphaeon Alle/Brilliant Distinctions

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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 \$) (Today's Date)

This payment is for my November 2021 Injection Day purchase, as outlined in the attached form.

CARD DETAILS

- Visa MasterCard Discover American Express CareCredit
 Alphaeon

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 _____