Shelly LaFrance
FAMILY NURSE PRACTITIONER
Functional Medicine & Bio-Identical Hormone Replacement

Credit Card Authorization Form

This credit card authorization form is confidential and is used to hold your appointment. If you fail to cancel your appointment in advance of 48 business hours, you will be charged $50.00 as stated in the Appointment Cancellation Policy. If you would like to keep your card on file for your convenience (ordering supplements, paying for future appointments) please check the box below.

PLEASE SEND THIS FORM TO HELLO@SHELLYLAFRANCE.COM BEFORE YOUR SCHEDULED CONSULTATION TO ENSURE YOUR APPOINTMENT TIME SLOT.

Shelly LaFrance, Family Nurse Practitioner
9320 NE Vancouver Mall Drive, Suite 103
Vancouver, WA 98662
360.326.3171

I authorize Shelly LaFrance, Family Nurse Practitioner to keep my credit card on file. I will notify the office to charge my card on file for any future appointments or supplements that I order.

Signature: _____

Name: _____

Address: _____

City:_____State:_____ZIP:_____

Phone Number: _____

Credit Card:

Check one: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Card Number: _____

Expiration Date:_____3 Digit Security _____

Credit Card Billing Address:

___ Check this box if the billing address is the same as the above address.

If billing address is different please fill out below:

Billing Address: _____

City:_____State:_____ZIP:_____