



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 \$85.00 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@MOONSTONE-MEDICAL.COM BEFORE YOUR SCHEDULED CONSULTATION TO ENSURE YOUR APPOINTMENT TIME SLOT.

Moonstone Medical Aesthetics

9511 NE Fourth Plain Blvd., Vancouver, WA 98662
360.326.3171

I authorize **Moonstone Medical Aesthetics** 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.

Patient Signature: _____

Patient Name: _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Credit Card (Check One)

Visa Mastercard Discover American Express

Credit Card # _____ 3 Digit Validation _____

Credit Card Billing Address Check this box if Billing Address is same as above

If Billing Address is different than above, please fill in the following:

Address _____

City _____ State _____ Zip _____