

GARY MOTYKIE M.D.
Plastic & Reconstructive Surgery
9201 SUNSET BLVD., STE GF-1
WEST HOLLYWOOD, CALIFORNIA 90069
PHONE: 310.246.2355 FAX: 310.246.2365

Credit Card Authorization

*****Please also send a copy of your driver's license and credit card.*****

Date: ____/____/____

Name of Patient: _____

Date of Consultation: _____

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____/____/____

Amount to be Charged: \$ 175.00

(Your card will be charged upon booking your appointment. We have a 24 hour cancelation policy.)

Credit Card Billing Address: _____

Security Number: _____

(Last 3 numbers on back of card and if using Amex: four numbers, top right on the front)

Name of Card Holder: _____

Card Holder's Phone Number: (_____) _____ - _____

I understand that Dr. Gary Motykie's office will charge my credit card for the amount above. I also understand that there is a 24 hour cancelation policy and that I will lose the consultation fee if I do not cancel or call to reschedule at least 24 hours prior to my scheduled consultation appointment.

Signature: _____

Name (Printed): _____

VIA EMAIL: diana@drmotykie.com

VIA FAX:

Attn: **Front Desk**

Fax: 310-246-2365