7 Wells Street, 3rd Floor

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COSMETIC SURGERY FOR MEN & WOMEN:	Credit Card Third Party/Authorized User Authorization Form
Breast lift & augmentation	
LipoPerfection® liposuction	With my witnessed signature below, I hereby authorize the charge of \$
Tummy tuck & body shaping	be made on my MasterCard/Visa/AMEX/Discover/Care Credit/Alphaeon card (circle one) with
Thigh & arm lifts	
Labiaplasty	number/ and expiration date of/
Eyelid, face & neck lifts	having the three or four digit security number on back of card of to be used to pay
Nose, ear, lip, cheek, and chin reshaping	
Ultra-Pulse laser skin smoothing	for a consultation/booking and scheduling fee/procedure for (patient name)
COMPUTER IMAGING PREVIEW YOUR NEW APPEARANCE!	
Non-Surgical Enhancement:	
Botox® Cosmetic wrinkle treatment	Cardholder Signature Date
Lip & face plumping - fillers & fat injections	
Uitherapy® & Endermolift™ for Non-surgical "Facelifts"- Lifts, Tones & Tightens	Printed Cardholder Name
Microdermabrasion	
Microneedling/ Microchanneling with Serum Infusion	
Facial Peels & Dermaplaning	Printed Cardholder Address
Laser Genesis Facial Rejuvenation	
Excel V™ Laser Age spot and face capillary removal	Cardholder Phone Number
Vectus® laser hair removal	
Cellulite reduction with Endermologie®	Witness Signature
truSculpt™ Body Shaping	Printed Witness Name
Massage	
Laser & sclerotherapy leg spider vein treatment	Instructions for Cardholder:
thermiVa® Vaginal Rejuvenation	 Complete form. Attach copy of both sides of charge card.
FOR YOUR COMFORT & CONVENIENCE:	3. Attach copy of photo ID.
Joint Commission Accredited Office Surgery Center	Instructions for Patient:
All appointments confidential	**Patient must provide the completed form and all supporting documentation to our office before any service will be provided.**
Maior credit	office defote any service will be provided.



Rev01/06/22



Major credit

cards accepted