



**Personal Check Third Party/Authorized User Authorization Form**

**COSMETIC SURGERY  
 FOR MEN & WOMEN:**

- Breast lift & augmentation
- LipoPerfection® liposuction
- Tummy tuck & body shaping
- Thigh & arm lifts
- Labiaplasty
- Eyelid, face & neck lifts
- Nose, ear, lip, cheek, and chin reshaping
- Ultra-Pulse laser skin smoothing

**COMPUTER IMAGING  
 -PREVIEW YOUR NEW APPEARANCE!**

- NON-SURGICAL ENHANCEMENT:**
- Botox® Cosmetic wrinkle treatment
- Lip & face plumping - fillers & fat injections
- Ultherapy® & Endermology™ for Non-surgical "Facelifts" - Lifts, Tones & Tightens
- Microdermabrasion

**Microneedling/  
 Microchanneling with Serum Infusion**

- Facial Peels & Dermaplaning
- Laser Genesis Facial Rejuvenation
- Excel V™ Laser Age spot and face capillary removal
- Vectus® laser hair removal
- Cellulite reduction with Endermologie®

- truSculpt™ Body Shaping
- Massage

**Laser & sclerotherapy leg spider vein treatment**

**thermiVa® Vaginal Rejuvenation**

**FOR YOUR COMFORT & CONVENIENCE:**

- Joint Commission Accredited Office Surgery Center
- All appointments confidential
- Major credit cards accepted

With my witnessed signature below, I hereby authorize the payment of \$ \_\_\_\_\_  
 be made with my bank check number \_\_\_\_\_ payable to  
 "Saratoga Springs Plastic Surgery, PC" to be used to pay for a  
 consultation/booking and scheduling fee/procedure for \_\_\_\_\_  
 (patient name)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Check Holder Signature Date

\_\_\_\_\_  
 Printed Check Holder Name

\_\_\_\_\_  
 Printed Check Holder Address

\_\_\_\_\_  
 Check Holder Phone Number

\_\_\_\_\_  
 Witness Signature

\_\_\_\_\_  
 Printed Witness Name

**Instructions for Check Holder:**

1. Complete form.
2. Complete check made payable to "Saratoga Springs Plastic Surgery, PC".
3. Attach copy of photo ID.

**Instructions for Patient:**

**\*\*Patient must provide the completed form and all supporting documentation to our office before any service will be provided.\*\***

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