**Patient Info**

Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you authorize me to charge your credit card for your sessions, please enter your information below.

I will keep it securely on file. Charges are sometimes processed the same day, but sometimes they are not processed until the end of the week. Charges may be processed via Square or via IVY Labs.

CREDIT CARD #:

CARDHOLDER NAME:

EXPIRATION DATE:

CV CODE (3-4 digit code on the back):

BILLING ZIP CODE: