



a dhruvacare enterprise

SHAKTHI

HEALTH & WELLNESS CENTER

*Optimize
YOUR Vitality*

2702 Back Acre Circle, Suite 190
Mount Airy, MD 21771
Phone: 301-703-5067
Fax: 301-703-8880
Email: info@raowellness.com

Credit Card Authorization Form

I, _____ (printed full name), authorize Shakthi Health and Wellness to charge my credit card for the following reasons: office visits, mailed supplements, and cancellation/missed appointment fees (\$125.00). I authorize Shakthi Health and Wellness to charge my credit card for rendered services.

Card Number

Expiration Date

Security Code

Card Type (AMX, Visa, Discover, etc.)

Patient Name

Witness Print Name

Date

Date