



Akoya Pediatric Dentistry
15761 Sheridan St, Suite A, Southwest Ranches, FL 33331
(954) 799-6212

Credit Card Authorization Form for Missed/Late Cancellation

PATIENT FIRST NAME

PATIENT LAST NAME

DATE OF BIRTH (MM/DD/YYYY) *

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I,

Name

authorize the office of Dr. Joanna Theodorou and Dr. Chau McGovern at Akoya Pediatric Dentistry to charge my credit card in the amount of: \$50 per child due to missing and/or canceling my child's appointment within 24 hours.

TYPE OF CARD:

- ☐ Visa
☐ Master Card
☐ Discovery
☐ American Express

CREDIT CARD #: *

EXP: *

CVV: *

BILLING ZIP CODE ON CREDIT CARD: *

DRAW YOUR SIGNATURE INTO THE BOX BELOW *

Clear

RELATIONSHIP TO THE PATIENT

NAME IF NOT THE PATIENT

DATE

📅

