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every tiny tooth is precious :)

Credit Card Authorization Form

I, _____ give permission for Tooth Tales, the office of Dr. Timothy Chen and Dr. Gina Cozzeralli, to charge my credit card without being present.

Patient Name: _____

Pedo Account #: _____ Ortho Account #: _____

Name on credit card: _____

Credit card number: _____

Expiration Date: _____ CID Number: _____
(mm/yyyy)

Amount of the charge: _____

One-Time Charge

Recurring Charge:

Date of reoccurring charge: _____ Effective Date: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Signature: _____ Date: _____
(mm/dd/yyyy)

For your protection, do not email credit card authorization form.
Please fill out and fax to: 954.653.2967