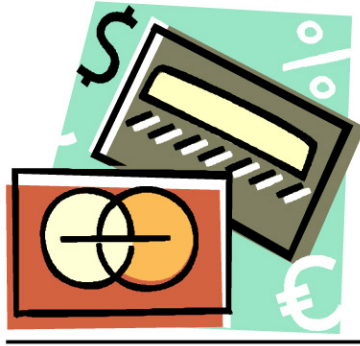


Gupta ENT Center
32121 Woodward Avenue, Ste 203
Royal Oak, MI 48073
PH: 248.549.9035
FX: 248.549.9407
Surgery Scheduling: 248.549.0133
EMAIL: contact@guptaentcenter.com



Credit Card Authorization Payment Form

We accept Visa – MasterCard - Discover

Please fill out form completely and be sure to fax form back to us at 248-549-6174.

I authorize Anil K. Gupta, MD. PLC to charge to my credit card the amount specified below.

Patient's Name _____

Credit Card Holder's Name _____

Credit Card Number _____

Credit Card Expiration Date _____

Card Holder's Billing Street Address _____

Card Holder's Billing Zip Code _____

Card Holder's Signature _____

Card Holder's Print Name _____

Amount to Charge to Credit Card _____

Reason for Credit Card Charge _____

Date _____