

Southern Westchester Orthopedics & Sports Medicine Associates
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Tel: (914) 476-4343
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David E. Lent, M.D.
Eric M. Spencer, M.D.

Credit Card Authorization Release Form

Patient Name: _____ Account #: _____

Credit Card Information

Choose One of the Following:

VISA Mastercard American Express Discover

Credit Card Number: _____

Expiration Date: _____ CCV/Security Code: _____

Billing Information

Cardholder's Name: _____

Cardholder's Billing Address: _____

City _____ State _____ Zip Code _____

Cardholder's Phone Number: _____

I, _____, authorize Southern Westchester
Orthopedics & Sports Medicine Associates to charge the above credit card for
services rendered in the amount of \$_____.

Signature: _____ Date: _____

For Office Use Only:
Received By: _____