

Annapolis Integrative Medicine
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In order to reserve your two hour appointment with Dr. Alan Weiss,
on ___/___ at ___:___ a.m./p.m. we require a \$_____ deposit. This deposit
will be applied towards the total charge of \$_____.

Sincerely,
Angela Borlik
Office Manager

CREDIT CARD AUTHORIZATION

I have authorized Dr. Weiss to bill my Visa/Mastercard account number
_____-_____-_____-_____
expiration date ___/___ Security code _____

The name as it appears on the card _____.

Patient/Cardholder Signature _____