

**Annapolis Integrative Medicine
1819 Bay Ridge Ave
Suite 180
Annapolis, MD 21403
410-266-3613
Fax 410-266-6104**

alanweissmd@gmail.com

In order to reserve your two hour appointment with Dr. Alan Weiss,
on ___/___ at ___:___ a.m./p.m. we require a \$ 300.00 deposit. This deposit
will be applied towards the total charge of \$600.00.

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_____