

RESERVATION CONFIRMATION & CREDIT CARD AUTHORIZATION

I acknowledge, that the Institute for Hormonal Balance, LLC charges a \$500.00 non-refundable reservation fee for all new patient appointments. I also acknowledge, that I must give a 48 business hour notice (2 Business Days) in order to reschedule or cancel my appointment.

I authorize the Institute for Hormonal Balance, LLC to charge my credit card in the amount of \$500.00 to reserve my appointment at the Institute for Hormonal Balance, LLC.

Please return this form signed and dated to our office. You can fax, email or mail it back in 3 business days prior to your appointment.

Institute for Hormonal Balance, LLC
7009 Dr. Phillips Blvd.
Suite 150
Orlando, Fl. 32819

Office: 407-363-9665
Fax: 407-352-2668

info@dredwinlee.com

PRINTED NAME

SIGNATURE

DATE