

**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](mailto:info@dredwinlee.com)

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PRINTED NAME

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SIGNATURE

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DATE