



Pediatric Dentistry for Children and Young Adults
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We handle with care... and it shows

Fred C. Haeberlein, APDC
 Emily Wang, DDS
 Fred C. Haeberlein, DDS
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Credit Card Payment by Mail or Fax

As a courtesy to you in budgeting for your family's dental treatment, we are now able to extend to you a new method of payment for your family account by Credit Card Payment by mail or fax.

BANK CARD PAYMENT AUTHORIZATION

I authorize Fred C. Haeberlein, A.P.D.C. to charge \$ _____ to my credit card account.



PLEASE CHECK WHICH CREDIT CARD TO USE

_____ CARD ACCOUNT NUMBER

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_____ City

_____ State

_____ Zip

Parent's Name Printed _____

Patient's Full Name _____

Patient's Date of Birth _____

I understand that this form is valid for one year unless I cancel the authorization through written notice to Fred C. Haeberlein, A.P.D.C.

Please complete entire form and return by mail or fax to our office at 415 - 441 - 1919.

Thank You