

CREDIT CARD ON FILE

For your convenience, if you would like to reorder formulas or anything from our pharmacy over the phone or email, we ask that you leave a form of payment on file with us. This may be used to fulfill any outstanding balance that is incurred on your account, as well as any refills which includes tax and shipping charges.

****prices subject to change****

I, _____, authorize the office of Dr. Michael H. Kerrigan to charge the account number below.

ACCOUNT # _____

EXP DATE ____/____

Patient Name (Printed) _____

Patient Signature _____

(if emailed, printed version will serve as signature)

Date _____