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Shrewsbury Orthodontics, P.A.
167 Avenue at the Common, Suite 16
Shrewsbury, New Jersey 07702

732-544-9002
732-544-9022 fax

DATE: ____________

PATIENT - __________________________ ACCOUNT # __________

I HAVE AGREED TO GIVE SHREWSBURY ORTHODONTICS PERMISSION TO BILL MY CREDIT CARD ___________________ THE AMOUNT DUE EACH MONTH OF $_______ ON THE ____th OF EACH MONTH UNTIL MY BALANCE OF _________ IS PAID OFF.

Signature _______________________ Date ____________
Address _________________________________
____
____
Telephone _________________ Bus Telephone ___________

ACCOUNT # ________________________ EXP DATE ______ CODE _______