Katrina L. Lee, M.D., P.A.
6124 Parker Rd. Bldg 3 Ste. # 430
Plano, TX 75093
Phone: 972-981-7980 / Fax: 972-981-7981

Credit Card Authorization

I, ________________________________, authorize the office of Katrina L. Lee M. D., P. A. to charge my credit card for the amount of ___________ for payment for _________________.

Card #: ___________________________

Exp. Date: ________________

___________________________________ ________________

Patient's Signature Date