

Credit Card Authorization and Cancellation Policy

This policy ensures that Dr Wendy Davis ND's practice runs smoothly and that patients booking appointments can receive treatment as soon as possible.

I hereby authorize DR WENDY DAVIS ND to make charges in the amount equivalent to the cost of my full scheduled initial visit to my Credit Card. I fully understand the payment is non-refundable and if I do not cancel my appointment 48 hours in advance.

Name: _____

Signature: _____

Please return this completed form to our reception desk by either dropping it off in person, mailing it in, or scanning and emailing it to drwendy@lotustree.ca OR drewendy@drdavisnd.ca It is essential that we receive this form prior to your appointment in order to secure your spot.

Credit Card Type: VISA MASTERCARD AMERICAN EXPRESS
Name (as it appears on card): _____

Credit Card Number: _____

Expiry: _____

Last Three Digits on Back of Card (CSV): _____

Signature: _____