



1720 Washington Road
Suite 203
Pittsburgh, PA 15241
412.409.4444

Credit Authorization

Name: _____

Address: _____

Phone: _____

Social Security Number: _____

This office reserves the right to verify the credit status of potential patients and/or of patients prior to extending credit for treatment fees and may, at the discretion of this office, use the services of one or more credit reporting services.

Signature

Date