



Financial Information Sheet

Please complete the requested information below. Once your information has been entered into our database, this sheet will be shredded to help ensure your privacy.

Driver License No. _____

* This is required for credit card identification or if paying by check.

Social Security No. ____/____/____

Credit Card No. _____ Exp _____

* VISA, MasterCard, Discover, Wells Fargo Health Advantage Card, Care Credit
(Sorry, we do not accept American Express)