



INITIAL VISIT DEPOSIT

All new patients must include a \$325.00 non-refundable deposit when they send in their medical history form. This deposit may be paid by cash, check or credit card (Visa and MasterCard only). If you wish to pay by Visa or MasterCard, include your credit card billing information on the form below or you may call in with your credit card information to 609-818-9700 opt. 4.

Please include this page with your completed medical history form. *Please also be reminded that should you cancel your initial appointment without 24 hours notice or fail to show up for any reason, this \$325.00 deposit will be forfeit.*

Payment Information	
Payment Type:	<input type="checkbox"/> Credit Card <input type="checkbox"/> Check, Check Number:
Name on Card: _____	Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Billing Address (if different from history form): _____	
City: _____	State: _____ Zip _____
Credit Card Number: _____	
Expiration Date: _____	Security Code (on back of card): _____
Authorized Signature: _____	Date: _____

Make Checks Payable To: Kathleen Thomsen

You may return this information with your completed medical history form in one of the following ways:

Mail to: 252 West Delaware Ave
Pennington, NJ 08534

Fax to: 609-818-9811

Scan/E-mail to: drkatethomsen@gmail.com