Greenwoods™
Dental & Surgical Centres

Dr. D.K Mittal Dental Corporation

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246 Portage Avenue, Winnipeg, Manitoba R3C 0B1 (204) 779-7779 Fax: (204) 594-5768
249 ½ Henderson Hwy, Winnipeg, Manitoba R2L 1M3 (204) 775-7775 Fax: (204) 667-6229
1531 Pembina Hwy, Winnipeg, Manitoba R3T 2E5 (204) 221-2221
1128 Richards St, Vancouver, BC V6B 3E6 (604) 566-7666 Fax: (604) 566-7660

Date: _____ **Patient Name:** _____

I _____ allow/authorize Greenwoods Dental & Surgical Centres to
(card holder name printed)
charge the following card for treatment related to the above-mentioned patient in the amount of **$ _____**

Card: Visa Mastercard

Card Number: _____ Expiry: _____

Full Name on Card: _____ CVV: _____

- I **do not** want Greenwoods Dental & Surgical Centres to keep my card on file.
- I **do** want and authorize Greenwoods Dental & Surgical Centres to keep my card on file and charge future treatment for patient.

_____
(card holder signature)