



AESTHETICS &
PLASTIC SURGERY

INJECTION DAY

HOW TO ORDER:

1. Complete the *Injection Day Order Form*
2. Calculate your *total amount due*
3. Complete the *credit card authorization form*
4. Email completed forms (pages 1, 2 & 3) to
frontdesk@drkimplasticsurgery.com

Patient Name: _____ Phone: _____ DOB: _____

Open House/ November Injection Day 2024 Order Form

INJECTABLES

- ___ **\$11/ unit** Dysport (*equivalent Botox units)..... Qty: _____
- ___ **\$12/ unit** Botox (reg. \$14/ unit) *20 units minimum..... Qty: _____
- ___ \$150 off Tear Troughs PRF Gel - **\$750** (reg. \$900)..... Qty: _____
- ___ **\$400** Mini Lip Filler + Complimentary Jane Iredale HydroPure™ Lip Gloss (\$28 value) Qty: _____
- ___ **\$700** Lip Filler + Complimentary Jane Iredale Sugar & Ice Lip Scrub and Hydrating Gloss Duo (\$54 value)
*while supplies last..... Qty: _____
- ___ \$200 off Sculptra 2 vials: (Rec. treatment - 1 vial per decade of age) - **\$1,300** (reg. \$1,500)..... Qty: _____
- ___ 50% off Sculptra Hip Dips - **\$2,000** (reg. \$4,000)..... Qty: _____
- ___ \$300 off Kybella 2 vials (1 treatment) (Rec. 2-3 treatments) - **\$900** (reg. \$1,200)..... Qty: _____
- + Complimentary Alastin Transform Body Treatment Mini (\$100 retail)

****\$75 OFF A SINGLE SYRINGE OF 1ML DERMAL FILLER OR \$100 OFF EACH SYRINGE WHEN YOU BUY 2 OR MORE!****

*Cheek Filler: (average treatment 2-3 syringes)

- ___ Juvederm Voluma - (reg \$800) Qty: _____
- ___ Restylane Lyft - (reg \$775) Qty: _____
- ___ Restylane Contour- (reg \$775) Qty: _____
- ___ RHA 4 Qty: _____

*Smile Line / Nasolabial Fold Filler: (average treatment 1-2 syringes)

- ___ Juvederm Vollure (Light Lines) - (reg \$775) Qty: _____
- ___ RHA 2 (Light Lines)..... Qty: _____
- ___ Restylane Refyne (Light Lines) - (reg \$775) Qty: _____
- ___ RHA 3 (Moderate - Deep Lines) Qty: _____
- ___ Juvederm Ultra Plus (Moderate - Deep Lines) - (reg \$650) Qty: _____
- ___ Restylane Defyne (Moderate - Deep Lines) - (reg \$775) Qty: _____

*Marionette Line Filler: (average treatment 1-2 syringes)

- ___ Juvederm Vollure (Light Lines) - (reg \$775) Qty: _____
- ___ RHA 2 (Light Lines) Qty: _____
- ___ Juvederm Ultra Plus (Moderate - Deep Lines) - (reg \$650) Qty: _____

*Temple Filler: (average treatment 2 syringes)

- ___ Juvederm Voluma - (reg \$800) Qty: _____
- ___ Restylane Lyft - (reg \$775) Qty: _____

*Chin Filler: (average treatment 1-2 syringes)

- ___ Juvederm Voluma - (reg \$800) Qty: _____
- ___ Restylane Lyft - (reg \$775) Qty: _____
- ___ Restylane Refyne - (reg \$775)..... Qty: _____

ESTIMATED TOTAL (\$) _____

**Add this total to the credit card authorization sheet*

***Restrictions apply. Offer valid 10/25/24-11/08/24. All treatments must be redeemed by 02/07/25. May need multiple syringes/ treatments to achieve desired results. *20 units min for Botox and Dysport. Filler sale excludes tear trough dermal filler. Valid for 1mL+ filler syringes only. Offers cannot be combined with other SGK discounts. ALL SALES ARE FINAL.**

Patient Name: _____ Phone: _____ DOB: _____

Open House/ November Injection Day 2024 Order Form

SKIN + LASERS + MICRONEEDLING

- ___ \$100 off Diamond Glow Facial with Enzyme Peel - **\$300** (reg. \$400) Qty: _____
- ___ \$75 off VI Peel Precision Plus - **\$350** (reg. \$425) Qty: _____
- ___ \$100 off DermaPen - **\$250** (reg. \$350) Qty: _____
- ___ \$100 off Morpheus8 w/ Pronox - **\$875** (reg. \$975) Qty: _____
- ___ \$450 off Morpheus8 w/ Pronox Pkg of 3 - **\$2,475** (reg. \$2,925) Qty: _____
- ___ \$75 off MOXI Face **\$675** - (reg. \$750) Qty: _____
- ___ \$650 off MOXI Face + Neck + Chest - **\$900** (reg. \$1,550) Qty: _____
- ___ \$600 off THERMIva single session - **\$1,000** (reg. \$1,600)..... Qty: _____

25% off Laser Hair Removal Pkg of 6

- ___ Small Area Package of 6 - **\$937.50** (reg. \$1,250) Qty: _____
- ___ Medium Area Package of 6 - **\$1,500** (reg. \$2,000) Qty: _____
- ___ Large Area Package of 6 - **\$2625** (reg. \$3,500) Qty: _____

RETAIL

25% off Skincare & Jane Iredale Makeup

-
-
- ___ **Jane Iredale Skincare Makeup System** (*Smooth Affair Brightening Face Primer, PurePressed Base Mineral Foundation SPF 20/15, Pommissst Hydration Spray, The Handi™ Brush* - **\$180** (reg. \$262).....Qty: _____

BIO-IDENTICAL HORMONE THERAPY

- ___ **\$100 off Hormone Therapy Consultation** *includes initial consult, labs, and follow up appt (reg. \$450)
- ___ **\$100 off EvexiPEL BHRT Female Pellets** (reg. \$400)
- ___ **\$100 off EvexiPEL BHRT Male Pellets** (reg. \$750)

ESTIMATED TOTAL (\$) _____

**Add this total to the credit card authorization sheet*

***Restrictions apply. Offer valid 07/26/24-08/02/24. All treatments must be redeemed by 11/07/24. May need multiple syringes/ treatments to achieve desired results. 60 units min for Dysport, 20 units min for Botox. Filler sale excludes tear trough dermal filler. Valid for 1mL+ filler syringes only. Offers cannot be combined with other SGK discounts. ALL SALES ARE FINAL.**

Patient Name: _____ Phone: _____ DOB: _____

Open House/ November Injection Day 2024 Order Form

SURGERY SPECIALS

___ **\$7,500 All-Inclusive Breast Augmentation** with Dr. Kim

___ **\$11,000 All-Inclusive Rhinoplasty** with Dr. DeBusk

___ **\$4,000 Upper Blepharoplasty** with Dr. DeBusk

\$1,000 DEPOSIT REQUIRED WITH CONSULTATION TO FOLLOW

*Restrictions apply. SGK Open House Surgery Specials valid from 11/01/2024-11/08/2024. Must be a candidate for surgery. Surgery must be performed by March 31, 2025. All- Inclusive Breast Augmentation special includes Natrelle Responsive silicone implants, surgeon's fees, facility fees, anesthesia fees, and OR fees. Additional upgrades and charges may apply. All- Inclusive Rhinoplasty special applies to primary rhinoplasty. Rhinoplasty special includes surgeon's fees, facility fees, anesthesia fees, and OR fees. Cartilage fees not included. Blepharoplasty special will be performed as an IN-OFFICE PROCEDURE, under local anesthesia. Additional surgeon's fees, facility fees, anesthesia fees, and OR fees may apply.

ONE (1) TIME CREDIT CARD PAYMENT AUTHORIZATION FORM

Sign and complete this form to authorize *SGK Aesthetics & Plastic Surgery* to make a one-time charge to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ authorize *SGK Aesthetics & Plastic Surgery* to charge
(Cardholder's Full Name)

my credit card account indicated below for \$ _____ on _____
(Amount Due \$) (Today's Date)

This payment is for my Open House/ November Injection Day 2024 purchase, as outlined in the attached form.

CARD DETAILS

Visa MasterCard Discover American Express CareCredit (\$1,000 min.)

Cardholder Name _____

Account/CC Number _____

Expiration Date _____ / _____ CVV _____ Zip Code _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____
(cardholder)

DATE _____