AESTHETICS &
PLASTIC SURGERY

August Injection Day Order Form

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:** _____

August Injection Day 2026 Order Form

INJECTABLES

Daxxify

____ **$13/ double unit Daxxify** (reg. $14/ double unit) *20 units minimum..... Qty: _____

Dysport

____ **$11/ triple unit Dysport** (reg. $13/ triple unit) *20 units minimum..... Qty: _____

Botox

____ **$12/ unit Botox** (reg. $14/ unit) * 20 units minimum..... Qty: _____

**Buy 50 units of any tox, receive a FREE Revision D.E.J. BioStim treatment ($250 value)*

Fillers

____ **$650** any syringe of 1mL Dermal Filler..... Qty: _____

____ **$350** Lip Filler (Half Syringe)..... Qty: _____

____ **$600** Lip Filler (1mL Full Syringe)..... Qty: _____

**Receive FREE Revision YouthFull Lip Replenisher® with purchase of 1mL Lip Filler ($46.50 value)*

PRF EZ Gel

____ **$1,250** PRF Undereye Area 2 treatments (reg. $1,500)..... Qty: _____

**Receive FREE Revision D·E·J Eye Cream® with purchase of EZ Gel ($75 value)*

Sculptra

____ **$1,200** Sculptra 2 vials (reg. $1,600)..... Qty: _____

Lipo Dissolve Injections (fat reduction for stubborn areas)

____ **$450** per area (reg. $550) ..... Qty: _____

MICRONEEDLING

____ **$350** SkinPen Microneedling (reg. $400)..... Qty: _____

____ **$600** SkinPen+ Exosomes (reg. $700)..... Qty: _____

____ **$650** SkinPen+ MicroTox (reg. $750)..... Qty: _____

____ **$750** SkinPen+ Vampire Facial w/ PRF (reg. $875)..... Qty: _____

FACIALS

___ **$175** Custom Facial (reg. $200)..... Qty: _____

___ **$225** Diamond Glow Facial (reg. $250) ..... Qty: _____

___ **$325** VI Peel Precision Plus (reg. $425)..... Qty: _____

___ **$600** Revision DEJ Biostim Treatment pkg of 3 (reg. $750)..... Qty: _____

Patient Name: _____ **Phone:** _____ **DOB:** _____

August Injection Day 2026 Order Form

LASERS

30% off Laser Hair Removal Packages of 6:

___ **$875** One Small Area Package: Face, Underarms, or Back of Neck (reg. $1,250) ..... Qty: _____

___ **$1,400** One Medium Area Package: Bikini, Brazilian, Half Arms, or Half legs (reg. $2,000) ..... Qty: _____

___ **$2,450** One Large Area Package: Full Legs, Full Arms, or Full Back (reg. $3,500) ..... Qty: _____

MOXI Laser (Melasma Treatment)

____ **$775** MOXI Face/Neck/Chest (reg. $1,550)..... Qty: _____

ThermiVa Vaginal Rejuvenation:

____ **$800** single treatment (reg. $1,600) ..... Qty: _____

RETAIL

20% off Revision, Epicutis, Epionce, Alastin, Eminence Skincare and Jane Iredale Makeup

_____

_____

_____

_____

_____

_____

*Restrictions apply. Offers valid July 31, 2026=August 7, 2026. All injectable and facial treatments must be redeemed by November 4, 2026. A minimum of 20 units is required for Botox®, Dysport®, and Daxxify®. Multiple syringes or facial treatment sessions may be necessary to achieve optimal results. Offers may not be combined with other SGK promotions or discounts. All sales are final.

ESTIMATED TOTAL ($) _____

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

EMAIL ORDER FORMS TO **FRONTDESK@DRKIMPLASTICSURGERY.COM**

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 August Injection Day 2026 purchase, as outlined in the attached form.

CARD DETAILS

□ Visa □ MasterCard □ Discover □ American Express □ CareCredit □ Cherry

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 _____ DATE _____
(cardholder)

*Restrictions apply. Offers valid July 31, 2026=August 7, 2026. All injectable and facial treatments must be redeemed by November 4, 2026. A minimum of 20 units is required for Botox®, Dysport®, and Daxxify®. Multiple syringes or facial treatment sessions may be necessary to achieve optimal results. Offers may not be combined with other SGK promotions or discounts. All sales are final.

EMAIL ORDER FORMS TO **FRONTDESK@DRKIMPLASTICSURGERY.COM**