



AESTHETICS &  
PLASTIC SURGERY

# May 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](mailto:frontdesk@drkimplasticsurgery.com)

Patient Name: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

# May 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*

### Fillers

\_\_\_ **\$350** Lip Filler (Half Syringe)..... Qty: \_\_\_\_\_

\_\_\_ **\$650** any syringe of 1mL Dermal Filler..... Qty: \_\_\_\_\_

\_\_\_ **\$650** Lip Filler (1mL Full Syringe)..... Qty: \_\_\_\_\_

*\*Receive FREE Lip Product with purchase of 1mL filler (while supplies last)*

### PRF EZ Gel

\_\_\_ **\$1,200** PRF Undereye Area 2 treatments (reg. \$1,500)..... Qty: \_\_\_\_\_

### Sculptra

\_\_\_ **\$1,300** Sculptra 2 vials (reg. \$1,600)..... Qty: \_\_\_\_\_

### Lipo Dissolve Injections (fat reduction for stubborn areas)

\_\_\_ **\$400** per area (reg. \$550) ..... Qty: \_\_\_\_\_

## FACIALS

\_\_\_ **\$225** Diamond Glow Facial (reg. \$250) ..... Qty: \_\_\_\_\_

\_\_\_ **\$650** Diamond Glow Facial pkg of 3 (reg. \$750) ..... Qty: \_\_\_\_\_

\_\_\_ **\$175** Custom Facial (reg. \$200)..... Qty: \_\_\_\_\_

\_\_\_ **\$500** Custom Facial pkg of 3 (reg. \$600)..... Qty: \_\_\_\_\_

\_\_\_ **\$325** VI Peel Precision Plus (reg. \$425)..... Qty: \_\_\_\_\_

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

## MICRONEEDLING

\_\_\_ **\$350** SkinPen (reg. \$400)..... Qty: \_\_\_\_\_

\_\_\_ **\$600** SkinPen MicroTox (reg. \$750)..... Qty: \_\_\_\_\_

\_\_\_ **\$775** SkinPen Vampire Facial w/ PRF (reg. \$875)..... Qty: \_\_\_\_\_



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## 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

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

ThermiVa Vaginal Rejuvenation:

\_\_\_ **\$750** single treatment (reg. \$1,600) ..... Qty: \_\_\_\_\_

## HORMONES

Hormone Therapy:

\_\_\_ **\$400** Hormone Therapy Consultation (*includes initial consult, labs, and follow up*)..... Qty: \_\_\_\_\_

*\*required for New BHRT patients (reg. \$450)*

\_\_\_ **\$350** BHRT Female Pellets (reg. \$400) ..... Qty: \_\_\_\_\_

\_\_\_ **\$700** off BHRT Male Pellets (reg. \$750) ..... Qty: \_\_\_\_\_

## RETAIL

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

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\*Restrictions apply. Offers valid April 23–May 1, 2026. All injectable and facial treatments must be redeemed by August 1, 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*



# 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 May Injection Day 2026 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 \_\_\_\_\_

DATE \_\_\_\_\_

(cardholder)

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