



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: _____

August Injection Day 2025 - Online Order Form

INJECTABLES

____ **\$11/ unit** Dysport (*equivalent Botox units) *20 units minimum..... Qty: _____

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

____ \$200 off Tear Troughs PRF Gel - **\$700** (reg. \$900)..... Qty: _____

____ **\$350** Mini Lip Filler Qty: _____

____ **\$650** Lip Filler + Complimentary Revision Youthful Lip Replenisher (\$42 value)..... Qty: _____

____ \$150 off Sculptra Single Vial (Rec. treatment - 1 vial per decade of age) - **\$650** (reg. \$800)..... Qty: _____

FILLER SPECIALS:

- **\$50 off** any single syringe of 1mL Dermal Filler
- **\$150 off** any 2 syringes of 1mL Dermal Filler
- **\$300 off** any 3+ syringes of 1mL Dermal Filler

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: _____

Write down estimated total on **Page 2** 

Patient Name: _____ Phone: _____ DOB: _____

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SKIN + LASERS + MICRONEEDLING

- ___ \$100 off Morpheus8 w/ Pronox - **\$875** (reg. \$975) Qty: _____
- ___ \$450 off Morpheus w/ Pronox of Pkg of 3 - **\$2,475** (reg. \$2,925) Qty: _____
- ___ \$100 off MOXI Face - **\$650** (reg. \$750) Qty: _____
- ___ \$350 off MOXI Face Pkg of 3 - **\$1,900** (reg. \$2,250) Qty: _____
- ___ \$600 off THERMlva single session - **\$1,000** (reg. \$1,600)..... Qty: _____
- ___ \$1,000 off THERMlva Pkg of 3 - **\$2,500** (reg. \$3,500)..... Qty: _____

20% off Laser Hair Removal Pkg of 6

- ___ Small Area Package of 6 - **\$1,000** (reg. \$1,250) Qty: _____
- ___ Medium Area Package of 6 - **\$1,600** (reg. \$2,000) Qty: _____
- ___ Large Area Package of 6 - **\$2,800** (reg. \$3,500) Qty: _____

RETAIL

20% off Skincare & Jane Iredale Makeup

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 07/25/25-08/01/25. All treatments must be redeemed by 11/05/25. May need multiple syringes/ treatments to achieve desired results. 20 units min for Dysport, 20 units min for Botox. Filler sale excludes tear trough dermal filler. Must be a candidate for treatments. Offers cannot be combined with other SGK discounts. ALL SALES ARE FINAL.

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 2025 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 _____

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