

Consultation Fee

I agree to pay the following for a virtual consultation with one of our doctors at Crawford Plastic Surgery.

\$120.00 for a phone consultation with Crawford Plastic Surgery

_____	Exp. _____	Code _____
Credit Card Number		

Name on Card		

I am completely aware if for whatever reason I miss my scheduled consultation, I then forfeit my consultation fee. I am also aware that my consultation fee does not go towards my surgery fee.

Patient Signature

Date