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CANCELLATION FEE CHARGE AUTHORISATION

Please complete the cancellation fee charge authorisation below:

I understand that if I cancel or postpone an appointment outside the notice requirements as described in the Informed Consent document in the section relating to cancellations (a copy of which I have read and signed), Dr Trish Melzer will charge me a cancellation fee in accordance with the aforementioned policy.

I authorise Dr Trish Melzer to charge this cancellation fee to my credit card as nominated below:

Card type (please circle)

Mastercard

Visa

Card Number

Expiry Date

CVV

Name on Card (BLOCK CAPITALS)

.....

Signature on Card..... Date.....

This information will be kept securely and destroyed once treatment is completed.