



CENTER FOR ADULT AND GERIATRIC PSYCHIATRY

210 25th Avenue North Suite 1220
Nashville, TN 37203
Phone: (615)383-0055 Fax: (619) 863-1262

Credit/Debit Card Authorization

Dear Dr Rajpura,

I authorize you or your office representative to charge my credit card / Debit card number

_____ with expiry date of _____

for services provided by Dr Rajpura. I will provide CVV separately to office manager.

Sincerely,

Patient Name

Date

Witness

Date