

Sarah LoBisco, ND  
Doctor of Naturopathic Medicine/Functional Medicine  
Practitioner  
www.dr-lobisco.com

**This credit card will ONLY be used for unpaid charges at time of a scheduled service through a secure PayPal account, unless another payment arrangement is made.**

**If you'd prefer, you can provide the credit card information to Dr. LoBisco over the phone during your first consult and simply sign the form below.**

**Be assured that any electronic format of this information will be destroyed once received by Dr. LoBisco and a paper copy will be placed in the secure location of your wellness notes only viewed by Dr. LoBisco.**

**Name on card:** \_\_\_\_\_

**Credit card number:** \_\_\_\_\_

**Expiration date:** \_\_\_\_\_

**Security code:** \_\_\_\_\_

**Billing zip code:** \_\_\_\_\_

\_\_\_\_\_  
**Patient signature** **Date**