



The following form authorizes Dr. Bernadette Rosenstiel to process payment for your BodyTalk health care sessions:

Credit Card: Visa MasterCard American Express Discover

Cardholder Name: _____

Credit Card Number: _____

Security Code (usually last 3 digits on back of card): _____ Expiration Date: _____

Your Telephone: _____ E-Mail: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

You may keep this information on file, strictly confidential, for future use: Yes No

Cardholder Signature: _____ Date: _____

PLEASE FAX OR EMAIL COMPLETE FORM TO:

Bernadette Rosenstiel, D.C.
Fax to: 818-332-5087
Email to: mail@drrosenstiel.com

www.LoveBodyTalk.com