

ULTRASOUND ASSOCIATES

Women's Imaging Center

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CREDIT CARD INFORMATION

The information below will be used for pre-paid charges to release medical records. The information provided will be destroyed promptly following our processing of the charge.

Patient Name: _____

Card Type: VISA Master Card Discover

Card#: _____ - _____ - _____ - _____ Expiration Date: ____/____

Security Code: _____ (3 digits)

Billing Zip Code: _____

Charge Amount: _____