



# Greenwoods<sup>TM</sup>

## Dental & Surgical Centres

★ 693 McPhillips Street, Winnipeg, Manitoba R2X 2H6 (204) 774-7774 Fax (204) 633-1143

249½ Henderson Highway, Winnipeg, Manitoba R2L 1M3 (204) 775-7775 Fax (204) 667-6229

246 Portage Avenue, Winnipeg, Manitoba R3C 0B1 (204) 779-7779 Fax (204) 594-5768

1531 Pembina Highway, Winnipeg, Manitoba R3T 2E5 (204) 221-2221 Fax (204) 504-5111

1462 Regent Avenue West, Winnipeg, Manitoba R2C 3A8 (204) 504-5040 Fax (204) 505-1564

1128 Richards Street, Vancouver, BC V6B 3E6 (604) 566-7666 Fax (604) 566-7660

**PATIENT NAME**

**DATE**

I  
following card for treatment related to

allow/authorize Greenwoods Dental & Surgical Centres to charge the  
in the amount of \$

**CARD TYPE**

VISA

MASTERCARD

OTHER

**CARD NUMBER**

**EXPIRY**

**FULL NAME ON CARD**

**CVV**

I **do not** want Greenwoods Dental & Surgical Centres to keep my card on file.

I **do** want authorize Greenwoods Dental & Surgical Centres to keep my card on file and charge future treatments to the patient.

\_\_\_\_\_  
**CARD HOLDER SIGNATURE**