



West Coast Fertility Centers

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Westcoastfertility.com

CREDIT CARD AUTHORIZATION FORM

Please complete and fax to (714) 513-1393 or email to: Patientcare@westcoastfertility.com

Patient's Name: _____ DOB: _____

Service: _____

I /We _____ give

permission for West Coast Fertility Centers to charge my credit card:

() Visa () Mastercard () Discover () American Express

Name on the Card: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____ (3-digit CVV or CVV2 code on the back of your card or the 4-digit CID number on the front of your card for American Express)

My Mailing address is as follows (please include zip code):

Signature: Fariba Jafari Date: _____