

Family Eye Care
Peter K. Dunn, O.D., P.A.
306-B Muirs Chapel Road
Greensboro, NC 27410
(336) 854-0066 Fax (336) 252-1053

Credit Card Information

Patient Name: _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Drivers license # and State: _____

Credit Card #: _____ Exp: ____/____

Security Code(3 digits): _____

Signature: _____

Note: This card information will be kept on file until it expires or the patient above requests that it be terminated. After information expires, the patient above will need to sign another form with updated information before card can be used. Current card(s) on file will be used at patients request only. No family members can may call in and request payment.