



Michael D. Cohen, M.D.*
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Thank you for your interest in the Cosmetic Surgery Center of Maryland. Our goal is to provide you with the information that you need as you consider plastic surgery. We want you to feel comfortable with our staff and hope you will contact us when you have any questions.

When you are ready to secure a surgery date, you will need to provide a non refundable deposit in the amount of \$500.00. Your deposit will be applied to your surgical fees. This will allow us to save the date for you so that you may start to make arrangements for surgery. When we receive your deposit, we will then schedule a pre-op date for you to meet with one of our nurses. At the pre-op visit, you will be required to pay the balance of what is due, by cash, money order or credit card.

Your options for deposit are to send a personal check made payable to:
The Cosmetic Surgery Center of Maryland
8322 Bellona Avenue, Suite 300
Towson, MD 21204
Attn: Billing Department

Or you may pay by credit card by filling out this form and faxing it to us at **(410) 296-3233**. **We also need a photo copy of your driver's license**. As soon as we receive your deposit we will call you to confirm and to schedule your date.

Thank you in advance and we look forward to seeing you again soon.

ATTN: Billing Department

I, _____, authorize The Cosmetic Surgery Center of Maryland to charge my credit card a \$500.00 deposit to be used for securing a surgical date. I recognize that this is a non refundable security deposit.

Please circle one: MC Visa American Express

Credit card Number _____ Ex. Date: _____

Cardholder Billing Address: _____

City, State, Zip Code: _____

V Code: _____

Cardholder Signature: _____



*MEMBER OF THE AMERICAN SOCIETY FOR AESTHETIC PLASTIC SURGERY, INC.

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