



Brain Science Technologies
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Credit Card Form

Patient:

Date:

Name on Credit Card: _____

Credit Card: _____

Exp: _____ **Signature** _____

CVR: _____

PAID in full

Rcvd by: Brad

This receipt is for Neurodiagnostic services, inclusive of technical procedures and professional (medical) interpretation and report ONLY!

Our studies are reviewed by a Board Certified Neurologist, Epileptologist with extensive training in Neurodiagnostic interpretations.

Our technicians have been trained through the ASET Neurodiagnostic Society certification program.