



**Las Vegas
Autopsy Service**

702-682-7777

1225 Los Meadows Drive
Las Vegas, NV 89110
www.lasvegasautopsy.com

Rexene Worrell M.D.

Forensic Pathologist

Credit Card Charge Authorization

I, _____, authorize Rexene Worrell M.D.

(Name as it appears on Credit Card)

and Las Vegas Autopsy Service to charge the following credit card and
agree to pay \$_____.

MC/VISA # _____

Expiration Date _____ of _____

3 digit security code (on back of card) _____

4 digit security code for AMEX (on front of card) _____

Dated this _____ day of _____, 2004.

X _____

(signature)

Please provide **Billing Address** for the above account.

(street)

(city, state, zip code)

(phone)