CHEN ORTHODONTICS
Beautiful, Healthy Smiles

RETAINERS FOR LIFE

Quick Enrollment Form (membership only)

Use as needed, circle option & shred after processing

ONE ARCH: UPPER / LOWER (circle one) Coupon Code_____

OPTIONS	WEBSITE RETAIL PRICE	IN TREATMENT 25%
Pay In Full	~~$440~~	$325
Payment Plan	~~3 months x $153.33~~	3 months x $115 ($345)

BOTH ARCHES

OPTIONS	WEBSITE RETAIL PRICE	IN TREATMENT 25%
Pay In Full	~~$880~~	$650
Payment Plan	~~6 months x $153.33~~	6 months x $115 ($690)

I _____authorize Retainers For Life to charge my account indicated below each month or pay in full for payment of my/ my childs retainers.

Name of Patient: _____ DOB:_____

Shipping Address:_____ PHASE I / TRADITIONAL (circle one)

Phone Number:_____ Email Address:_____

Credit Card:

☐ Visa ☐ Mastercard ☐ HSA ☐ FSA

Card Holder Name:_____ Card Number:_____

Exp Date:_____ CVV:_____ Withdrawal Date:_____

Billing Address:_____

Payment Option:

☐ Pay In Full ☐ Payment Plan Length & Amount:_____

Signature:_____

I understand that this authorization will remain in effect until I cancel, and I agree to notify the above named business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my credit card company; so long as the transactions correspond to the terms.

15900 La Cantera Pkwy. Suite 20260 San Antonio, TX 78256

Tel: 850-735-4968 | info@MyRetainersForLife.com
www.MyRetainersForLife.com

CHEN ORTHODONTICS
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RETAINERS FOR LIFE

Quick Enrollment Form (membership with retainer)

Use as needed, circle option & shred after processing

ONE ARCH: UPPER / LOWER (circle one) Coupon Code_____

OPTIONS	WEBSITE RETAIL PRICE	IN TREATMENT 25%
Pay In Full	~~$440~~	$349.50
Payment Plan	~~3 months x $153.33~~	3 months x $123.17 ($369.51)

BOTH ARCHES

OPTIONS	WEBSITE RETAIL PRICE	IN TREATMENT 25%
Pay In Full	~~$880~~	$699
Payment Plan	~~6 months x $153.33~~	6 months x $123.17 ($739.02)

I _____authorize Retainers For Life to charge my account indicated below each month or pay in full for payment of my/ my childs retainers.

Name of Patient: _____ DOB:_____

Shipping Address:_____ PHASE I / TRADITIONAL (circle one)

Phone Number:_____ Email Address:_____

Credit Card:

☐ Visa ☐ Mastercard ☐ HSA ☐ FSA

Card Holder Name:_____ Card Number:_____

Exp Date:_____ CVV:_____ Withdrawal Date:_____

Billing Address:_____

Payment Option:

☐ Pay In Full ☐ Payment Plan Length & Amount:_____

Signature:_____

I understand that this authorization will remain in effect until I cancel, and I agree to notify the above named business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my credit card company; so long as the transactions correspond to the terms.

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