



## PAYMENT INFORMATION

### Form of Payment:

- Cash
- Check (Make check payable to Oxygen Regenerative Therapies)
- Credit Card (Look for charge from Oxygen Regenerative Therapies)

Total Amount to be charged \_\_\_\_\_

- One time \_\_\_\_\_
- Recurring \_\_\_\_\_

Credit Card # \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name (as it appears on the card) \_\_\_\_\_

Printed Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address (billing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Oxygen Regenerative Therapies, LLC

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