



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

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