



Quick Enrollment Form

Use as needed, circle option & shred after processing

Upon enrollment you will have access to replacement retainers for a small co-pay at wholesale price starting at only \$43* shipped to your door for life.

RETAINERS FOR LIFE PROTECTION PLAN

OPTIONS	ONE ARCH	BOTH ARCHES
Pay In Full	\$325	\$650
Payment Plan	3 months x \$115	6 months x \$115

RETAINERS FOR LIFE PROTECTION PLAN PLUS (includes first set of retainers)

OPTIONS	ONE ARCH	BOTH ARCHES
Pay In Full	\$349.50	\$699
Payment Plan	3 months x \$123.17	6 months x \$123.17

UPPER/LOWER/BOTH (circle one)

Name of Patient: _____ DOB: _____

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

Phone Number: _____ Email Address: _____

Credit Card:

Visa Mastercard Discover Amex HSA FSA

Card Holder Name: _____ Card Number: _____

Exp Date: _____ CVV: _____ Withdrawal Date: _____

Billing Address: _____

Payment Option:

Pay In Full Payment Plan Length & Amount: _____

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*All prices are subject to change

