



## Dental Wellness Centers

Fax: (210) 696-2738  
contact@dentalwellnesstx.com  
[www.dentalwellnesstx.com](http://www.dentalwellnesstx.com)

**Please Fill Out Form and Send via Fax or Email Today to Start Saving!**

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

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

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

Date of Birth: \_\_\_\_\_

SS#: \_\_\_\_\_

Signature: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ American Express

Credit Card Number: \_\_\_\_\_ 3 or 4 Digit Security#: \_\_\_\_\_

Name on Card: \_\_\_\_\_ ExpirationDate: \_\_\_\_\_

Billing Address: \_\_\_\_\_

**Please choose a plan.**

**Low Cost Dental Plans:**

\_\_\_\_\_ **Individual - \$19/mo**

\_\_\_\_\_ **Individual and Spouse - \$34/mo.**

\_\_\_\_\_ **Family Plan - \$49/mo.**

\_\_\_\_\_ **Additional Child in Family - \$7/mo.**

**Please make check payable to: Dental Wellness Centers / San Antonio Office / 237 Fredericksburg / San Antonio, TX 78229 / Phone: 210-696-3231**