

# LONGEVITY MEDICAL CLINIC

Feel Younger · Live Better



## PATIENT CONTACT INFORMATION

We require all new patients to present photo ID. If photo ID does not contain current address, a form of mail correspondence with name & current address is accepted.

Name (First, MI, Last): Scott D. Baukol

**Billing Address:**

Street: 2415 SW 305th St.

City: Federal Way State: WA Zip Code: 98023

**Shipping Address** (if different from billing address):

Street: \_\_\_\_\_

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

**Phone Numbers:** Please check your contact preference.

Home: 206-459-5350 Preferred ☒

Work: 206-719-4917 Preferred ☐

☒ Authorized to leave detailed information in voicemail

☒ Authorized to leave detailed information in voicemail

☐ Leave call back number only in a voicemail

☐ Leave call back number only in a voicemail

☐ Do not leave message

☐ Do not leave message

Cellular: \_\_\_\_\_ Preferred ☐

Fax: \_\_\_\_\_

☐ Authorized to send appointment reminder text messages (no PHI will be sent via text)

☐ Authorized to leave detailed information

☐ Authorized to leave detailed information in voicemail

☐ Leave call back number only in a voicemail

☐ Do not leave message

Email: Scottbaukol@yahoo.com

Date of Birth: 03/24/66

Gender:

☒ Male

☐ Female

**Emergency Contact:**

Name: Sora Baukol

Address: 11 11

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

Phone: 206-719-4917 Relationship: Spouse

Are you on Medicare Part B? ☐ Yes ☒ No

Signature: Scott Baukol Date: 9-9-20

WA  
USA

**WASHINGTON**

DRIVER LICENSE



*David Scott*

4d LIC# BAUKOSD342D4

DONOR

1 BAUKOL  
2 SCOTT DAVID

3 DOB 03-24-1966

4a Iss 03-27-2017

8 2415 SW 395TH ST  
FEDERAL WAY WA 98023-2346

15 Sex M 16 Hgt 5-10

17 Wgt 180 18 Eyes GRN

9 Class 9a End NONE

12 Restrictions C

4b Exp 03-24-2021



5 DD BAUKOSD342D433170864B0944

Rev 09-16-2009