

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): Dale A. Roth

**Billing Address:**

Street: 17020 SE 315<sup>TH</sup> St.

City: Auburn State: WA Zip Code: 98092

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

Street: Same as above

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

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

Home: (253) 631-5997 Preferred ☒

☒ Authorized to leave detailed information

☐ Leave call back number only

☐ Do not leave message

Work: \_\_\_\_\_ Preferred ☐

☐ Authorized to leave detailed information

☐ Leave call back number only

☐ Do not leave message

Cellular: \_\_\_\_\_ Preferred ☐

☒ Authorized to leave detailed information

☐ Leave call back number only

☐ Do not leave message

Fax: (253) 638-8562

☒ Authorized to leave detailed information

Email: rothds83@aol.com

Date of Birth: 02 / 03 / 1964

Gender:

☒ Male

☐ Female

**Emergency Contact:**

Name: Shari Roth

Address: Same as above

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

Phone: (206) 423-6737 Relationship: Spouse

Are you on Medicare Part B?

☐ Yes

☒ No

Signature: [Signature] Date: 1-27-20



WA  
USA **WASHINGTON** COMMERCIAL  
DRIVER LICENSE  
FEDERAL LIMITS APPLY

20 R0123193D1005

4d LIC# WDL11PRJ613B 9 CLASS A **DONOR** ♥

1 ROTH

2 DALE ALBERT

3 DOB 02/03/1964 4a ISS 01/23/2019



8 17020 SE 315TH ST  
AUBURN WA 98092-6592

15 SEX M 16 HGT 5'-09" 17 WGT 200 lb 18 EYES BRO

12 RESTRICTIONS J 9a END LT 4b EXP 02/03/2025

5 DD WDL11PRJ613BR0123193D1005

REV 09/04/2018



*Dale Roth*