

LONGEVITY



MEDICAL CLINIC

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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): Thomas (Tom) L. McClellan

Billing Address:

Street: PO Box 39779

City: Lakewood State: WA Zip Code: 98496

Shipping Address (if different from billing address):

Street: 196 Lake Louise Dr. SW

City: Lakewood State: WA Zip Code: 98498

Phone Numbers: Please check your contact preference.

Home: (253) 584-3718 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: (253) 208-6418 Preferred ☒

☒ Authorized to leave detailed information

☐ Leave call back number only

☐ Do not leave message

Fax: 253-584-8194

☒ Authorized to leave detailed information

Email: tom@mccoscillator.com

Date of Birth: Oct / 19 / 1960

Gender: ☒ Male

☐ Female

Emergency Contact:

Name: Shelley McClellan

Address: Same

City: _____ State: _____ Zip Code: _____

Phone: _____ Relationship: Wife

Are you on Medicare Part B? ☐ Yes ☒ No

Signature: Thomas L McClellan Date: 11 June 2020

WA
USA **WASHINGTON** ENHANCED
DRIVER LICENSE

20 R030620981511

4d LIC# **WDL31NTG073B** 9 CLASS **DONOR** ❤️

1 **MCCLELLAN**

2 **THOMAS LANE**

3 DOB **10/19/1960** 4a ISS **03/06/2020**

8 **196 LAKE LOUISE DR SW**
LAKEWOOD WA 98498-3144

15 SEX **M** 16 HGT **6'-03"** 18 EYES **BLU**

17 WGT **235 lb**

12 RESTRICTIONS **NONE** 9a END **NONE**

4b EXP **10/19/2026**

Thomas L. McClellan 5 DD **WDL31NTG073BR030620981511** REV 11/12/2019