

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): Amy M. Swick

Billing Address:

Street: 5840 Young Rd NW

City: Olympia State: WA Zip Code: 98502

Shipping Address (if different from billing address):

Street: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: Please check your contact preference.

Home: _____ 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: ³⁶⁰⁻790-4330 Preferred ☒

☒ Authorized to leave detailed information

☐ Leave call back number only

☐ Do not leave message

Fax: _____

☐ Authorized to leave detailed information

Email: aswick@laceyautobody.com

Date of Birth: 09/12/68

Gender:

☐ Male

☒ Female

Emergency Contact:

Name: Tracey Swanson

Address: 5840 Young Rd NW

City: Olympia State: WA Zip Code: 98502

Phone: ³⁶⁰⁻789-6525 Relationship: husband

Are you on Medicare Part B?

☐ Yes

☒ No

Signature: Amy Swick

Date: 4-29-19

WA **WASHINGTON** DRIVER LICENSE



20-331801341226

4d LIC# **SWICKAM322OK** 9 CLASS **DONOR**

1 **SWICK**
2 **AMY MARIE**

3 DOB **09/12/1968**
6 **6039 ASHBOURNE LN SE**
OLYMPIA WA 98501-9124

4a ISS **01/13/2018**

15 SEX **F**
16 HGT **5'-02"**
12 RESTRICTIONS
B

18 EYES **HAZ**
17 WGT **169 lb**
9a END **NONE**
4b EXP **09/12/2023**



Amy Swick

5 DD **SWICKAM322OK** 231801341226

REV 01/06/2015