

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): Karen L. Wetmore

Billing Address:

Street: 989 Olney Ave SE

City: Port Orchard State: WA Zip Code: 98366

Shipping Address (if different from billing address):

Street: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: Please check your contact preference.

Home: 360 876 5398 Preferred ☐

☐ Authorized to leave detailed information in voicemail

☐ Leave call back number only in a voicemail

☐ Do not leave message

Cellular: 360 731 9725 Preferred ☒

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

☒ Authorized to leave detailed information in voicemail

☐ Leave call back number only in a voicemail

☐ Do not leave message

Work: _____ Preferred ☐

☐ Authorized to leave detailed information in voicemail

☒ Leave call back number only in a voicemail

☐ Do not leave message

Fax: _____

☐ Authorized to leave detailed information

Email: Wetmore.Karen@yahoo.com

Date of Birth: 01 / 17 / 1948

Gender: ☐ Male ☒ Female

Emergency Contact:

Name: Charles R. Wetmore

Address: 989 Olney Ave. SE

City: Port Orchard State: WA Zip Code: 98366

Phone: 360 876 5398 Relationship: Spouse

Are you on Medicare Part B? ☒ Yes ☐ No

Signature: Karen L. Wetmore Date: 9-20-2020

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

20 R0204201K1037

4d LIC# **WDLBRRRFF2SB** 9 CLASS
1 **WETMORE**
2 **KAREN LYNN**

3 DOB **01/17/1948** 4a ISS **02/04/2020**
8 **989 OLNEY AVE E**
PORT ORCHARD WA 98366-4935

15 SEX **F** 18 EYES **BLU**
16 HGT **5'-03"** 17 WGT **140 LB**
12 RESTRICTIONS **B** 9a END **NONE**
4b EXP **01/17/2028**

Karen L. Wetmore 5 DD **WDLBRRRFF2SB R0204201K1037** REV 11/12/2019

