



4537 S Yakima Ave
Tacoma, WA 98418

(253) 475-3334

New Patient Registration

To become a registered patient with our office simply fill out the form below and bring it with you to your first appointment.

Please note that we respect your privacy, and will not loan, sell, or otherwise distribute your personal information to any third party.

Fields marked with an * are required for registration.

General Information:

*First Name: _____ *Last Name: _____

*Address: _____

*City: _____ State: _____ *Zip: _____ *Country: _____

*Phone: _____ Fax: _____

*E-Mail Address: _____

Birthday: _____ / _____ / _____