

HOPE CLINIC

A Division of Developmental Vision Associates, PLLC

EMERGENCY CONTACT INFORMATION FORM

This information will be extremely important in the event of an accident or medical emergency.

Please be sure to sign and date this form.

Primary Emergency Contact Name: _____
Last First

Relationship: _____

Phone:
Home: _____ **Cell:** _____ **Work:** _____

Secondary Emergency Contact Name: _____
Last First

Relationship: _____

Phone:
Home: _____ **Cell:** _____ **Work:** _____

Primary Care Physician: _____

Phone: _____

Preferred Local Hospital: _____

Phone: _____

Comments (Include any special medical or personal information you would want an emergency care professional to know – or special contact information.)

Signature: _____ **Date:** _____

Bellevue Clinic
Place 10 Building
12301 NE 10th PL STE 302
Bellevue WA 98005
Tel: (425) 462-7800
Fax: (425) 455-3019
Toll Free: (866) 251-5581

Tacoma Clinic
Allenmore Terrace Office Bldg.
HomeStreet Bank Bldg
3315 S 23rd ST STE 215
Tacoma WA 98405
Tel: (253) 274-1698

Silverdale Clinic
Creekside Complex
9633 Levin RD NW STE 201
Silverdale WA 98383
Tel: (360) 698-2390