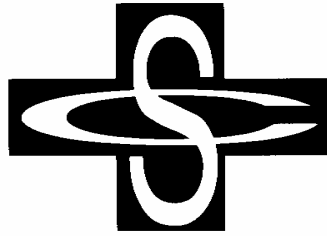


SALEM
A Professional Corporation



CLINIC
Physicians & Surgeons

New Patient Registration

Name (first, MI, last) _____

Date of Birth _____ Social Security # _____

Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

Home Phone _____ Work Phone _____

Employer _____

Emergency Contact Name _____

Relationship _____ Phone _____

Primary Care Physician _____ Phone _____

Please make checks payable to Salem Clinic.

If paying by credit card, please complete all requested information below.
We accept Visa and Master Card.

Card # _____ Expiration Date _____

Signature _____ Amount _____

This completed form may be mailed or faxed to Jacci Lamkey at (503)375-7454. If you have any questions, please call (503)375-7410.