



Sherri L. Graf, D.O., P.C.

Obstetrics & Gynecology

The Office of Dr. Sherri L. Graf, D.O. and Dr. Ebonie Z. Harris, M.D.

29877 Telegraph Road, Suite 210

Southfield, MI 48034

(p) 248.223.9202

Patient Information

Marital Status: S M D W

Patient Name (First/Last/Initial) _____

Patient Address _____

City/State/Zip _____

Patient Home Phone () _____ Cell () _____

Patient Email Address _____

Patient Employer _____

Occupation _____

Patient D.O.B. _____

Patient SSN _____

Emergency Contact _____ (Relationship) _____

Emergency Contact Phone () _____

Insurance Information

Primary

Secondary

Insurance Name _____

Subscriber _____

Subscriber Relationship _____

Subscriber's D.O.B. _____

Employer _____

Contact # _____

Group # _____

Service # _____

Ins. Phone # _____

Subscriber Address, if different _____

I _____ consent to investigation and treatment upon each visit.
I hereby authorize Sherri L. Graf, D.O., P.C. to bill my insurance for services rendered. In the event that my insurance carrier does not pay, I agree that I am responsible for payment.

Patient Signature _____ Date _____

Patient/Guardian Signature _____ Date _____