



Arbor Obstetrics and Gynecology Contact Information

Please help us to have the best address and phone numbers for you. This helps us know where to send test results and appointment reminders. It also lets the doctors know where to call you and what information they can leave on an answering machine if they are unable to reach you.

Name: _____

DOB: _____

Home Phone: _____

☐ this is my preferred
contact number

☐ it is ok to leave personal medical
information at this number

Cell Phone: _____

☐ this is my preferred
contact number

☐ it is ok to leave personal medical
information at this number

Work Phone: _____

☐ this is my preferred
contact number

☐ it is ok to leave personal medical
information at this number

Other Phone: _____

☐ this is my preferred
contact number

☐ it is ok to leave personal medical
information at this number

We will always call you first but if we can not reach you or if a family member calls us or answers the phone we need to know if we can answer their questions and/or discuss your medical information with them. If there is anyone else whom it is alright to discuss your medical information with please list them below. If they are not listed we will not be able to discuss any of your health information. Please list their name and their date of birth so that we can confirm their identity on the phone.

Name: _____

DOB: _____

Relationship: _____

Name: _____

DOB: _____

Relationship: _____

Name: _____

DOB: _____

Relationship: _____

Signature