

Physicians First Messages July 2021 O/C Schedule

Account Number _____ Forward Number _____

OnCall 1
 Name- _____ Initials- _____ Phone - () - _____

OnCall 2
 Name- _____ Initials- _____ Phone - () - _____

OnCall 3
 Name- _____ Initials- _____ Phone - () - _____

OnCall 4
 Name- _____ Initials- _____ Phone - () - _____

OnCall 5
 Name- _____ Initials- _____ Phone - () - _____

Weekday OnCall Days/Times: _____ **am/pm** to _____ **am/pm**

Weekend OnCall Days/Times: _____ **am/pm** to _____ **am/pm**

*** Please note any office closings on the calendar ***

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				<i>1</i>	<i>2</i>	<i>3</i>
<i>4 Independence Day</i>	<i>5 Independence Day (observed)</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>
<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>	<i>15</i>	<i>16</i>	<i>17</i>
<i>18</i>	<i>19</i>	<i>20 Eid al-Adha</i>	<i>21</i>	<i>22</i>	<i>23</i>	<i>24</i>
<i>25</i>	<i>26</i>	<i>27</i>	<i>28</i>	<i>29</i>	<i>30</i>	<i>31</i>

Comments: _____

Place OnCall Initials in Box where Applicable

For all scheduled coverage you must fill out this OnCall form and fax it to (866) 247-9598,
 Or email it to us: customerservice@pfminy.com. We will not accept OnCall information verbally
 or if you need to speak to a representative, please call (866) 247-9594

This form can be submitted daily, weekly, or monthly, but must accompany all revisions to your OnCall schedule.

Physicians First Messages August 2021 O/C Schedule

Account Number _____ Forward Number _____

OnCall 1
Name- _____ Initials- _____ Phone - () - _____

OnCall 2
Name- _____ Initials- _____ Phone - () - _____

OnCall 3
Name- _____ Initials- _____ Phone - () - _____

OnCall 4
Name- _____ Initials- _____ Phone - () - _____

OnCall 5
Name- _____ Initials- _____ Phone - () - _____

Weekday OnCall Days/Times: _____ **am/pm** to _____ **am/pm**

Weekend OnCall Days/Times: _____ **am/pm** to _____ **am/pm**

*** Please note any office closings on the calendar ***

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>
<i>15</i>	<i>16</i>	<i>17</i>	<i>18</i>	<i>19</i>	<i>20</i>	<i>21</i>
<i>22</i>	<i>23</i>	<i>24</i>	<i>25</i>	<i>26</i>	<i>27</i>	<i>28</i>
<i>29</i>	<i>30</i>	<i>31</i>				

Comments: _____

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Physicians First Messages September 2021 O/C Schedule

Account Number _____ Forward Number _____

OnCall 1
Name- _____ Initials- _____ Phone - () - _____

OnCall 2
Name- _____ Initials- _____ Phone - () - _____

OnCall 3
Name- _____ Initials- _____ Phone - () - _____

OnCall 4
Name- _____ Initials- _____ Phone - () - _____

OnCall 5
Name- _____ Initials- _____ Phone - () - _____

Weekday OnCall Days/Times: _____ **am/pm** to _____ **am/pm**

Weekend OnCall Days/Times: _____ **am/pm** to _____ **am/pm**

*** Please note any office closings on the calendar ***

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>5</i>	<i>6 Labor Day / Rosh Hashanah</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>
<i>12</i>	<i>13</i>	<i>14</i>	<i>15 Yom Kippur</i>	<i>16</i>	<i>17</i>	<i>18</i>
<i>19</i>	<i>20 Sukkot</i>	<i>21</i>	<i>22</i>	<i>23</i>	<i>24</i>	<i>25</i>
<i>26</i>	<i>27</i>	<i>28</i>	<i>29</i>	<i>30</i>		

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Physicians First Messages October 2021 O/C Schedule

Account Number _____ Forward Number _____

OnCall 1
Name- _____ Initials- _____ Phone - () - _____

OnCall 2
Name- _____ Initials- _____ Phone - () - _____

OnCall 3
Name- _____ Initials- _____ Phone - () - _____

OnCall 4
Name- _____ Initials- _____ Phone - () - _____

OnCall 5
Name- _____ Initials- _____ Phone - () - _____

Weekday OnCall Days/Times: _____ am/pm to _____ am/pm

Weekend OnCall Days/Times: _____ am/pm to _____ am/pm

*** Please note any office closings on the calendar ***

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11 Columbus Day	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31 Halloween						

Comments: _____

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Physicians First Messages November 2021 O/C Schedule

Account Number _____ Forward Number _____

OnCall 1
Name- _____ Initials- _____ Phone - () - _____

OnCall 2
Name- _____ Initials- _____ Phone - () - _____

OnCall 3
Name- _____ Initials- _____ Phone - () - _____

OnCall 4
Name- _____ Initials- _____ Phone - () - _____

OnCall 5
Name- _____ Initials- _____ Phone - () - _____

Weekday OnCall Days/Times: _____ **am/pm** to _____ **am/pm**

Weekend OnCall Days/Times: _____ **am/pm** to _____ **am/pm**

*** Please note any office closings on the calendar ***

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	<i>1 All Saints' Day</i>	<i>2</i>	<i>3</i>	<i>4 Diwali</i>	<i>5</i>	<i>6</i>
<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11 Veterans' Day</i>	<i>12</i>	<i>13</i>
<i>14</i>	<i>15</i>	<i>16</i>	<i>17</i>	<i>18</i>	<i>19</i>	<i>20</i>
<i>21</i>	<i>22</i>	<i>23</i>	<i>24</i>	<i>25 Thanksgiving</i>	<i>26</i>	<i>27</i>
<i>28 Chanukah</i>	<i>29</i>	<i>30</i>				

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Physicians First Messages December 2021 O/C Schedule

Account Number _____ Forward Number _____

OnCall 1
 Name- _____ Initials- _____ Phone - () - _____

OnCall 2
 Name- _____ Initials- _____ Phone - () - _____

OnCall 3
 Name- _____ Initials- _____ Phone - () - _____

OnCall 4
 Name- _____ Initials- _____ Phone - () - _____

OnCall 5
 Name- _____ Initials- _____ Phone - () - _____

Weekday OnCall Days/Times: _____ **am/pm** to _____ **am/pm**

Weekend OnCall Days/Times: _____ **am/pm** to _____ **am/pm**

*** Please note any office closings on the calendar ***

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>
<i>12</i>	<i>13</i>	<i>14</i>	<i>15</i>	<i>16</i>	<i>17</i>	<i>18</i>
<i>19</i>	<i>20</i>	<i>21</i>	<i>22</i>	<i>23</i>	<i>24 Christmas Eve</i>	<i>25 Christmas Day</i>
<i>26 Kwanzaa</i>	<i>27</i>	<i>28</i>	<i>29</i>	<i>30</i>	<i>31 New Year's Eve</i>	

Comments: _____

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