

# 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: \_\_\_\_\_

## **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](mailto: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.