

Physicians First Messages June 2022 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 Shavuot</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 Juneteenth Nat'l Independence Day (obsv)</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>		

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 July 2022 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 <i>Independence Day</i>	5	6	7	8	9 <i>Eid al-Adha</i>
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

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 2022 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@pfiny.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 September 2022 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 <i>Labor Day</i>	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25 <i>Rosh Hashanah</i>	26	27	28	29	30	

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@pfiny.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 October 2022 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 Yom Kippur</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>
<i>9 Sukkot</i>	<i>10 Columbus Day</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>	<i>15</i>
<i>16 Shemini Atzeret</i>	<i>17 Simchat Torah</i>	<i>18</i>	<i>19</i>	<i>20</i>	<i>21</i>	<i>22</i>
<i>23</i>	<i>24 Diwali</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 November 2022 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 Veterans Day	12
13	14	15	16	17	18	19
20	21	22	23	24 Thanksgiving Day	25	26
27	28	29	30			

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 December 2022 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	12	13	14	15	16	17
18 <i>Chanukah</i>	19	20	21	22	23	24
25 <i>Christmas Day</i>	26 <i>Christmas Day (obsv), Kwanzaa</i>	27	28	29	30	31 <i>New Year's Eve</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