

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

## 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.