

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 |
|-----|--|-----|----------------------|-----|-----|-----|
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 <i>Labor Day / Rosh Hashanah</i> | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 <i>Yom Kippur</i> | 16 | 17 | 18 |
| 19 | 20 <i>Sukkot</i> | 21 | 22 | 23 | 24 | 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.