

# 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:

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## 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.