

Physicians First Messages January 2024 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 New Year's Day</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 Martin Luther King, Jr. Day</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. 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 February 2024 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	19 Presidents Day	20	21	22	23	24
25	26	27	28	29		

Comments: _____

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Physicians First Messages March 2024 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 <i>Ramadan</i>	12	13	14	15	16
17	18	19	20	21	22	23
24 <i>Purim</i>	25	26	27	28	29 <i>Good Friday</i>	30
31 <i>Easter</i>						

Comments: _____

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Physicians First Messages April 2024 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 - () - _____

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	19	20
21	22 <i>Passover</i>	23	24	25	26	27
28	29	30				

Comments: _____

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Physicians First Messages May 2024 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 Memorial Day</i>	<i>28</i>	<i>29</i>	<i>30</i>	<i>31</i>	

Comments: _____

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Physicians First Messages June 2024 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	19 <i>Juneteenth</i>	20	21	22
23	24	25	26	27	28	29
30						

Comments: _____

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Physicians First Messages July 2024 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>Independence Day</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:

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Physicians First Messages August 2024 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	19	20	21	22	23	24
25	26	27	28	29	30	31

Comments: _____

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Physicians First Messages September 2024 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 Labor Day</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>					

Comments: _____

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Physicians First Messages October 2024 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 Rosh Hashana</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 Yom Kippur</i>
<i>13</i>	<i>14 Columbus Day</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: _____

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Physicians First Messages November 2024 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 <i>Veterans Day</i>	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28 <i>Thanksgiving Day</i>	29	30

Comments: _____

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Physicians First Messages December 2024 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 Christmas Day</i>	<i>26 Hanukkah & Kwanza</i>	<i>27</i>	<i>28</i>
<i>29</i>	<i>30</i>	<i>31 New Year's Eve</i>				

Comments: _____

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