Physicians First Messages August 2026 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	*78*	*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.