**Physicians First Messages January 2025 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*** *New Year’s Day* | ***2*** | | ***3*** | ***4*** |
| ***5*** | ***6*** | ***7*** | ***8*** | ***9*** | | ***10*** | ***11*** |
| ***12*** | ***13*** | ***14*** | ***15*** | ***16*** | | ***17*** | ***18*** |
| ***19*** | ***20*** *Martin Luther King, Jr. Day* | ***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](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.