

Physicians First Messages July 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
			<i>1</i>	<i>2</i>	<i>3</i>	<i>4 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: _____

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.