

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

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.