

Physicians First Messages October 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 <i>Columbus Day</i>	13	14	15	16	17
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.