\*\*\*SAMPLE\*\*\*

## On-Call Provider Schedule and Contact Numbers

| Dates | Effective: |  |
|-------|------------|--|
| vales | LIIECLIVE. |  |

| DAY         | Scheduled MD<br>On-Call | Contact Number | Alternate MD<br>On-Call | Alternate Contact<br>Number |
|-------------|-------------------------|----------------|-------------------------|-----------------------------|
| Monday      |                         |                |                         |                             |
| Tuesday     |                         |                |                         |                             |
| Wednesday   |                         |                |                         |                             |
| Thursday    |                         |                |                         |                             |
| Friday      |                         |                |                         |                             |
| After Hours |                         |                |                         |                             |