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| **Physicians Exchange Service**  Please complete the appropriate information you wish our exchange operators to provide. If there are phone numbers you **do not** want shared, simply circle those numbers. These will only be used by the operators to contact you. If there is additional information you want to add, please do so. Have questions? Please feel free to call us.  **Tyna McCauley or Rebecca Keller**  **317-631-3466** |

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| **Additional Physicians in the group** | | | | **Secretary & Office Assistants** | | | |
| 1. | | | | 1. | | | |
| 2. | | | | 2. | | | |
| 3. | | | | 3. | | | |
| 4. | | | | 4. | | | |
| **Hospitals:** | | | | | | | |
|  | | | | | | | |
| **Other locations you can be reached:** | | | | | | | |
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| **Special notes:** | | | | | | | |
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|  | | | | | | | |
| **Daily Hours** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | | **THURSDAY** | **FRIDAY** | **SATURDAY** |
| **Opening Time** |  |  |  | |  |  |  |
| **Closing Time** |  |  |  | |  |  |  |
| **Lunch Hour:** | | | | | | | |
|  | | | | | | | |
| **AFTER HOURS INFORMATION** | | | | | | | |
| 1. Do you take the following calls after hours?   Prescription: Yes / No Appointment Cancellations: Yes / No Lab Results: Yes / No | | | | | | | |
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| 1. How do you want to be contacted by our operators?   Call cell phone: Yes / No Text message to cell phone: Yes / No Text to pager: Yes / No | | | | | | | |
| **ADDITIONAL INFORMATION** | | | | | | | |
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| **MOBILE: ( ) -**  **Service provider:** | | | | **OFFICE FAX: ( ) -** | | | |
| **PAGER: ( ) -**  **Service provider:** | | | | **PRIVATE OFFICE #: ( ) -** | | | |
| **PHYSICIANS NAME:** | | **OFFICE ADDRESS:** | | **OFFICE PHONE:** | | **HOME PHONE:** | |
|  | |  | |  | |  | |