

## The Medical Society Exchange

Please complete the appropriate information that you wish our Exchange Operators to provide. List any numbers that you would not want given to your patients in RED. These will be used by Exchange Operators, if they needed to contact you. If there is any additional information you want to add, please do so. If I can be of any further assistance, please call me.

**Rebecca Keller, 631-3466**

<b>ALTERNATE DOCTORS</b>				<b>SECRETARY &amp; OFFICE ASSISTANTS</b>		
1. _____				1. _____		
2. _____				2. _____		
3. _____				3. _____		
4. _____				4. _____		
<b>HOSPITALS:</b>				<b>TIME OF ROUNDS:</b>		
<b>LUNCHES AT:</b>				<b>CHURCH:</b>		
<b>OTHER PLACES TO LOCATE:</b>						
<b>BY APPOINTMENT:</b>			<b>OFFICE HOURS:</b>			
	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>
<b>MORNING:</b>						
<b>AFTERNOON:</b>						
<b>OFFICE HOURS:</b>						
<b>LUNCH HOUR:</b>						
<b>AFTER HOURS INFORMATION:</b>						
<b>MOBILE PHONE:</b>						
<b>PAGER:</b>				<b>OFC. FAX:</b>		
<b>NAME OF PRACTICE:</b>				<b>PRIVATE OFFICE #</b>		
<b>NAME:</b>	<b>OFFICE. ADDRESS:</b>		<b>OFC. #</b>		<b>RES. #</b>	