

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

ALTERNATE DOCTORS				SECRETARY & OFFICE ASSISTANTS		
1. _____				1. _____		
2. _____				2. _____		
3. _____				3. _____		
4. _____				4. _____		
HOSPITALS:						
OTHER PLACES TO LOCATE:						
OFFICE HOURS:						
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING:						
AFTERNOON:						
OFFICE HOURS:						
LUNCH HOUR:						
AFTER HOURS INFORMATION:						
1. Do you take prescription calls after hours?						
2. Do you want the answering service to take appointment cancellations and relay to office or do you prefer patients to call back to the office?						
3. How long between calls do you want repeat calls paged? (Standard is 30 minutes if they don't have a call back, we repage and talk to the doctor directly.)						
MOBILE PHONE:						
PAGER:				OFC. FAX:		
NAME OF PRACTICE:				PRIVATE OFFICE #		
NAME:	OFFICE. ADDRESS:		OFC. #		RES. #	