

INDIVIDUAL PHYSICIAN INSTRUCTION FORM

Please include as much information as possible regarding your protocol

NAME: _____

CONTACT NUMBERS: please list number and circle preferred method

1st: home, cell or pager: () _____

2nd: home, cell or pager () _____

3rd: home, cell or pager () _____

4th: other () _____

DO YOU WANT HIPAA COMPLIANT TEXTING: _____

TYPE OF PAGER INCLUDING PAGER COMPANY NAME:

Alpha: _____ Numeric: _____ Pager Company: _____

If numeric pager: put in service # or callers #: _____

RELAY INSTRUCTIONS

Relay all medical/Emerg calls: _____ Refills: _____ Labs: _____

CONSULTS/NEWBORNS : Relay ALL at all times: _____ or Relay ALL
consults/newborns until 10pm then hold routines for 7am call out: _____

ADDITIONAL SPECIAL INSTRUCTIONS: _____

ARE YOU AVAILABLE FOR NON PTS AFTER HOURS: _____

Signature and date: _____