

Date

CHOOSE ONE: New Client

Information update

WHO IS ON-CALL FORM

ANSWER NETWORK, INC.

Phone: 1-800-769-7170
Fax No: 1-800-205-0726

FOR OFFICE USE ONLY

Code No.

Practice/Business Name:

Doctor/Mr(s). Name:

Will be On-Call

From: Date: Time AM/PM

To: Date: Time AM/PM.

Doctor/Mr(s). Name:

Will be On-Call

From: Date: Time AM/PM

To: Date: Time AM/PM.

Please indicate the method and order to reach you.

Doctor/Client Names:

Enter the trace sequence by number at the left (1 = first); provide details at right

| ORDER | TYPE | DETAILS and/or NUMBERS |
|-------|---------------|--|
| No. | Alpha pager | No response reminder time* Routine ER If different, please define emergency: Pager company: Pager number: |
| No. | Numeric pager | No response reminder time* Routine ER If different, please define emergency: Pager number: |
| No. | Home phone | Phone number: |
| No. | Mobile phone | Phone number: |
| No. | Other | Describe |
| No. | Other backup | Describe |

Any Comments:

Comments:

Person completing this form

Name: