

**MEDICAL STAFF SERVICES**

**DEPARTMENT OF MEDICINE  
EMERGENCY DEPARTMENT  
SERVICE CALL SCHEDULE CHANGE**

**TO: Medical Staff Office      Fax: 732-557-8935  
Phone: 732-557-8082**

**FROM: Doctor: \_\_\_\_\_**

**DATE: \_\_\_\_\_**

**I will be switching my ER Service Call as follows:**

**Dr. \_\_\_\_\_ will be taking my ER Call**

**on \_\_\_\_\_ I will be taking his/her call**  
(Date)

**on \_\_\_\_\_ (if not known, it will be his/her next call\*)**  
(Date)

**\*Next call must be within the next call cycle; otherwise this exchange will not be honored.**

**\*\*Signatures of Both Physicians exchanging call:**

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**\*\*(This exchange is only valid with both signatures. Each physician may submit separate signed forms)**

**PLEASE RETURN THE COMPLETED FORM  
TO THE MEDICAL STAFF OFFICE**

**Thank you!**