

Business Extension Service

twenty four hour answering service

Physician Information Profile

Clinic Name: _____ Office Number: _____ Fax: _____

Physician First Name: _____ Last Name: _____ Male Female

Type of practice or specializing in: _____ Title: _____

Home Number: _____ Cell Number: _____ Pager Number: _____

Any other phone numbers we should know: Second Home/Cabin number: _____

Back Line number: _____ or Other: _____ Describe: _____

Pager Service Provider: _____ Alpha Digital Cellular Svc. Provider: _____

If Digital Pager, you prefer to be paged with: patient/caller number or, answering service number

If Alpha Pager, we will ask caller to call back in ___ minutes, if they have not been contacted by you.

How would you like to be contacted after hours? (i.e. page 1st, home 2nd, cell 3rd, etc)

1.) _____ 2.) _____ 3.) _____ 4.) _____ 5.) _____

If we reach a message machine, voicemail or individual other than you at these numbers we should:

Leave a detailed message or Leave word to contact the answering service

Can we provide your phone numbers to other physicians or hospital personnel? Yes No

If yes, please check all that apply: Home Cell Pager All

OB Doctors only: Do you take your own OB patient calls even when you are not on call? Yes No

Please specify screening criteria and forwarding instruction: _____

Family Practitioners only: Do you take newborn assignment from the hospital? Yes No

If yes, do you want newborn information forwarded to you within 24 hours Yes No

Or, during certain hours only. If certain hours, please explain: _____

Do you want newborn calls forwarded to you even if you are not on call? Yes No

Surgeons only: Do you accept calls from recent surgery patients yourself? Yes No

If yes, how long since surgery? (i.e. two weeks, one month, etc.) _____

Or, do we contact surgeon on call? Yes No

All Doctors: Do you accept calls from non-established patients after hours? Yes No

If no, we will inform caller to contact office during business hours!

After hours do you want to be contacted for: (check yes or no for each)

New prescription calls	Yes	No	Prescription re-fills	Yes	No
Appointment cancellation	Yes	No	Pain Prescription re-fills	Yes	No
Consult calls	Yes	No	Calls from other Doctors	Yes	No
Calls from ER Doctors	Yes	No	Referral calls	Yes	No

Any other instructions you would like the answering service to follow: _____

Physicians Signature: _____ Date Signed: _____

Thank you - when completed please print, sign and fax to BES at (360) 734-2932