

MERCY Call Data
So. Anesthesia Division

Date: _____ M T W TH F

1st Call Physician: _____

2nd Call Physician: _____

RELEASE TIMES:

Post 2nd call/FR 5: _____ Physician: _____

FR 3: _____

SS 4 : _____

SS 2/2nd call: _____ (SS initial time out)

FR 1/1st call: _____ (FR initial time out)

Time down to THREE rooms: FR _____ SS _____

Called Back:

FR 1st YES NO

SS 2nd YES NO

Additional Hours:

_____ to _____

_____ to _____

_____ to _____

_____ to _____

Additional Hours:

_____ to _____

_____ to _____

_____ to _____

_____ to _____



Department of Anesthesiology & Pain Management

To use these forms:

Download and Print to a Local Printer (Nurse's Station, etc) Complete the Form:

By Hand: once completed, photocopy x 2:

- 1) One Copy to Patient Record
- 2) One Copy to Spectrum Billing (Interoffice Mail)
- 3) One to Spectrum Q/A (Interoffice Mail)

By Computer: Some forms are in MS Word format. Thus you can load the form into Word (usually by double-clicking), enter the Text you want, and then Print multiple copies:

- 1) One Copy to Patient Record
- 2) If necessary or appropriate: One Copy to Spectrum Billing (Interoffice Mail)
- 3) If necessary or appropriate: One to Spectrum Q/A (Interoffice Mail)

