

Start Date		
Answer Phrase		
Can we say		
"Call Center"?	Yes No	
Specialty of		
Practice		
Office Hours		
Phone Numbers		
Forwarded		
Fax Number(s)		
Backline (not		
given out)		

Mailing Address		
Please use alternate spaces for any satellite locations		

Physical	
Address and	
<b>Directions to</b>	

## Set Up Information:

Mailing Address	E Fax Number	Other
May We Refer The Following	Information To Your Callers?	

Office Contact (Please include name and number)	
General Messages	□ Yes □ No If yes:□ Hold for pick up □ Receive once per day via fax/email □ Fax □ E-mail □ Voicemail □ Retrieve using web portal

## General Message Options: (Check the desired options)

□ Person/doctor who message is for	□ Caller's Name	☐ Their Company's Name	□ Telephone Number
□ Street Address	□ City	□State	🗆 Zip Code
🗆 Message	□ Other	□ Any of these	
		mandatory? If so,	
		place "M" in the box	

Do you want us to contact you for prescriptions and prescription refills?  $\Box$  Yes  $\Box$  No

If no, how do you want us to handle them?

**Delivery Instructions (check the desired option):** 

What defines an emergency for your company?

Please Detail The Steps We Should Follow In Order To Deliver A Message [For example:					
	If No Answer In 15 Minutes Call Residence, Etc. Please Make Sure You				
1 ,	ng We Should Wait Between Each Step (10 Min, #0 Min)]				
Urgent	□ Text to cell □ Page to back to service □Page to caller's number				
Messages	□ Alpha page				

## Urgent Message Information: (Check the desired options)

Name of person they wish to speak to	Caller's Name	Company	Telephone #
Street Address	City	State	Zip Code
Message	Nature of call/Emergency	Other	□Any of these mandatory? If so, place "M" in the box

## Please provide the names and numbers of the staff members you wish for us to contact:

Name	Home #	Pager #	Cell #	E-mail	Fax #
		Alpha or Numeric? Carrier?	(Please provide carrier as well)	Address	

For any staff that has numeric pagers, please list those that are to be paged back to the service (all others will be paged to caller's number):

Message delivery instructions (Please select one)

 Fax All Messages Daily at:

 Fax messages that were not delivered to you only (i.e. Non-emergencies, office matters)

 Any other information you would like to add?

Please Sign And Fax To (910) 509-1850

Name

Date