

DEPARTMENT OF PSYCHIATRY

ON CALL COVERAGE SHEET

DR. ON LEAVE _____

DATE: _____ **TIME:** _____

RETURN: _____ **TIME:** _____

DR. COVERING: _____

DATE: _____

DR. COVERING: _____

DATE: _____

***BEFORE LEAVING RETURN TO
PSYCHIATRY RECEPTIONIST, MARCIA OLIVER,
AT THE FRONT DESK.**

