

LEXINGTON MEDICAL SOCIETY  
2628 Wilhite Court, Suite 201  
Lexington, KY 40503-3328  
859-278-0569 859-277-3919 (fax)  
e-mail – jmcFarland@lexingtondoctors.org

**SUBSCRIBER INFORMATION:**

Subscriber's Name: \_\_\_\_\_ Specialty \_\_\_\_\_

Practice/Group Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Office Hours: \_\_\_\_\_ On Call Hours: \_\_\_\_\_

Office Manager/Contact: \_\_\_\_\_

Office Backline Phone (For Exchange use only; not to be given out): \_\_\_\_\_

**CONTACT INFORMATION:**

Cell Phone/Pager Number: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Cell Phone Service Provider (or Paging Service): \_\_\_\_\_

Home Phone (For use by Exchange personnel only, as instructed): \_\_\_\_\_

Alternate Contact Method (Spouse's phone, second cell, etc. For use by Exchange personnel only, as instructed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THE MEDICAL SOCIETY EXCHANGE POLICY REGARDING CONFIDENTIAL INFORMATION:** All information regarding physicians, patients, personal affairs, unlisted office/home numbers, friends, clubs, ball games, pager/beeper numbers and/or immediate locations will be kept confidential.

I instruct the Medical Society Exchange to take and relay my calls knowing that none of my patients, hospitals, family or friends will be referred to my immediate location, unless I provide authorization. The instructions below will remain in effect until such time as I provide written or verbal replacement instructions.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**INSTRUCTIONS: (Please answer all 7 questions to ensure accurate messages.)**

1. My preferred method of contact for messages from the Exchange is:

Text Message \_\_\_\_\_ Phone Call \_\_\_\_\_

2. If a **patient** asks for me **during office hours**, the Exchange should:

Text me \_\_\_\_\_ Refer them to the Office \_\_\_\_\_ Other \_\_\_\_\_

3. If a **physician/medical professional** asks for me **during office hours**, the Exchange should:

Text me \_\_\_\_\_ Refer them to the Office \_\_\_\_\_ Other \_\_\_\_\_

4. If a **patient** asks for me **after office hours**, the Exchange should:

Text me \_\_\_\_\_ Refer them to the On Call Physician \_\_\_\_\_ Other \_\_\_\_\_

5. If a **physician/medical professional** asks for me **after office hours**, the Exchange should:

Text me \_\_\_\_\_ Refer them to the On Call Physician \_\_\_\_\_ Other \_\_\_\_\_

6. When the Exchange contacts me for a **patient**, I need the following information:

Patient Name   X   Patient Phone Number   X   Patient DOB \_\_\_\_\_

Other (please specify) \_\_\_\_\_

7. When the Exchange contacts me for a **physician/medical professional**, I need the following information:

Caller's Name   X   Caller's Phone Number   X   Patient Name \_\_\_\_\_

Patient DOB \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**If the caller calls back after our first attempt to reach you, what are your instructions for our second attempt?**

\_\_\_\_\_ Call on Cell Phone

\_\_\_\_\_ Call on Home Phone

\_\_\_\_\_ Call on alternate phone (Specify: \_\_\_\_\_)

\_\_\_\_\_ Other \_\_\_\_\_

**Other Instructions for Exchange Personnel:**

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