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**DOCTOR CALL COVERAGE EXCHANGE**

Dr. has agreed to cover after hours call for

Dr. on the date(s)

**IN EXCHANGE FOR**

Dr. has agreed to cover after hours call for

Dr. on the date(s)

Physician Signature Date

Physician Signature Date

**or**

I am unable to do this exchange.

PLEASE SEE ATTACHED SCHEDULE SHOWING EXCHANGE

(Please return to [ name ] as soon as possible – Thank You!)