

Neurology Department, Hunter Holmes McGuire VA Medical Center

Request to Change Resident Call Coverage

Date of Request (at least 7 days in advance) _____

Date of Scheduled Call _____

Resident originally scheduled to take call _____

Resident who will provide coverage _____

Reason for switch _____

I accept responsibilities for neurology on-call resident coverage in lieu of my colleague who is unable to provide call coverage for the night/day indicated above. If this request has been submitted with less than one week's notice, I understand that it is my responsibility to inform the following departments/individuals that I am on call at the beginning of my tour:

- 1) The Emergency Department (675-5527)
- 2) Ward 4B (675-5000 ext 4609)
- 3) Ward 4C (675-5000 ext 4611)
- 4) The attending neurologist on call
- 5) The page operator (675-5000, then 0)

Signature of resident who will provide coverage

Approved

Disapproved

Comments _____

Service Chief Signature and Date _____

**Fax to: Neurology Department:
 Attention Dr. Lenore N. Joseph 675-5369/ 675-5939**

**Or mail to: Neurology Department--127
 Attention: Lenore N. Joseph, MD
 1201 Broad Rock Boulevard
 Richmond, VA 23249**