

CONTACT/COVERAGE INFORMATION

PHYSICIAN NAME: _____

PHONE NUMBERS: *

- Office # _____
- Answering Service: _____
- Cell #: _____
- Pager #: _____
- Home phone #: _____

E-Mail Address:* _____

Coverage Arrangement:

- Please note – this information will not be distributed hospital-wide and will be maintained for **emergency purposes only**.

FAX TO THE MEDICAL STAFF OFFICES:

Baptist Beaumont Hospital – fax #(409) 212-5001

CHRISTUS Hospital St. Elizabeth - fax #(409) 923-1888