



VACATION/EMERGENCY NOTIFICATION FORM

Fax to EMI at (305) 868-7640 at least one week prior to physician's leave.

Date (mm/dd/yyyy)	Provider Last Name	Provider First Name
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DATES HE/SHE WILL BE UNAVAILABLE TO SEE PATIENTS:

From [month/day/year and time (am/pm)]	To [month/day/year and time (am/pm)]
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NAME AND TELEPHONE NUMBER OF COVERING PHYSICIAN(S) IF APPLICABLE:

Covering Provider Last Name	Covering Provider First Name	Phone Number