

On Call Coverage for Barbara J. Newman, D.O., F.A.C.O.O.G. OB/GYN

_____ As a patient of Dr. Barbara J. Newman, I understand that she shares call coverage with two (2) female physicians on varying weekends.

_____ I understand that if I get admitted to the hospital at a time when Dr. Barbara J. Newman is sharing call, I will be attended to by either Dr. Christine Brass-Jones, DO or Dr. De Anna Bullaro - Anderer, DO. Both are board certified Ob/GYNS

_____ I understand that Dr. Barbara J. Newman is fully confident in these two physicians' medical care and practice. I understand that she trusts them to make the best possible medical options available for me and any other patient that may be admitted into the hospital.

_____ I understand that the call coverage *usually* extends from Friday afternoon at 5PM to 7AM Monday morning. The group will rotate their weekend call. Vacation and holiday coverage also occurs on occasion

_____ I understand that if I have any questions or concerns concerning this call group, I will promptly and directly ask Dr. Barbara J. Newman.

_____ I understand that on random rare occasions another physician may be covering call for Dr. Barbara J. Newman. I understand that if this occurrence is a scheduled event I will be notified. I understand that not all occurrences may be preventable or predicted.

_____ I understand that when I have concerns after hours and call the office I will usually reach Dr. Barbara J. Newman. On some weekends I will reach Dr. Brass or Dr. Bullaro

_____ I have all my questions and concerns addressed and answered concerning this call coverage group and their schedule.

Signature

Date