



Sunrise Women's Healthcare

4540 East Baseline Road – Suite 114
Mesa, Arizona 85206

On Call Coverage for Barbara J. Newman, FCOOG OB/GYN

(Please initial all lines and then sign and date at the bottom of the page.)

_____ As a patient of Dr. Barbara J. Newman, I understand that she shares call coverage with four (4) 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. DeAnna Bullaro-Anderer; Dr. Eric Hazelrigg; Dr. Susan Kudlinski; or Dr. Sheetal Kale.

_____ I understand that Dr. Barbara J. Newman is fully confident in these 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 5 pm to 7 am Monday morning, the group will rotate their weekend call. Vacation, holiday and night coverage also occurs.

_____ 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 predictable.

_____ 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 may reach one of the four other Physicians listed above.

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

Signature

Date