

## Telemedicine Services Provider Availability Calendar

Provider/Hub Site Schedule:			Month/Year:		
Physician	Specialty	Date Offered	Begin Time	End Time	Amount of time needed by the provider for Initials and follow up appointments.
Cancellation/Change /Update	Provider/Specialty	Date Offered /Cancelled	Begin Time	End Time	Comments

Please complete 90 days in advance and submit each subsequent schedule by the 1st of each month to Telemedicine Services (TMS) via e-mail to TMScheduling@cdcr.ca.gov