

California Correctional Health Care Services  
Office of Telemedicine Services  
Provider Monthly Calendar

Provider/Hub Site Schedule:			Month/Year:		
Physician	Specialty	Date Offered	Begin Time	End Time	Max Number of Patients
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 the Office of Telemedicine Services via email to [Gregory.Henderson@cdcr.ca.gov](mailto:Gregory.Henderson@cdcr.ca.gov) and [collene.foster@cdcr.ca.gov](mailto:collene.foster@cdcr.ca.gov)