



CLIENT FACILITY REQUEST FOR COVID-19 VACCINATION CLINIC

Instructions:

- 1) Fill in the information requested in the boxes below
- 2) Fax or email to pharmacy

FACILITY/COMMUNITY INFORMATION	FACILITY CONTACT INFORMATION
Facility/Community Name:	Name:
	Title:
Corporate Group (if any):	Phone:
	Email:
VACCINE RECIPIENT INFORMATION	
# Patients/Residents to Be Vaccinated:	# of Staff to Be Vaccinated:
1 st Dose: _____ 2 nd Dose*: _____	1 st Dose: _____ 2 nd Dose*: _____
Total # Doses Needed: _____	
_____ Is a Specific Product Needed:* <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Janssen/J&J	
_____ Is a Specific Product Needed:* <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Janssen/J&J	
<i>* Product choice subject to availability. If 2nd doses are requested, indicate which product was used for 1st dose.</i>	

**Fax this form to: (800) 447-7167 or
Email: vaccination@forumpharmacy.com**

What happens now?

- Download clinic materials at: <https://www.forumpharmacy.com/facility-portal/#covid-19-clinic-info>
- Review our *COVID-19 Vaccine Clinic Quick Guide* for detailed next steps & an FAQ
- Follow the instructions to start preparing for your clinic!

Forum’s Clinical Team will reach out to the contact listed above to schedule a clinic

- Although we will do everything possible to accommodate requests in a timely manner, vaccine supply is limited; it may be as much as 3 – 4 weeks before a clinic can be conducted



FA4