REQUEST FOR COVID-19 VACCINATION CLINIC (NOT A CURRENT FECS CUSTOMER)

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:
Corporate Group (if any):	Title:
Street Address:	Phone:
City: State: ZIP:	Email:
VACCINE RECIPIENT INFORMATION	
# Patients/Residents to Be Vaccinated: 1st Dose: _____ 2nd Dose*: _____	# of Staff to Be Vaccinated: 1st Dose: _____ 2nd Dose*: _____
Total # Doses Needed: _____ Is a Specific Product Needed:* ☐ Pfizer ☐ Moderna ☐ Janssen/J&J _____ Is a Specific Product Needed:* ☐ Pfizer ☐ Moderna ☐ Janssen/J&J ** Product choice subject to availability. If 2nd doses are requested, indicate which product was used for 1st dose.*	

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

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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

- A completed Vaccine Roster must be received before a date can be set for your clinic
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- 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