



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:	
Corporate Group (if any):		Title:	
Street Address:		Phone:	
City:	State:	ZIP:	Email:
VACCINE RECIPIENT INFORMATION			
# Patients/Residents to Be Vaccinated:		# of Staff to Be Vaccinated:	
1st Dose: _____ 2nd Dose*: _____		1st Dose: _____ 2nd Dose*: _____	
3rd Dose (Immunosuppressed)*: _____ (Moderna or Pfizer)		3rd Dose (Immunosuppressed)*: _____ (Moderna or Pfizer)	
Booster Dose (≥65 years old)*: _____ (Pfizer)		Booster Dose (Healthcare Workers)*: _____ (Pfizer)	
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		
_____	Is a Specific Product Needed:* <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Janssen/J&J		
* Product choice subject to availability. If 2nd or 3rd doses are requested, indicate which product was given for previous doses.			

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

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



FA5