



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:	
1 st Dose: _____	2 nd Dose*: _____	1 st Dose: _____	2 nd Dose*: _____
3 rd Dose (Immunosuppressed)*: _____		3 rd Dose (Immunosuppressed)*: _____	
Booster Dose (≥65 years old)*: _____		Booster Dose (Healthcare Workers)*: _____	
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		
<i>* Product choice subject to availability. If 2nd or 3rd doses are requested, indicate which product was given for previous doses.</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

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



FA5