

## **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:	# of Staff to Be Vaccinated:
1st Dose: 2	nd Dose*:	1st Dose: 2nd Dose*:
3 <sup>rd</sup> Dose (Immunosuppressed	d)*: (Moderna or Pfiz	izer) 3 <sup>rd</sup> Dose (Immunosuppressed)*: (Moderna or Pfizer)
Booster Dose (≥65 years old)	*: (Pfizer)	Booster Dose (Healthcare Workers)*: (Pfizer)
Total # Doses Needed:		·
	Is a Specific Product Neede	ed:* Pfizer Moderna Janssen/J&J
	Is a Specific Product Neede	ed:* Pfizer Moderna Janssen/J&J
	Is a Specific Product Neede	ed:*
* Product choice subject to availability. If 2 <sup>nd</sup> or 3 <sup>rd</sup> 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

