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*: _____ 3rd Dose (Immunosuppressed)*: _____ Booster Dose (≥65 years old)*: _____	# of Staff to Be Vaccinated: 1st Dose: _____ 2nd Dose*: _____ 3rd Dose (Immunosuppressed)*: _____ Booster Dose (Healthcare Workers)*: _____
Total # Doses Needed: _____ Is a Specific Product Needed:* ☐ Pfizer ☐ Moderna ☐ Janssen/J&J _____ 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 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