



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 *: _____		Booster Dose*: _____	
2 nd Booster Dose (≥ 50 years old)*: _____		2 nd Booster Dose (≥ 50 years old)*: _____	
Total # Doses Needed:			
Pfizer doses (each 0.3ml) _____		Moderna Primary Series doses (each 0.5ml) _____	
Moderna Booster doses 1 st & 2 nd (each 0.25ml) _____			
<i>* Product choice subject to availability. Note that Forum does not stock Janssen/J&J currently.</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

