



## 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:	
1 <sup>st</sup> Dose: _____	2 <sup>nd</sup> Dose*: _____	1 <sup>st</sup> Dose: _____	2 <sup>nd</sup> Dose*: _____
Booster Dose*: _____		Booster Dose*: _____	
TOTAL # OF DOSES NEEDED * Product choice subject to availability.			
<b>Pfizer</b>		<b>Moderna</b>	
Primary series Monovalent doses (each 0.3mL) _____		Primary series Monovalent doses (each 0.5mL) _____	
Bivalent Booster doses (each 0.3mL) _____		Bivalent Booster doses (each 0.5mL) _____	

**Fax this form to: (800) 447-7167 or Email: [vaccination@forumpharmacy.com](mailto: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