



COVID Vaccine Clinic Request Form (Existing Client)

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			
# <u>Residents</u> to Be Vaccinated: _____		# of <u>Staff</u> to Be Vaccinated: _____	
		<p>Facility STAFF Vaccines:</p> <ul style="list-style-type: none"> • <u>Copy of valid insurance card is required at time of vaccination</u> • <u>If copy is not provided at time of vaccination, facility will be billed for administered dose (price = \$158.05 per dose)</u> 	
TOTAL # OF DOSES NEEDED * <i>Product subject to availability</i>			
Pfizer: _____		Moderna: _____	

Fax Form To: (800) 447-7167 or email to: vaccination@forumpharmacy.com

What Happens Now?

1. Download clinic materials including blank consent forms at: <https://www.forumpharmacy.com/facility-portal/#covid-19-clinic-info>
2. Review the COVID Vaccine Clinic Quick Guide for scheduling a clinic and the FAQ document
3. Begin completing consent forms immediately – do not wait for clinic to date to be arranged
4. Begin collecting copies of staff insurance cards immediately for any staff who will be vaccinated at the clinic
5. Forum’s clinical team will reach out to the facility contact listed above to schedule a clinic

If you have any questions, please reach out to your consultant pharmacist or nurse consultant.

