



FLU / COVID VACCINE CLINIC REQUEST FORM

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:	
# FLU Vaccine Doses Needed				
Fluzone Trivalent: _____				
Fluzone High Dose: _____				
Flublok Trivalent Egg Free: _____				
# COVID Vaccine Doses Needed * MGF product subject to availability				
Pfizer: _____				
Moderna: _____				

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

What Happens Now?

1. Forum's clinical team will reach out to the facility contact listed above to schedule a clinic and to provide the facility with prepopulated consent forms
2. Begin completing the consent forms immediately — do not wait!
3. If a blank consent form is still needed, download form from Forum Pharmacy facility portal

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

