PHARMACY SERVICES · IMMUNIZATIONS

OFF-SITE VACCINATION CLINICS

We come to you, with everything the clinic needs.

Thanks for choosing Perrone Pharmacy for your onsite vaccination clinic. Giving your employees the option to get vaccinated while in the office helps prevent an extra trip for them and improves the odds that they get their vaccine.

We will come to your office site and bring all the necessary supplies for the vaccine clinic. Please remind people to wear clothing that makes it easy to access their shoulder in public. After selecting a date and time frame, you will be given paperwork for the vaccine, and we will need all participants' insurance information so we can appropriately bill the vaccine if it is not paid for by the clinic sponsor. We ask that everyone complete this paperwork within **48 hours** of the clinic, so we have time to print off forms and estimate the correct number of vaccines. We will bring a few additional forms and vaccines for anyone who missed the deadline.

During the clinic there will be a pharmacist who is immunization trained and can answer any questions people might have about the vaccine.

HOW IT WORKS

1. PICK YOUR DATES

Tell us the dates and time frames that work. Listing more than one helps us match a pharmacist to your clinic.

2. SHARE THE PAPERWORK

Everyone completes their vaccine paperwork within 48 hours of the clinic so we bring the right count.

3. WE RUN THE CLINIC

An immunization-trained pharmacist comes to your site with the supplies and answers questions on the spot.

WHAT WE NEED FROM YOU

A space to give the vaccines, a trash can, and a point person we can reach. Please list more than one preferred date so we can match a pharmacist to your clinic.

If you are interested in hosting a vaccination clinic for your employees at your location, please complete the request form on page 2 and someone will be in touch to schedule your clinic.

PHARMACY SERVICES · IMMUNIZATIONS

OFF-SITE VACCINATION REQUEST FORM

Fields marked with an asterisk are required. Type directly into this PDF, save, and submit.

BUSINESS NAME *

LOCATION *

CITY

STATE

ZIP CODE

REQUESTED DATES & TIMES *

Please list more than one date and time frame.

CLINIC PAYMENT *

- ☐ Employer Insurance
- ☐ Employer Self-Pay

POINT PERSON FOR CLINIC *

POINT PERSON EMAIL *

POINT PERSON PHONE *

NUMBER OF PARTICIPANTS *

- ☐ We will have over 50 people get vaccinated.
- ☐ We will have under 50 people get vaccinated.

Keep in mind that about 50% of employees get their vaccine during a clinic since many get them before the clinic date on their own. We require a minimum of _____ persons to receive a vaccination.

TYPE OF VACCINATIONS TO BE ADMINISTERED (PLEASE LIST) *

COMMENTS OR QUESTIONS

Submit this form through the off-site vaccination clinic request form on our website. Someone from our team will be in touch to schedule your clinic.