

Off-site Clinic In-take Form

If you have an organization or company that would like SEG to host a vaccine clinic please fill out the following information as best as possible and send to clinicalservices@segrocers.com Once form is received a SEG pharmacy representative will call to review and confirm clinic details and discuss next steps.

Contact Name:

Company:

Email:

Address:

City:

State:

Zip:

Banner:

Preferred Clinic Date:

Estimated number of participants:

Payment Type (Click all that apply) *

- Insurance: SEG can bill patient's insurance directly.
- Direct Bill:

