

Referring facility and healthcare provider information:

<input type="checkbox"/> Clinic <input type="checkbox"/> Pharmacy <input type="checkbox"/> Hospital <input type="checkbox"/> Other			<input type="checkbox"/> I certify that I am HIPAA covered entity		
Facility name			Department		
Fax number		Phone number		Facility NPI (National Provider Identifier)	
Address			Zip		County
Referring health care professional					
Email			National Provider Identifier (NPI) Number		
Would you like an Outcome Report on whether the patient enrolled, declined or was unreachable?					
(Please select your preferred method)					
<input type="checkbox"/> I want emailed outcome reports <input type="checkbox"/> I want faxed outcome reports <input type="checkbox"/> I do not want outcome reports					
Use this section to pre-authorize NRT					
*Note: As patients have different benefits, using this form does not guarantee they will get free quit medications.					
Please check the box <input type="checkbox"/> I authorize use of any modality of NRT for which my patient has coverage at dosage consistent with FDA to Pre-Authorize NRT: <input type="checkbox"/> Approved package labeling.					
Provider's name (Print)			Provider's signature		

Referral contact information

You agree that we may contact you at the phone number you give us. Note that calls may be automated. Some messages may be pre-recorded.

First name		Middle name		Last name	
State	Zip code	Phone number		Date of birth	
Language preference <input type="checkbox"/> English <input type="checkbox"/> Other					
May we send text messages to this number? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Patient signature box				Date	
Best contact times:		When are good weekday times to call?		When are good weekend times to call?	
		<input type="checkbox"/> Mornings (8 a.m.-12 p.m.) <input type="checkbox"/> Afternoons (12 p.m.-4 p.m.) <input type="checkbox"/> Evenings (4 p.m.-8 p.m.)		<input type="checkbox"/> Mornings (8 a.m.-12 p.m.) <input type="checkbox"/> Afternoons (12 p.m.-4 p.m.) <input type="checkbox"/> Evenings (4 p.m.-8 p.m.)	