



Tobacco Quitline 1-800-784-8669

385B Highland Colony Parkway
Suite 504
Ridgeland, MS 39157
Tel: 601-957-1575
OR: 1-800-784-8669
Fax: 601-899-8650

Fax Transmittal Form

From: TOBACCO QUITLINE

Healthcare Provider:

Patient Name:

Date:

Please review and sign the attached medical clearance form for your patient. Please note the patient is **PREGNANT**. In order to appropriately assist this patient in their tobacco cessation effort, we require verification, approving the use of Nicotine Replacement Therapy (NRT). Please check the recommended product and dose below, sign and return. Or indicate that the patient is not approved for the use of NRT in their tobacco cessation plan. **NOT APPROVED**

NRT PATCHES

NRT GUM

- 7 MG**
- 14 MG**
- 21 MG**

- 2 MG**
- 4 MG**

Please fax medical clearance form and prescription to the **TOBACCO QUITLINE** at **(601) 899-8650**.

Physician Signature

Refill _____ Times

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