



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

**Confidentiality Notice:** This fax message, including any attachments, is for the sole use of intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender and destroy all copies of the original message.