

# 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		
<b>Would you like an Outcome Report on whether the patient enrolled, declined or was unreachable?</b>					
(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					
<b>Use this section to pre-authorize NRT</b>					
*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.)	