☐ I certify that I am HIPAA covered entity



☐ Clinic ☐ Pharmacy ☐ Hospital ☐ Other

## Referring facility and healthcare provider information:

Facility name			Department		
Fax number P		Phone number		Facility NPI (National Provider Identifier)	
Address			Zip	County	
Referring health care pr	rofessional				
Email			National Provider Identifier (NPI) Number		
(Please select your p  ☐ I want emailed out  Use this section	referred method) come reports □ I wa to pre-authorize	nt faxed outcome repo	rts □ I do not w	ant outcome reports will get free quit medications.	
Please check the box to Pre-Authorize NRT	□ I authorize use o	of any modality of NRT		ent has coverage at dosage consistent with FDA	
Provider's name (Print)			Provider's signature		
		t information		may be automated. Some messages may be	
First name		Middle name		Last name	
State	Zip code	Phone number		Date of birth	
Language preference	e □ English □ Other				
May we send text me	ssages to this number	r? □ Yes □ No			
Patient signature box				Date	
Best contact times:	When are good weekday times to call?		When are goo	When are good weekend times to call?	
☐ Mornings (8 a.m12 p.m.) ☐ Afternoons (12 p.m4 p.m.) ☐ Evenings (4 p.m8 p.m.)		☐ Mornings (8 a.m12 p.m.) ☐ Afternoons (12 p.m4 p.m.) ☐ Evenings (4 p.m8 p.m.)			
· · · · · · · · · · · · · · · · · · ·					