



1.800.QUIT.NOW

UTAH TOBACCO QUIT LINE
FAX REFERRAL FORM
Fax Number: 1-800-483-3076

FAX SENT DATE: ___/___/___

Provider Information:

CLINIC/HOSPITAL NAME, CLINIC/HOSPITAL COUNTY, HEALTH CARE PROFESSIONAL, CLINIC/HOSPITAL CONTACT NAME, CLINIC/HOSPITAL FAX NUMBER, CLINIC/HOSPITAL PHONE NUMBER, I AM A HIPAA COVERED ENTITY (PLEASE CHECK ONE) YES NO DON'T KNOW

Patient Information:

PATIENT NAME, DATE OF BIRTH, GENDER, ADDRESS, CITY, ZIP CODE, PRIMARY PHONE NUMBER, SECONDARY PHONE NUMBER, LANGUAGE PREFERENCE (PLEASE CHECK ONE) ENGLISH SPANISH OTHER

I DO NOT give my permission to the Utah Tobacco Quit Line to leave a message when contacting me.
** By not initialing, you are giving your permission for the quitline to leave a message.

PATIENT SIGNATURE: DATE:
** If patient not available to sign, healthcare professional may initial below.

I provide services to the individual being referred and certify that he/she has consented to be contacted by the Quit Line.

The Utah Tobacco Quit Line will call you. Please check the BEST 3-hour time frame for them to reach you. NOTE: The Quit Line is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.

- 6AM - 9AM, 9AM - 12PM, 12PM - 3PM, 3PM - 6PM, 6PM - 9PM

WITHIN THIS 3-HOUR TIME FRAME, PLEASE CONTACT ME AT (CHECK ONE): Primary # Secondary #

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Confidentiality Notice: This facsimile contains confidential information. If you have received this facsimile in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy, or distribute.