



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

By participating in this program I understand that outcome information may be shared with my provider for purposes of my treatment.

I am ready to quit tobacco and request the Utah Tobacco Quit Line contact me to help me with my quit plan. (Initial)

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. (Initial)

PATIENT SIGNATURE: _____ DATE: ___/___/___

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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