

THE TOBACCO QUIT LINE

for Presbyterian Members

FAX: 1-800-261-6259

Referring Provider (Stamp/Label/Write In)	
Name	
Clinic/Facility	
Address	
City/State/Zip	
Phone #	
Fax #	
<small>REQUIRED TO RECEIVE CONFIRMATION OF REFERRAL</small>	

Participant Information

Name: _____

Address: _____

City/state/zip: _____

Preferred phone: _____

Best time and day to call: _____

May we leave a message? Yes No

Date of birth: _____ **Do you need TTY?** Yes No

This patient may use nicotine replacement therapy.



Provider Signature

Date

Participant Consent for Release of Information

Authorization to Release Information (reflects the requirements of 45 C.F.R. §164.508 August 14, 2002)

I, _____, give permission to my health care provider to release my name, *Participant name* phone number, and date of birth to **The Tobacco Quit Line for Presbyterian Members (1-888-840-5445)** stop smoking/tobacco use program at National Jewish Medical and Research Center (contractor for The Tobacco Quit Line for Presbyterian Members), 1400 Jackson Street, Denver, Colorado, 80206.

The PURPOSE of this release is to request that National Jewish Medical and Research Center make an initial phone call to me to discuss participation in **The Tobacco Quit Line for Presbyterian Members**. I understand the information to be released, the purpose of this release, and that there are laws protecting confidentiality of information. I understand that once released, my information may be re-disclosed, and may no longer be protected. I understand that signing this form is not a condition of receiving services.



Participant's Signature

Date

PLEASE FAX Quit Line Referral Specialist 1-800-261-6259	MAIL THIS FORM TO: National Jewish Medical and Research Center 1400 Jackson Street, M305 Denver, CO 80206	For Questions, Please Contact 1-888-840-5445
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11/2006

GlaxoSmithKline		PROMOTIONS SPECIFICATION		<i>Date: 10/23/06</i>
S A M 1000 GSK Drive, Moon Township, PA 15108				
BRAND: Nicorette, NicoDerm CQ, Commit		UPC NO.: NA		
PROD. CATEGORY: Smoking Cessation		DIMENSIONS: 8.5" x 11"		
DESCRIPTION: Fax Form		PRINTER:		
FORM NO.: 0-000ST		PREPRESS: Schawk		
Computer Software: Illustrator CS2		Artist/Job Number: Jess Williams 641402		
PMS COLORS:		Revision 1: mw 10/23		
		Revision 2: jw 11/6, jw 11/7		
PROMOTIONS SPECIFICATION				
	Art	UPCs	Date	Comments
Project Manager				
Promotions Manager				
Legal				
Other				
Most Common UPC Value Codes				
75 = \$0.75 Off 1 84 = \$2.50 Off 1				
76 = \$1.00 Off 1 87 = \$3.00 Off 1				
33 = \$1.00 Off 2 74 = \$5.00 Off 1				
78 = \$1.50 Off 1 36 = \$1.50 Off 2				
82 = \$2.00 Off 1				
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