

# THE TOBACCO QUIT LINE

for Presbyterian Members

**FAX: 1-800-261-6259**

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

<b>GlaxoSmithKline</b>		<b>PROMOTIONS SPECIFICATION</b>		<i>Date: 10/23/06</i>
<b>S A M</b> 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		
<b>PROMOTIONS SPECIFICATION</b>				
	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				
<b>S C H A W K</b> Kalamazoo 2325 N. Burdick St. • Kalamazoo, MI 49007 • (269) 381-3820				
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