



## FAQ REFERRAL FORM

If you have a patient who's interested in free counseling from the Vermont Quit Line, have him or her fill out this form and fax it to: **1-877-747-9528**.

### REFERRAL SOURCE

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Dental Office  General Practice Office  
 Obstetrics Office  Other Medical Practice \_\_\_\_\_  
 Other \_\_\_\_\_

### PATIENT INFORMATION

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Best Time to Call \_\_\_\_\_

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this form you give permission to the Vermont Department of Health to release the above information to the Vermont Quit Line to contact you for the purpose of counseling to quit smoking.

Check this box if you want to be on the Vermont Department of Health mailing list to get notices about resources to quit smoking.





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