



A Service of the Try-To-Stop Smokers' Helpline

In Collaboration with the Massachusetts Department of Public Health and Massachusetts Health Plans



YOUR NEIGHBORHOOD HEALTH CENTER

Patient Stamp, Label or Info (Name, Record Number/DOB, Date)

- If a patient is interested in quitting smoking, fill out this form with them.
- Fax completed form to 1-866-560-9113.
- The Try-To-Stop Smokers' Quitline will contact the patient, offer free cessation services and send feedback reports to the provider listed below.
- This program is free for all Massachusetts residents regardless of insurance status

Massachusetts Enrollment Form

Tobacco users can also call 1-800-Try-To-Stop (1-800-879-8678) to receive services

Patients: Complete this section

First Name _____ Last Name _____ Are you 18 or older? Yes No

Mailing Address _____ City _____ State _____ Zip _____
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Phone Number _____

When should we call? (check all that apply) Morning Afternoon Evening No preference

Language Preference: English Spanish Other (specify) _____

May we leave a message? Yes No

Primary Insurance of Tobacco User: Blue Cross Blue Shield MA Tufts Health Plan Harvard Pilgrim
 MassHealth/Medicaid Other None

I authorize this provider to release the information on this enrollment form to QuitWorks so that I may be contacted and participate in the QuitWorks program. I also authorize QuitWorks to disclose information about my progress in attempting to quit smoking to the health care provider listed on this form.

Patient Signature _____ Date _____

Health Care Providers: Complete this section

Referring Provider: _____ Phone Number () _____

Facility: _____ Fax Number () _____

Address: _____

Send feedback report to:

Same as above or _____ () _____ () _____
 Name Phone Number Fax Number

PEDIATRICS ONLY:

Patient's relationship to child: Mother Father Other (specify) _____

Child/Children's name: (to help with recordkeeping) _____

Copies of this form can be downloaded from WWW.QUITWORKS.ORG

Fax this form toll-free to 1-866-560-9113

NICOTINE REPLACEMENT OPTIONS

PATCHES

Nicoderm [®] CQ 7 mg, 14 mg, 21 mg	Initial: 1 patch/24 hrs. MAX: Same as above	Treatment Duration: 8 wks.
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GUM

Nicorette [®] 2 mg, 4 mg	Initial: 1 piece every 1–2 hrs. MAX: 24 pieces/24 hrs.	Treatment Duration: 8–12
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LOZENGE

Commit [®] 2 mg, 4 mg	Initial 1 lozenge/1–2 hrs. (wks 1–6) 1 lozenge/2–4 hrs. (wks 7–9) 1 lozenge/4–8 hrs. (wks 10–12) MAX: 20 pieces/24 hrs.	Treatment Duration: 12 wks.
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NASAL SPRAY

Nicotrol [®] NS 10 mg/ml	Initial: 1–2 doses/hr. MAX: 5 doses/hr. or 40 doses/day	Treatment Duration: 3–6 mos.
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INHALER

Nicotrol [®] Inhaler 10 mg/cartridge	Initial: 6–16 cartridges/day MAX: 16 cartridges/day	Treatment Duration: 3–6 mos.
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NON-NICOTINE MEDICATION

BUPROPION HCL SR

Wellbutrin SR 150 mg tablets	Initial: 150 mg/day (days 1–3) 300 mg/day (day 4+) MAX: 300 mg/day	Treatment Duration: 7–12 wks.
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VARENICLINE

Chantix [®]	Initial: 0.5 mg/day (days 1–3) 0.5 mg/2x/day (days 4–7) 1.0 mg/2x/day (day 8+) MAX: 2 mg/day	Treatment Duration: Up to 12 wks.
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Inclusion of this adult dosage chart is strictly for the convenience of the prescribing provider. Please consult the Physicians' Desk Reference for complete product information and contraindications. This chart does not indicate or authorize insurance benefit coverage for any of these medications. For insurance benefit information, the patient will need to contact his/her insurer directly. The cost or provision of these medications is not included as any part of the Try-To-STOP TOBACCO Resource Center of Massachusetts or QuitWorks program.

Make smoking history.