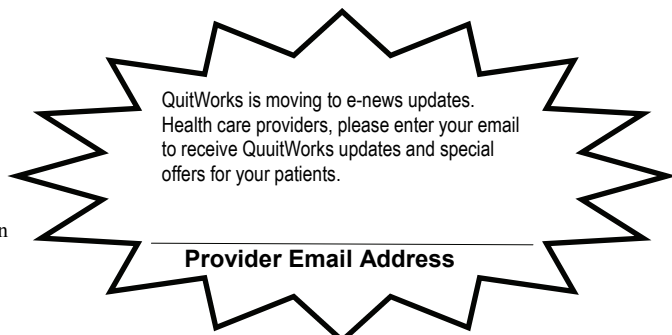




- If a tobacco user is interested in quitting smoking, fill out this form with them.
- Fax completed form to 1-866-560-9113.
- The Massachusetts Smokers' Helpline will contact the tobacco user, offer free cessation services and send feedback reports to the provider listed below.
- This program is free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



Formulario de inscripción de Massachusetts

Las personas que usan tabaco también pueden llamar al 1-800-8-DEJALO (1-800-833-8256) para recibir servicios.

La persona que usa tabaco debe completar la siguiente sección:

Nombre _____		Apellido _____		¿Tiene 18 años de edad o más? <input type="checkbox"/> Sí <input type="checkbox"/> No	
Dirección postal _____ ()		Ciudad _____		Estado _____ Código postal _____	
Número de teléfono _____					
¿Cuándo prefiere que llamemos? (marque todo lo que corresponda) <input type="checkbox"/> Mañana <input type="checkbox"/> Tarde <input type="checkbox"/> Noche <input type="checkbox"/> Ninguna preferencia					
Preferencia de idioma: <input type="checkbox"/> Inglés <input type="checkbox"/> Español <input type="checkbox"/> Otro (especificar) _____					
¿Podemos dejar un mensaje? <input type="checkbox"/> Sí <input type="checkbox"/> No					
Seguro principal de la persona que usa tabaco: <input type="checkbox"/> Blue Cross Blue Shield MA <input type="checkbox"/> Tufts Health Plan <input type="checkbox"/> Harvard Pilgrim <input type="checkbox"/> MassHealth/Medicaid <input type="checkbox"/> Otro <input type="checkbox"/> Ninguno					
Autorizo a este proveedor de servicios de salud a dar la información de este formulario de inscripción a QuitWorks para que puedan contactarme y pueda participar en el programa QuitWorks. También autorizo a QuitWorks a dar información sobre mi progreso en el intento de dejar de fumar al proveedor de servicios de salud nombrado en este formulario.					
Firma de la persona que usa tabaco _____				Fecha _____	

Los proveedores de servicios de salud completarán esta sección (Health care providers complete this section):

Referring Provider: _____	Phone Number _____ ()
Facility: Sturdy Memorial Hospital	Fax Number _____ ()
Address: 211 Park Street, Attleboro, MA 02703	
Send feedback report to:	
<input type="checkbox"/> Same as above or _____	() ()
Name _____	Phone Number _____ Fax Number _____
PEDIATRICS ONLY:	
Tobacco User's relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> 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

Spanish 1/11/12

NICOTINE REPLACEMENT OPTIONS

Combining long-acting NRT (patch) with a short-acting NRT (gum, lozenge, or inhaler) is more effective than using a single type of NRT

LONG-ACTING PRODUCTS

PATCHES

21 mg, 14 mg, 7 mg

Dose: 1 patch every 24 hrs.
Start: 21 mg patch if ≥ 10 cig/day
14 mg patch if < 10 cig/day

Duration:
6-14 wks

SHORT-ACTING PRODUCTS

GUM

2mg, 4 mg

Dose: 1 piece every 1-2 hrs.
Max: 24 pieces/day

Duration:
6-14 wks

LOZENGE or MINI-LOZENGE

2mg, 4 mg

Dose: 1 lozenge every 1-2 hrs.
Max: 20 pieces/day

Duration:
12 wks

NASAL SPRAY (Nicotrol® NS)

10 mg/ml

Dose: 1-2 doses per hr.
Max: 5 doses/hr or 40 doses/day

Duration:
3-6 mos

INHALER (Nicotrol® Inhaler)

Dose: 6-16 cartridges/day
Max: 16 cartridges/day

Duration:
3-6 mos

BUPROPION SR

(Zyban®/ Wellbutrin SR®)

May be combined with nicotine replacement

150 mg tablets

Dose: 150 mg once per day (days 1-3)
150 mg twice per day (day 4+)
Max: 300 mg/day

Duration:
12 wks*

VARENICLINE (Chantix®)

0.5 mg, 1 mg tablets

Dose: Starting Month Pak =
0.5 mg once per day (days 1-3)
0.5 mg twice per day (days 4-7)
1 mg twice per day (days 8+)
Continuing Month Pak = 1 mg twice per day
Max: 2 mg/day

Duration:
12 wks*

* If quit at 12 wks, consider 12 more weeks of drug

Source: Fiore MC, Jaen CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Quick Reference Guide for Clinicians, Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. April 2009. 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. This chart is provided by the Massachusetts Department of Public Health's Tobacco Cessation and Prevention Program. 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 Massachusetts Smokers' Helpline or QuitWorks program.

Make smoking history.