

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

QuitWorks is moving to e-news updates!
Health care providers, please enter your email to receive
QuitWorks updates and special offers for your patients!

PROVIDER EMAIL ADDRESS

Formulario de inscripción de Rhode Island

La persona que usa tabaco debe completar la siguiente sección

Nombre _____ Apellido _____ ¿Tiene 18 años de edad o más? Sí No

Dirección postal _____ Ciudad _____ Estado _____ Código postal _____
()

Número de teléfono _____

• ¿Cuándo prefiere que llamemos? (marque todo lo que corresponda) Mañana Tarde Noche Ninguna preferencia

• Preferencia de idioma: Inglés Español Otro (especificar) _____

• ¿Podemos dejar un mensaje? Sí No

• Seguro principal de la persona que usa tabaco: BCBS of RI United Healthcare Neighborhood Health Plan Tufts
 Medicare Medicaid (check one): Rite Care Connect Care Rhody Health Otro Ninguno

Autorizo a este proveedor de servicios de salud a dar la información de este formulario de inscripción a QuitWorks-RI para que puedan contactarme y pueda participar en el programa QuitWorks-RI. También autorizo a QuitWorks-RI 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: _____ 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's name: (to help with your recordkeeping) _____

QUITWORKSSM-RI

Quick Guide To Pharmacotherapy In Tobacco Treatment

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. |
|--|--|----------------------------|

*GUM

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

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. |
|-----------------------------------|--|-----------------------------|

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. |
|--------------------------------------|--|------------------------------|

INHALER

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

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. |
|-----------------------------------|--|-------------------------------|

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. |
|----------------------|---|-----------------------------------|

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.