

## Oregon Tobacco Quit Line Fax Referral Form Fax Number: 1-800-483-3114

Provider Information:	FAX SENT DATE:/
CLINIC NAME	CLINIC ZIP CODE
HEALTH CARE PROVIDER	
CONTACT NAME	
FAX NUMBER PHON	E NUMBER
I AM A HIPAA COVERED ENTITY (PLEASE CHECK ONE) YES	NO DON'T KNOW
Patient Information:	
PATIENT NAME DATE OF	BIRTH GENDER  MALE FEMALE
ADDRESS	ZIP CODE
PRIMARY PHONE NUMBER HM WK CELL SECON	NDARY PHONE NUMBER HM WK CELL
LANGUAGE PREFERENCE (PLEASE CHECK ONE) ENGLISH SPANISH OTHER	
I am ready to quit tobacco and request the Oregon Tobacco Quit Line contact me to help me with my quit plan.	
I DO NOT give my permission to the Oregon Tobacco Quit Line to leave a message when contacting me. ** By not initialing, you are giving your permission for the quitline to leave a message.	
The Oregon Tobacco Quit Line will call you. Please check the BEST 3-hour time frame for them to reach you. NOTE: The Quit Line is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.	
6AM – 9AM 9AM – 12PM 12PM – 3PM	3PM – 6PM 6PM – 9PM
WITHIN THIS 3-HOUR TIME FRAME, PLEASE CONTACT ME AT (CHECK ONE):	Primary # Secondary #

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