

MERCER COUNTY TOBACCO DEPENDENCE PROGRAM

MERCER COUNTY TOBACCO QUITCENTER

222 East State Street / Trenton, NJ 08608

www.mercercountytcp.com

609-396-7707



Comprehensive Tobacco Control Program



ROBERT WOOD JOHNSON
MEDICAL SCHOOL
University of Medicine & Dentistry of New Jersey



FAX-TO-QUIT REFERRAL FORM

STEP 1: Provider fills out top portion of referral form

STEP 2: Patient fills out contact information and signs form

STEP 3: Provider makes copy for patient

STEP 4: Provider faxes form to Mercer County Tobacco QuitCenter at **609-278-1815**

TO BE COMPLETED BY PROVIDER:

1. Patient's Name: _____
2. Referring Provider: _____
3. Referring Facility: _____
4. Provider/Facility Phone Number: (____) _____ - _____, ext. _____
5. Check if Patient is Spanish-speaking ONLY []

TO BE COMPLETED BY PATIENT:

- I would like help to stop using tobacco and I give my permission to my health care provider to fax this information to the Mercer County Tobacco QuitCenter.
- I understand that a counselor will call me within the next week to make an appointment.

Patient Signature: _____ Date: _____

The Mercer County Tobacco QuitCenter will call me at the following number(s).

Phone # (____) _____ - _____ Alternate Phone # (____) _____ - _____
Best time to call: [] Morning [] Afternoon [] Evening Best time to call: [] Morning [] Afternoon [] Evening

E-mail: _____

If I am unavailable when you call, you may leave a message identifying yourself as the Mercer County Tobacco QuitCenter. [] Yes [] No

Address:

