



FAST FAX REFERRAL FORM

Fax to Pennsylvania's FREE QUITLINE 1.877.747.9528 (fax)

PATIENT INFORMATION
(please print or type)

Name _____

Street Address _____ City _____ Zip _____

Phone Number _____

Referring Physician/Dentist Name _____

Patient's Signature _____

Questions? Call 1-800-QUIT-NOW.