OREGON HEALTH AUTHORITY

Oregon Tobacco Quit Line fax referral form
Fax Number: **1-800-483-3114**

Referring facility and healthcare provider information:

☐ Clinic ☐ Pharmacy ☐ Hospital ☐ Other		☐ I certify that I am HIPAA covered entity
Facility name		Department
Fax number	Phone number	Facility NPI (National Provider Identifier)
Address	Zip	County
Referring health care professional		
Email		National Provider Identifier (NPI) Number

Would you like an Outcome Report on whether the patient enrolled, declined or was unreachable?

(Please select your preferred method)

☐ I want emailed outcome reports ☐ I want faxed outcome reports ☐ I do not want outcome reports

Use this section to pre-authorize NRT

*Note: As patients have different benefits, using this form does not guarantee they will get free quit medications.

Please check the box to Pre-Authorize NRT: ☐ I authorize use of any modality of NRT for which my patient has coverage at dosage consistent with FDA Approved package labeling.

Provider's name (Print)	Provider's signature

Referral contact information

You agree that we may contact you at the phone number you give us. Note that calls may be automated. Some messages may be pre-recorded.

First name		Middle name	Last name
State	Zip code	Phone number	Date of birth
Language preference ☐ English ☐ Other			
May we send text messages to this number? ☐ Yes ☐ No			
Patient signature box			Date

Best contact times:	When are good weekday times to call? ☐ Mornings (8 a.m.-12 p.m.) ☐ Afternoons (12 p.m.-4 p.m.) ☐ Evenings (4 p.m.-8 p.m.)	When are good weekend times to call? ☐ Mornings (8 a.m.-12 p.m.) ☐ Afternoons (12 p.m.-4 p.m.) ☐ Evenings (4 p.m.-8 p.m.)

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