## am room to raviou

Please bring to the exam room to review with the doctor					
Step 1: For the parent/patient to fill out					
Have you smoked a cigarette, even a puff, in the last 30 days?					
Yes No					
Would you like to receive FREE resources from the Tobacco Quitline?					
Yes	No	Not sure			
Would you like nicotine patch	and gum to he	elp you cu	t down or	quit smoking?	
Yes	No	Not sure			
Step 2: For office use (EMR Entry)					
Document Tobacco Use/Exposure					
☐Tobacco users:	Mother	Father	Patient	Other	
☐Smoke-free home rule:	Yes	No			
Smoke-free car rule:	Yes	No	No car		
<b>Document Services Provided</b>					
$ boldsymbol{R}$ $ ho$ Prescription given for patch and/or gum				Code 989.84 to document	
☐ Enrolled in the Quitline				parental tobacco use/assistance (Toxic effect of tobacco)	
☐ Enrolled in SmokefreeTXT				Code 305.1 to document teen	
Set a quit date for				tobacco use/assistance (Tobacco use or dependence)	
■ TEAR HERE ■ ■ TEAR HERE ■ ■	— — TEA	R HERE 💻 🛚		TEAR HERE - TEAR HERE	
Call 1-800-784-8669 for free help quitting					
OR		OR			
Text the word "QUIT" (7848) to IQUIT (47848) for free help.  Call 1-800-784-8669 for free help quitting.					
Name Da	ite	Name		Date	
Address I				D.O.B	
Nicotine patch (check strength)		Nicotin			
□ 21mg □ 14mg □ 7mg			□ 4mg		
Apply 1 patch for 16-24 hours each day			Chew one piece every 1-2 hours		
Dispense 2 months supply			Dispense 2 months supply		
Refill NR 1 2 3 4 5		Refill NR	Refill NR 1 2 3 4 5		
Prescription is void if more than one (1) pres per blank.	Prescript	Prescription is void if more than one (1) prescription is written per blank.			
May	substitute			May substitute	