



A Service of the Rhode Island Smokers' Helpline

- If a patient is interested in quitting smoking, fill out this form with them.
• Fax completed form to 1-866-560-9113.
• The Rhode Island Smokers' Helpline will contact the patient, offer free cessation services and send feedback reports to the provider below.
• This program is free for all Rhode Island residents regardless of insurance status.

Patient Stamp, Label or Info (Name, Record Number/DOB, Date)

Rhode Island Patient Enrollment Form

Patients: Complete this section

Form fields for patient information including First Name, Last Name, Mailing Address, City, State, Zip, Phone Number, and insurance details.

I authorize this provider to release the information on this enrollment form to QuitWorks so that I may be contacted and participate in the QuitWorks program.

By checking this box, this patient has consented to the above statement.

Health Care Providers: Complete this section

Form fields for health care provider information including Referring Provider, Facility, and Address.

Form fields for feedback report recipient information including Name, Phone Number, and Fax Number.

PEDIATRICS ONLY:

Form fields for pediatric information including Tobacco User's relationship to child and Child/Children's name.

Copies of this form may be downloaded at WWW.QUITWORKSRI.ORG

Fax this form toll-free to 1-866-560-9113

NICOTINE REPLACEMENT OPTIONS

Combining long-acting NRT (patch) with a short-acting NRT (gum, lozenge, or inhaler) is more effective than using a single type of NRT

LONG-ACTING PRODUCTS

PATCHES

21 mg, 14 mg, 7 mg	Dose: 1 patch every 24 hrs.	Duration:
	Start: 21 mg patch if ≥10 cig/day	6-14 wks
	14 mg patch if < 10 cig/day	

SHORT-ACTING PRODUCTS

GUM

2mg, 4 mg	Dose: 1 piece every 1-2 hrs.	Duration:
	Max: 24 pieces/day	6-14 wks

LOZENGE or MINI-LOZENGE

2mg, 4 mg	Dose: 1 lozenge every 1-2 hrs.	Duration:
	Max: 20 pieces/day	12 wks

NASAL SPRAY (Nicotrol® NS)

10 mg/ml	Dose: 1-2 doses per hr.	Duration:
	Max: 5 doses/hr or 40 doses/day	3-6 mos

INHALER (Nicotrol® Inhaler)

	Dose: 6-16 cartridges/day	Duration:
	Max: 16 cartridges/day	3-6 mos

BUPROPION SR (Zyban®/ Wellbutrin SR®)

May be combined with nicotine replacement

150 mg tablets	Dose: 150 mg once per day (days 1-3)	Duration:
	150 mg twice per day (day 4+)	12 wks*
	Max: 300 mg/day	

VARENICLINE (Chantix®)

0.5 mg, 1 mg tablets	Dose: Starting Month Pak =	Duration:
	0.5 mg once per day (days 1-3)	12 wks*
	0.5 mg twice per day (days 4-7)	
	1 mg twice per day (days 8+)	
	Continuing Month Pak = 1 mg twice per day	
	Max: 2 mg/day	

* If quit at 12 wks, consider 12 more weeks of drug

Source: Fiore MC, Jaen CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Quick Reference Guide for Clinicians, Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. April 2009. Inclusion of this adult dosage chart is strictly for the convenience of the prescribing provider. Please consult the Physicians' Desk Reference for complete product information and contraindications. For insurance benefit information, the patient will need to contact his/her insurer directly. The cost or provision of these medications is not included as any part of the Rhode Island Smokers' Helpline or QuitWorks-RI program. Many health plans cover some or all medications. Patients should consult with insurer for details.