



# Wicomico County Health Department

108 East Main Street • Salisbury, Maryland 21801

Lori Brewster, MS, APRN/BC, LCADC • Health Officer

## PATIENT MEDICAL CLEARANCE FOR PARTICIPATION IN THE TOBACCO CESSATION PROGRAM

### CHANTIX

Re: **Patient:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

The Wicomico County Health Department's Tobacco Program will provide vouchers redeemable for **Chantix** every 4 weeks, for up to 8 weeks of treatment, **provided** the participant attends eight counseling sessions.

Before distributing the vouchers, your patient is required to obtain medical clearance. Please determine if your patient can safely participate in this program. If yes, **write a Rx for a starting month pak and continuing month pak, for a total of 8 weeks of Chantix** and complete the form below. Your patient will then bring both to the Health Department in order to begin treatment.

Twelve weeks after their initial visit, you will be notified in writing of their progress. If you have any questions, please call Jennifer Johnson at 410-546-5311 (ext 17482).

*There are no medical contraindications for this patient to participate in the Wicomico County Health Department's Tobacco Cessation Program. A prescription for an 8-week supply of CHANTIX is attached.*

\_\_\_\_\_  
Print Physician's name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

*As a patient, I have shared all medications that I am currently taking with the above mentioned caregiver and accept full responsibility for following the instructions of the chosen quit aid medication in order to ensure a safe tobacco cessation experience. I therefore release Wicomico County Health Department and its staff from all liability.*

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date