Date Click or tap to enter a date.

**Client ID:**Click or tap here to enter text.

Client’s name: Click or tap here to enter text.

Date of birth: Click or tap here to enter text.

GP Practice: Click or tap here to enter text.

Dear Colleague,

The above client has enrolled on a stop smoking programme with a Stop Smoking Practitioner in either a 1 to 1 or quit club setting and agreed a **Quit Date** of: Click or tap to enter a date.

No CO verification due

To further help them in their attempt they would like to use a pharmacological stop smoking aid. A discussion with regard to general health status and current medication has taken place with the Stop Smoking Practitioner. Advice on the different NRT products and explanations on use has been provided to enable the client to make an informed choice to use the NRT product(s) detailed below.

I would be grateful if you could supply the following products(s) and quantities:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Brand | Product | Flavour | Strength | Pack size | Number of packs |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

I will be supporting the client throughout the 12 week treatment programme and assuming compliance with the SC SFLS Treatment Protocol will continue to supply stop smoking medication as appropriate via Pharmacy LOR.

If you have any concerns or questions regarding this request, please do not hesitate to contact me.

Yours sincerely

Shape

Description automatically generated with low confidence

Click or tap here to enter text.

**Stop Smoking Practitioner**

**Tel:** Click or tap here to enter text.

**Smokefree Somerset**

**Tel: 01823 356222 Email:** [**smokefreelife@somerset.gov.uk**](about:blank)