

**REQUEST FOR FREE NICOTINE REPLACEMENT THERAPY (NRT) BY
EMPLOYEES
For employees intending to quit smoking**

The Staff Health nurse is to complete this form to request pharmacy to dispense NRT.

For

Name:Employee ID

NRT to be dispensed by Pharmacy

- Visit 1:NRT 2 Weeks Supply of 21 mg Nicotine Patches
- Visit 2:NRT 3 Weeks Supply of 21 mg Nicotine Patches
- Visit 3:NRT 3 Weeks Supply of 21 mg Nicotine Patches
- 4mg lozenges (box of 72) – 2 week supply – 2 boxes
(Only when patches are not suitable for staff)
- 4mg lozenges (box of 72) – 3 week supply – 3 boxes
(Only when patches are not suitable for staff)
- 4mg lozenges (box of 72) – 3 week supply – 3 boxes
(Only when patches are not suitable for staff)

Tick the box indicating how NRT is to be collected by employee

- Pharmacy to dispense directly to employee in person
- Pharmacy to send to staff health nurse to supply to employee
- Pharmacy to send to employee directly
- Pharmacy to send to a manager to supply to employee
- Pharmacy to send to a nominated site for collection by employee

Who or where NRT to be sent to for collection:

Signature.....
(Staff health nurse)

Name (please print)..... Date form completed
(Staff health nurse)