



Recommended Nicotine Replacement Therapy/Stop Smoking Medication

CLIENT DETAI	ıc			
Surname:		First Name:		
QuitManager Client ID:		QuitManager Episode Number:		
County:		Date:		
CLINIC TYPE:	Sláintecare Staff ECC	Ger	neral	
	client was seen today in a HSE stop smoking ce, the following combination NRT/Stop Sm	_	_	
Date	Recommended product type		Dose	Quantity
Stop Smoking	Advisor Details			
Name:		Tel	Telephone:	
	not a prescription for NRT or stop smoking n Fagerstrom Test for Nicotine Dependence c			
Reference: De	epartment of Health (2022). Stop Smoking <u>N</u>	ICEC Na	tional Clinical Guideline No. 28	
For Pharmacy	Use only – Stop smoking Medication Supp	olied		
Date	Product Supplied		Dose	Quantity