



**Department of Health and Wellbeing
Stop Smoking Service
5th Floor, Britannia House
Broadway
Bradford
BD1 1HX**

**Tel: 01274 437700
Fax: 01274 438858**

Date

Dear Doctor

Nicotine Replacement Therapy Repeat Prescription Request

I am continuing to support this client in her/his quit attempt

Client name: Date of birth:

Address: Postcode:

Quit date: Current CO levelppm

S/he is making good progress. Please supply the following prescription:

NRT Product 1		NRT Product 2 (if required)	
Product Strength		Product Strength	
Quantity/Duration		Quantity/Duration	

This letter is the 2nd 3rd 4th 5th 6th prescription request.

Comment:

Thank you for your cooperation

Advisor Contact Details
