



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

Date

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

Dear Dr.....

Varenicline – Prescription Request

This is the 2nd 3rd 4th 5th 6th request –please delete as appropriate

Client name:.....Date of birth.....

Address:.....Postcode:.....

Quit date:.....Current CO level.....

I am continuing to support this client in her/his quit attempt; s/he is making good progress – validated by self report & Co measurement. S/he has not reported untoward side-effects.

Please issue a prescription for a maintenance pack* of Varenicline.

See <http://www.medicines.org.uk/emc/medicine/19045>

* Maintenance pack = blister pack containing one clear blister of 28x1mg tablets

Comment:

Thank you for your co-operation

Advisor Contact Details :