

# QuitSolutions

www.quitsolutions.org

*Help your patients stop smoking.*

## ORDER FORM


*Ship to:*

**Name:** \_\_\_\_\_

**Dental Practice:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:**     (    )    \_\_\_\_\_

<b>Item:</b>	<b>Quantity:</b>
Quitline Wallet Cards (packages of 100)	# of packages _____
Fax-to-Quit form tear-pads	# of pads _____
Pharmacotherapy Guide for Providers	_____
Orange Tobacco Use Status Stickers (rolls of 500)	# of rolls _____
Tobacco Use Status Stamper	_____
 “You Can Quit, Ask Me How” Buttons	_____
Dental Hygienist Guide [FAQs, Fax-to-Quit instructions]	_____

### Special Requests:

Are there additional tobacco cessation supplies / educational resources that you would like for your practice that are not listed above? [i.e. fact sheets for clinicians/patients that address a specific topic; posters; an educational video for your waiting room, etc...]

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*Supplies are offered free of charge to dental practices throughout New York State. For additional information, call the Center for Smoking Cessation’s Dental project at (518) 268-6165.*

Please *fax* this order form to:

**The Dental Project  
Center for Smoking Cessation at Seton Health  
(518) 268-5864**