



Date: _____ Patient Name: _____
 DOB: _____ Address: _____
 City: _____ State: _____ Phone: _____ Allergies: _____
 Call When Ready Text Message When Ready Delivery Mail Out

Nicotine 2 mg Sorbitol Lollipop Base
(circle one) Qty: #5, #10, or: _____
 Sig: Use orally for about 5 minutes or until the craving passes (whichever is less) and then replace in medication vial.
 Or: _____

Nicotine 4 mg Sorbitol Lollipop Base
(circle one) Qty: #5, #10, or: _____
 Sig: Use orally for about 5 minutes or until the craving passes (whichever is less) and then replace in medication vial.
 Or: _____

[Usually the 2mg Lollipop is for 1 or less packs a day, and the 4 mg is for people who smoke more than a pack a day.]

Refills: 1 2 3 4 5 PRN

Healthcare Provider Signature:

Print Name: _____ **Agent sending:** _____
NPI: _____ **DEA:** _____

Clinic Name: _____
Clinic Address: _____
Clinic Phone/Fax: _____

