



THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

ACT Center for Tobacco Treatment, Education and Research

www.act2quit.org

Fax Referral Form – Tobacco Treatment Services

Step 1. PATIENT Information		Today's Date: _____/_____/_____	
		County of Residence: _____	
Patient's Name: _____			
<i>Last</i>		<i>First</i> <i>MI</i>	
Telephone Number: (____) _____		Alternate Number: (____) _____	
Best Contact Time: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening			
I understand that by signing or verbally agreeing to this form, a staff member from an ACT Center Tobacco Treatment Clinic will contact me to provide information about tobacco treatment. My participation is voluntary, and if I wish, I will be scheduled for an appointment. Any information I provide will be kept confidential.			
Patient's Signature: _____ or Verbal Authorization Given: <input type="checkbox"/> (check)			
Step 2. REFERRING PROFESSIONAL'S Information			
Name: _____			
Institution: _____			
<i>Name</i>		<i>City, State</i>	
Telephone Number: (____) _____			
Step 3. Fax to the Preferred Site			
City	Hospital	Fax Number	Phone Number
<input type="checkbox"/> Batesville	Tri Lakes Medical Center	662 712 1482	662 712 1472
<input type="checkbox"/> Brookhaven	King's Daughters Medical Center	601 835 9380	601 835 9406
<input type="checkbox"/> Greenville	Delta Regional Medical Center	662 725 3660	662 725 2178
<input type="checkbox"/> Gulfport	Memorial Hospital	228 867 4490	228 867 4022
<input type="checkbox"/> Iuka	North MS Medical Center	662 423 4082	662 423 4675
<input type="checkbox"/> Jackson	University of MS Medical Center (main)	601 815 5986	601 815 1180
<input type="checkbox"/> McComb	SW MS Regional Medical Center	601 249 1574	601 249 1868
<input type="checkbox"/> Tupelo	North MS Medical Center	662 377 2374	662 377 5787

* Download latest version of this form: www.act2quit.org/downloads/ACT_Center_Fax_Referral_Form.pdf

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