2050 S. Linden Road
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Flint, Michigan 48501-1700
Phone: (810) 720-2760
Fax: (810) 230-2106

FAX TRANSMISSION

Date:
To: Kim Eifrid
Department: Health and Lifestyle Management
Fax: (810) 230-2106
From: ______________________

Referral For Tobacco Cessation Program

I would like to refer this patient to the HealthPlus of Michigan Tobacco Cessation Program.

Patient's Name: ______________________

Patient's HealthPlus Subscriber #: ______________________

Health Practitioner's Signature: ______________________

Health Practitioner's Name Printed: ______________________

Today's Date: ______________________

Please remember how important it is to advise your patients to quit.

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(810) 720-2760