

To: Quitline (Victoria)**Fax:** (03) 9514 6801**Patient information** – *confidential*** mandatory fields****First name:** ***Last name:*****Preferred phone no:****Does the patient identify as being Aboriginal or Torres Strait Islander?** Yes No Unknown**What is the best time to call?** Morning Midday Afternoon**Is it OK for the Quitline to leave a message?** Yes No*Please note: We will attempt to contact you within your requested time block, however this may not always be possible.***Referrer details*****First name:** ***Last name:**** mandatory fields****Organisation:*****Email:**

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Please Note: *By submitting this referral you acknowledge that your patient has consented to this information being disclosed.*