



Children's Mercy Hospitals and Clinics
2401 Gillham Road
Kansas City, MO 64108
Phone: (816) 915-5253
Fax: (816) 855-1929

Date: _____

Pt. Name: _____

Pt. DOB: _____

- 4 mg Nicotine gum (if 1st cigarette within 30 mins of waking)
Week 1-6: Take 1 tablet q 1-2 hr
Week 7-9: Take 1 tablet q 2-4hrs
Week 10-12: Take 1 tablet q 4-8hrs

- 2 mg Nicotine gum (if 1st cigarette > 30 mins of waking)
Week 1-6: Take 1 tablet q 1-2 hr
Week 7-9: Take 1 tablet q 2-4hrs
Week 10-12: Take 1 tablet q 4-8hrs

Dispense: Quantity covered by insurance up to 12 weeks

FOR NICOTINE REPLACEMENT THERAPY PRESCRIPTION ONLY

Prescriber's Signature

Prescriber's NPI #

Prescribers' Printed Name