



To be completed by Manager	
Employee Name	
Employee Number	
Name and signature of Manager	
Fax number of Manager	
Cost centre number	
Date	

Staff member: Fax or take this form to your local WA Health Pharmacy

To be completed by Pharmacy						
NRT Dispensed	7,14 or 21mg patches	2 or 4mg lozenges/gum	Name	Signature	Date	Cost
4 weeks of free NRT provided						
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Pharmacist: Fax or use internal mail a copy of the completed form to employee's line manager.

