

# Living Well

Smoke Free

## Change of NRT mid-voucher

Date:

**To be completed by an accredited Stop Smoking Advisor only.**

This form should be used when a stop smoking advisor has identified that there is need to either

- (1) change a current NRT product or
- (2) to add a second NRT product

<b>Clients name</b>		<b>Client Identifier</b>	
---------------------	--	--------------------------	--

<b>Adding a 2<sup>nd</sup> product</b>	<small>(Please add name and details of the second product)</small>	<b>Strength</b>	<b>Quantity or pack size</b>	<b>Number of packs</b>	<b>Maximum Daily Use</b>
Please add this second product:					
Please add to existing voucher for weeks ..... to .....					

<b>PRODUCT CHANGE</b>	<b>Change of product recommendation.</b>	<b>Strength</b>	<b>Quantity or pack size</b>	<b>Number of packs</b>	<b>Maximum Daily Use</b>
<b>FROM</b>					
<b>TO</b>					
<b>Reason for change:</b>					

<b>Advisor Signature &amp; name</b>		<b>Date:</b>		<b>Contact telephone &amp; location of service attended</b>	
-------------------------------------	--	--------------	--	---	--