



NAME  
ADDRESS  
ADDRESS  
ADDRESS  
POSTCODE

Date

Dear Pharmacist,

Client:  
D.O.B:  
Contact Details:

Has attended a stop smoking consultation and expressed that they would like to use Champix to aid their attempt.

Having completed a screening assessment which indicates this may be an option, could you please assess the client for suitability for Champix for the PGD.

Please contact the office on 01706 751190 if you require any further assistance.

Kind Regards