



College of Dental Science & Hospital
Tobacco Cessation Centre (TCC)

K. J. Mehta T. B. Hospital Trust

At Post: Amargadh, Taluka: Sihor, Dist: Bhavnagar, (Gujarat), Pin: 364210

Tel: (02846) 244307, 240009. Telefax: (02846) 244207

TOBACCO CESSATION REFERRAL FORM

PATIENT NAME: _____

PATIENT AGE(DOB): _____ GENDER: _____ REGISTRATION NO. _____

ADDRESS: _____

DATE OF REQUEST: _____ PHONE NO: _____

REASON FOR REFERRAL: _____

LOCAL & SYSTEMIC PROBLEMS(IF ANY): _____

REFERRING DEPARTMENT : _____

HEALTH PROFESSIONAL ☐ DENTAL DEPT. ☐ GEN. PRACTITIONER ☐ GEN. PHYSICIAN ☐

SELF REFERRAL: YES/ NO

ADVERSE HABIT HISTORY:

FORM OF TOBACCO	TYPE/ PARTICULARS	FREQUENCY /DAY	LENGTH OF USE
SMOKING			
SMOKELESS			
OTHERS			
PAST HISTORY (IF ANY)			

SIGN OF REFERRING DOCTOR: _____ PHONE NO. _____ DATE: _____

(FOR TCC CENTRE USE ONLY)

SIGN OF TCC INCHARGE/MEMBER : _____ RECEIVED DATE: _____ NO. _____

Note: Thank you for Referral .The Appointment & consultation will be Confirmed as soon as possible.



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