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| **FECHA DE ENVÍO:** |  |

Información del proveedor de servicios médicos:

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| **NOMBRE DE LA CLÍNICA CLINIC ZIP CODE:** | | | | | |  | **CÓDIGO POSTAL** | | | | |
|  | | | | | |  |  | | | | |
| **NOMBRE DEL PROVEEDOR** | | | | | |  |  | | | | |
|  | | | | | | | | | | | |
| **NOMBRE DEL CONTACTO** | | | | | |  |  | | | | |
|  | | | | | | | | | | | |
| **FAX** |  | **TELÉFONO** | | | | | | | | | | | |
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|  | |  | | | | |  | | | | |
| **SOY UNA ENTIDAD CUBIERTA POR HIPPA (POR FAVOR MARQUE UNA)** | | SÍ | |  | NO | | |  | NO SÉ |  |  | |

Información del patiente:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **NOMBRE COMPLETO DEL PATIENTE** | | | | | | | | | | | | | **FECHA DE NACIMIENTO** | | | | | | | **GÉNERO** | | | | | | | | | | | | | | | |
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| **DIRECCIÓN** | | | | | | | | | | | | | **CIUDAD** | | | | | | | | | | | |  | **CÓDIGO POSTAL** | | | | | | | | | | |
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| **PRIMER TELÉFONO HM WK CELL CELL SECONDARY PHONE NUMBER WK CELCASA** | | **CASA** | | | **TRAB** | | | **CEL** | | | | | **SEGUNDO TELÉFONO** | | | | | **CASA** | | | | **TRAB** | | | | | | | **CEL** | | | | |  |
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| **LENGUAGE DE PREFERENCIA (***POR FAVOR MARQUE UNO***)** | | | | | | | | | | | INGLÉS | | |  | ESPAÑOL |  | OTRO | | |  | | | | |  | | | | | | | | | | |

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|  | | Estoy listo para dejar el tabaco y pido que la Georgia Tobacco Quit Line me contacte para ayudarme. | | | | | | | | | | | | | | | | | |
| *(Iniciales)* | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | Yo NO autorizo a Georgia Tobacco Quit Line de dejar un mensaje cuando me contacte. | | | | | | | | | | | | | | | | | |
| *(Initial)* | | *\*\* Por no poner sus iniciales, usted está dando su permiso para la línea dejar un mensaje.* | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| FIRMA DEL PARTICIPANTE: | | | |  | | | | | | | | | | | FECHA: | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Georgia Tobacco Quit Line** le llamará. Por favor marque el mejor horario para llamarle. ***NOTA: La línea para dejar el tabaco trabaja los 7 días de la semana. Las llamadas que se realizen en Sábado o Domingo con el fin de localizarle, podrían estar fuera del horario que usted marcó.*** | | | | | | | | | | | | | | | | | | | |
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|  |  | | **6AM – 9AM** |  |  | **9AM – 12PM** |  |  | **12PM – 3PM** | | |  |  | **3PM – 6PM** | | | |  | **6PM – 9PM** | |
|  | | | | | | | | | | | | | | | | | | | |
| **FAVOR DE LLAMARME DENTRO DEL HORARIO MARCADO AL** (*MARQUE UNO*): | | | | | | | | | |  | **PRIMER TELÉFONO** | | | | |  | **SEGUNDO TELÉFONO** | | |