

# SCRIPS

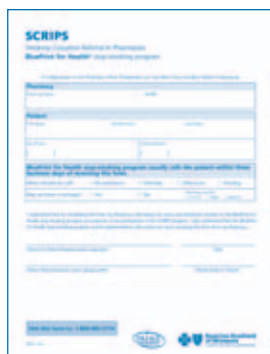
## Smoking Cessation Referral In Pharmacies BluePrint for Health® stop-smoking program

To order any of the following materials, please fill out this form.

For more information about these materials, contact:  
Rhonda Evans at (651) 662-4054 or rhonda\_evans@bluecrossmn.com



**SCRIPS Fax Cover Sheet**  
(8½" x 11")  
50 sheets per pad  
 F8094  
Qty. \_\_\_\_\_ pads of 50



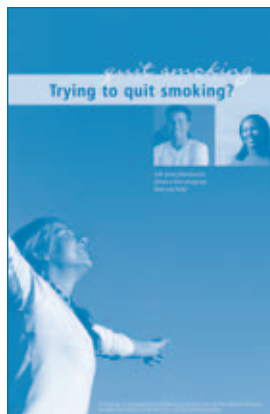
**SCRIPS Referral Form**  
(8½" x 11")  
50 sheets per pad  
 F8093  
Qty. \_\_\_\_\_ pads of 50



**SCRIPS Talk Card**  
Encourages patients to talk with pharmacist about help with quitting smoking.  
(double-sided 3½" x 8½")  
 F8082  
Qty. \_\_\_\_\_



**Fact Sheet**  
Answers questions most often asked about BluePrint for Health stop-smoking program.  
(double-sided 8½" x 11")  
 F8083  
Qty. \_\_\_\_\_



**SCRIPS Store Poster**  
Encourages patients to talk with pharmacist about help with quitting smoking.  
(11" x 17")  
 F8084  
Qty. \_\_\_\_\_



**Quit Card**  
List of phone counseling programs available to patients who are not Blue Cross members.  
(double-sided 3½" x 8½")  
 F7422  
Qty. \_\_\_\_\_

Pharmacy name \_\_\_\_\_  
Attention \_\_\_\_\_  
Address (No P.O. Boxes) \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone (      ) \_\_\_\_\_  
Email \_\_\_\_\_

**To order by fax or mail:**  
Fax form to: (651) 662-1657 or  
Mail form to: Blue Cross and Blue Shield of Minnesota  
Fulfillment Center Q210  
P.O. Box 64560  
St. Paul, MN 55164-0560