

# Nebraska Tobacco Quitline – Order Form

Complete this form and send to one of the following:

- Email: [dhhs.tfn@nebraska.gov](mailto:dhhs.tfn@nebraska.gov)
- Fax: 402-471-6446
- Mail: Nebraska Tobacco Quitline  
301 Centennial Mall S., P.O. Box 95026  
Lincoln, NE 68509-5026



**PLEASE PRINT CLEARLY OR TYPE:** Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Name of Person Requesting Materials: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_, NE Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

How will you use the materials (ex. patient education, health fair, etc.) ? \_\_\_\_\_

**Maximum request amount is 50 unless limit is specified.**

|   | <b><u>Quantity</u></b> | <b><u>Quantity</u></b> |
|---|------------------------|------------------------|
| Nebraska Cessation Resources Fact Sheet*                            | ___ English            | ___ Spanish            |
| Nebraska Tobacco Quitline Magnet <b>(Limit 25)</b>                  | ___ English            | ___ Spanish            |
| Nebraska Tobacco Quitline Business Card <b>(Limit 25)</b>           | ___ English            | ___ Spanish            |
| Nebraska Tobacco Quitline What to Expect Patient Brochure           | ___ English            | ___ Spanish            |
| After You Quit Smoking Card   | ___ English            | ___ Spanish            |
| Smoking and Chronic Disease   | ___ English            | ___ Spanish            |
| Pens <b>(Limit 25)</b>  | ___ English            | ___ Spanish            |
| Smoke-Free Home Window Cling <b>(Limit 25)</b>                      | ___ English            | ___ Spanish            |
| Smoke-Free Car Window Cling <b>(Limit 25)</b>                       | ___ English            | ___ Spanish            |
| Wrist Bands <b>(Limit 25)</b>                                       | ___ English            | ___ Spanish            |
| You Can Quit Smoking Primary Care Tear Sheet                        |                        | ___ Spanish only       |
| Nebraska Tobacco Quitline Healthcare Provider Fax Referral Program* | ___ English only       |                        |
| 1-800-QUIT-NOW Plastic Cards  | ___ English only       |                        |
| Tobacco Cessation What You Need to Know                             | ___ English only       |                        |
| Smoking & Tobacco Pocket Slider <b>(Limit 25)</b>                   | ___ English only       |                        |

Please allow 7-10 business days for delivery. All materials while supplies last.

Questions? Email: [dhhs.tfn@nebraska.gov](mailto:dhhs.tfn@nebraska.gov) For more information: [www.QuitNow.ne.gov](http://www.QuitNow.ne.gov)

\* Materials available online at [QuitNow.ne.gov](http://QuitNow.ne.gov) to print as needed

**Requests are only filled for Nebraska residents, businesses or organizations.**