

# My Medication Plan

Name \_\_\_\_\_

My tobacco use is \_\_\_\_\_

I am thinking my quit date will be \_\_\_\_\_

The medication I would like to use is:

\_\_\_ 7 mg nicotine patch

\_\_\_ 14 mg nicotine patch

\_\_\_ 21 mg nicotine patch

\_\_\_ 2 mg nicotine gum

\_\_\_ 4 mg nicotine gum

\_\_\_ 2 mg nicotine lozenge

\_\_\_ 4 mg nicotine lozenge

\_\_\_ Nicotine inhaler

\_\_\_ Nicotine nasal spray

\_\_\_ Chantix

\_\_\_ Zyban