

## **Tobacco dependence treatment recommendation**

Name and surname of the insured person:	
Date of birth:	
Name, surname, stamp and signature of the physician who recommended the treatment:	Name, surname, stamp and signature of the consultant of the Czech Chamber of Pharmacists who recommended the treatment:
Date of issue:	
For more information on the contribution and how to obtain it, please visit <a href="http://www.vzp.cz">www.vzp.cz</a> , or we will be happy to give you more information on our helpline, tel. no.: 952 222 222, or via email: <a href="mailto:info@vzp.cz">info@vzp.cz</a> .	