Physician's Weight Control and Wellness Centers
MEDICATION REFILL AUTHORIZATION
Dallas Office

ALLOW ONE WEEK FOR PROCESSING – NO EXECPTIONS

After completion this form can be mailed to: Physician's Weight Control Centers ATTN: MRA Form
6162 E. Mockingbird Ln #101 Dallas, TX 75214

faxed to: 214-827-1266 ~ or scanned and emailed to Dallas@DrWeightControl.com
Please do not email this form to info@drweightcontrol.com

Please Print

TODAY'S DATE: ______________________ **DATE OF LAST VISIT:**____________________

Name:____ **Date of Birth** ______________________

Mailing Address _____________________________________ **Home Phone** (_____)_______________

_____________________________________ **Work/Mobile** (_____)_______________

Current Weight: _____________ **Weight Last Visit:** _____________

Briefly describe your eating and exercise habits during the past month. ________________________________

____

Have your medications been effective? Please explain. ____

Any side effects from your medications? ____

PHARMACY INFORMATION - PLEASE NOTE: if you fax or mail in your MRA your prescription will be faxed to your pharmacy. Your in-house supplements will be mailed to you.

Name of Pharmacy______________________________ **Pharmacy Phone #** (_______)________________

Pharmacy Fax # (_____)____________________

Would you like our in-house supplements mailed to the above address? ☐ **Yes** ☐ **No**

PAYMENT OPTIONS (your cost will be $90.00 for a 4-week supply of medication)

1. You may mail money order made payable to Physician's Weight Control Centers along with your completed MRA form to the mailing address above. Checks will not be accepted.
2. You may pay with a Credit Card (NO DEBIT CARD PLEASE FOR FAXED, PHONE OR MAILED REQUEST)

PLEASE CIRCLE MasterCard VISA Discover American Express

Card Number ____ Expiration Date __________________

CVV2 (3 digit code located on the back of your card) _________ Billing Zip Code _________________

Do you want a receipt mailed to you? ☐ **Yes** ☐ **No**

SIGNATURE ____

By signing, you are giving permission to Physician's Weight Control Centers to charge your credit card the amount of $90.00.

Otto Puempel. D.O.
Christopher Puempel, M.D
Lindsey Britten, MPAS, PA-C