



Dallas Office

Medication Refill Authorization Guidelines

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The Medication Refill Authorization (MRA) form is a request to have your medication filled without seeing the doctor or nurse practitioner (NP). **This form cannot be used until you have successfully completed three consecutive months of office visits.**

MRAs can be used up to three months consecutively between office visits but you must fill out one form for each of those three months on a monthly basis. Example: You see the doctor or NP in June, July and August. If you are not having any complications with your medications and you are satisfied with your progress, by filling out an MRA you can request your appetite suppressant and your in-house supplements for September be supplied to you without an office visit. You can repeat this process for October and November but you will need to see the doctor or NP again before you will be given any more medication after your third MRA is processed.

If you are experiencing any side effects from your medication, or the medication is not as effective as you think it should be, please do not fill out an MRA. You need to be seen by one of our doctors or NP. Medication changes are made during physician or NP visits only. Changes cannot be made to your medication from your last office visit when using an MRA.

The cost of an office visit and an MRA are the same. MRAs are designed for your convenience when circumstance arise making it hard to come in for an office visit. MRAs are not to be used as a substitute for an office visit. Patients who come into the office for regular monthly visits tend to stick with their program better and reach goals faster.

While ease, convenience and adherence are the goals of the MRA, the health and safety of our patients is always our top priority. If at any time your health and safety are compromised, you will be required to see a provider.

You can make an MRA appointment to come into the office for a weight and blood pressure check and by filling out an MRA form you can pick up your supplements and written prescription without seeing the doctor. If you mail or fax your MRA form, the staff will call your prescription in to the pharmacy you indicated on your form and mail your supplements to the address you indicated on the form. *Please be sure to completely fill out the form including the method of payment.* If you choose not to put your credit card number on your form when mailing or faxing you may call the office and talk to someone on our staff and we will add it after the form is received in our office.

IMPORTANT: Please allow at least a week for filling your MRA request. Do not wait until you are out of medication to send in your form.

Patient Signature: _____ Date: _____

Physician / NP Signature: _____