

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

ALLOW ONE WEEK FOR PROCESSING – NO EXECPTIONS

After completion this form can be mailed to: Physician's Weight Control Centers ATTN: MRA Form
2122 Austin Av. Waco, TX 76701
faxed to: 254-754-4354 ~ **or scanned and emailed to** Waco@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 (Waco patients, please call the Waco office before sending in your payment.)

1. You may mail check or money order made payable to Physician's Weight Control Centers along with your completed MRA form to the Waco office. (address above). Your MRA cost will be \$80.00
2. You may pay with a Credit Card: If you are paying by credit card please leave a contact number and we will call you to get your credit card information. DO NOT leave your credit card information on voice mail.

Phone number where we can reach you to get your credit card information (____) _____

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 \$80.00.

**Otto Puempel, D.O.
Patrick Kirlin, D.O.**

**Christopher Puempel, M.D.
Dale Allen, M.D.**