



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 (providers). **This form cannot be used until you are categorized as an established patient by a PWC provider.**

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 providers. Medication changes are made during provider visits only. Changes cannot be made to your medication from your last office visit when using an MRA form.

MRAs can be submitted monthly, for three consecutive months (90 days), in-between office visits. You must complete a new form for each month.

Example: You complete an in-office appointment with one of our providers in June. You may submit an MRA form for July, August, and September. You will be required to see a provider again in October. A new form is required for each MRA appointment. Medication is written in a 4-week supply or for 28 days.

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

Your options with a MRA form are:

IN-OFFICE MRA – An appointment in the office for a weight/blood pressure check. You will receive your supplements and a Lipo B injection. You will not meet with a provider. Your information will be reviewed by a provider and your prescription will be sent electronically to the pharmacy of your choice after your appointment.

OUT of OFFICE MRA- the form is mailed or submitted electronically to our office. – An appointment is made on your behalf and reviewed by a provider. Once the form is approved your prescription will be sent electronically to the pharmacy of your choice. If you chose to include supplements those will be mailed to you with an additional fee for shipping. (*Note: Lipo B injections are not included with out of office appointments.)

Please be sure to completely fill out the form as incomplete forms will not be processed. If you choose not to include your credit card number on your form, please contact our office directly for alternative payment options.

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.

IMPORTANT: Please allow at least a week for filling your MRA request. Do not wait until you are out of medication to submit your form. MRA forms are processed in the order they are received.

Patient signature: _____ Date: _____

Date of Birth: _____