

Physician's Weight Control and Wellness Centers
MEDICATION REFILL AUTHORIZATION

ALLOW ONE WEEK FOR PROCESSING - NO EXCEPTIONS

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

Email to: Waco@DrWeightControl.com (do NOT email this form to info@drweightcontrol.com)

NOTICE: Because email is not secure, please be aware of associated risks of email transmission. Because you have chosen to communicate patient identifiable information by email, you are consenting to associated email risks. We cannot guarantee that information transmitted will remain confidential.

Please Print

TODAY'S DATE: DATE OF LAST VISIT:

Name: Date of Birth

Mailing Address Home Phone

Work/Mobile

Current Weight: Weight Last Visit:

LIST ANY AND ALL CHANGES TO YOUR MEDICAL HISTORY DURING THE PAST MONTH (new medications, illnesses, etc.)

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 - Your prescription will be called in to your pharmacy (allow one week for processing).

Name of Pharmacy

Pharmacy Phone #

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

PAYMENT OPTIONS

- 1. Please charge the \$80.00 MRA fee to my Credit Card on file. Yes No
2. 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.
3. You may pay with a Credit Card: If you do not have an MRA Credit Card Form on file but would like to pay by credit card please leave a contact number and we will call you to get your credit card information.

Phone number where we can reach you to get your credit card information

Do you want a receipt mailed to you? Yes No

SIGNATURE

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