



Arlington Office
HORMONE REFILL AUTHORIZATION

ALLOW ONE WEEK FOR PROCESSING

Please Print

TODAY'S DATE: DATE OF LAST VISIT:
Name: Date of Birth
Mailing Address
Home Phone () Work/Mobile ()
Current Weight: Weight Last Visit:

Any change in medication since you were last in the office Yes No
If yes, list all changes

Have you had any adverse effects with your bioidentical hormone therapy? Yes No
Headaches Irritability Mood swings Increased acne Difficulty sleeping
Itching at application site Breast tenderness Facial hair growth
Other

Have you noticed any improvement in the way you feel using bio-identical hormone therapy?
Yes No
If yes, Briefly describe improvements

Any other information or feelings you would like to list at this time? Yes No
If yes, briefly describe:

COMPOUNDING PHARMACY INFORMATION - PLEASE NOTE: Your prescription will be sent electronically to your pharmacy. (If you need changes to your hormones you may not use this form and will have to schedule with a Provider. Please plan ahead so you do not run out of medication.)

Name of Pharmacy
Address: PharmacyPhone()

PAYMENT OPTIONS: (your cost will be \$120.00 for a 4-week supply of medication)

Payment by Credit Card: (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

You may also mail a Money Order made payable to Physician's Weight Control Center along with your completed Hormone MRA form to our office (Checks and Debit Cards will not be accepted.)

Do you want a receipt uploaded to your patient portal? Yes No

SIGNATURE

By signing, you are giving permission to Physician's Weight Control to charge your credit card the amount of \$120.00, you acknowledge that you have read and understand the MRA Guidelines, and you agree to electronic transmission of prescriptions.

After completion, this form can be mailed to:

PWCWC - ATTN: MRA Form: 716 Lincoln Sq. Arlington, TX 76011

Faxed to: 817-277-9309

Emailed to: Arlington@drweightcontrol.com