

Waco Office

Physician's Weight Control and Wellness
MEDICATION REFILL AUTHORIZATION

ALLOW ONE WEEK FOR PROCESSING - NO EXCEPTIONS

After completion this form can be mailed to: Physician's Weight Control and Wellness 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)

Please Print

TODAY'S DATE: DATE OF LAST VISIT:

Name: Date of Birth

Mailing Address Phone ()

Current Weight:

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 # ()

Pharmacy Address City

Store #

Would you like our in-house supplements mailed to your home address? Yes No

PAYMENT OPTIONS

- 1. You may mail money order made payable to Physician's Weight Control 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

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.