

# MEDICATION REFILL AUTHORIZATION

## PHYSICIAN'S WEIGHT CONTROL AND WELLNESS CENTERS

ALLOW ONE  
WEEK FOR  
PROCESSING

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ALLOW ONE  
WEEK FOR  
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*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 exercise habits during the past month.

Briefly describe your eating habits during the past month.

Have your medications been effective? Please explain.

Have you had any side effects from your medications?

**PHARMACY INFORMATION - PLEASE NOTE: if you fax or mail in your MRA your prescription will be called in to your pharmacy. Your in-house supplements will be mailed to you.**

Name of Pharmacy \_\_\_\_\_ Pharmacy Phone # (\_\_\_\_) \_\_\_\_\_

Would you like our in-house supplements mailed to the above address? YES  NO

**PAYMENT OPTIONS (Payment for Arlington and Dallas patients will be \$80.00 for a 4-week supply of medication – Waco patients, please call the Waco office before sending in your payment.)**

1. You may mail money order made payable to Physician's Weight Control Centers along with your completed MRA form to the office which you are a patient (addresses below). Checks will not be accepted.
2. You may pay with a Credit Card (NO DEBIT CARD PLEASE FOR FAXED, PHONE OR MAILED REQUESTS)

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 \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

By signing, you agree that the above statements are true and accurate and that you grant the Physician's Weight Control Centers to charge your credit card the amount of \$80.00 for Arlington and Dallas patients. Waco patients will be charged the amount advised by the Waco office.

**Mail form to:** Physician's Weight Control Centers ATTN: MRA FORM  
**Arlington Office** Mailing Address: 716 Lincoln Square Arlington, TX 76011 (or fax form to 817-277-9309)  
**Dallas Office** Mailing Address: 6162 E. Mockingbird Ln #101 Dallas, TX 75214 (or fax form to 214-827-1266)  
**Waco Office** Mailing Address: 2122 Austin Av. Waco, TX 76701 (or fax form to 254-754-4354)