

requesting_____

NOTICE: if you are currently taking a controlled substance or wish to talk to the AFMA physician about getting started on medications, **please note that we do not prescribe any controlled substances.** Controlled substances include but not limited to:

Dilaudid, Dolophine, Demerol, OxyContin, Percocet, Fentanyl, Sublimaze, Duragesic, Morphine, Opium, Codeine, Hydrocodone. Also Dexedrine, Adderall, Desoxyn and Ritalin.

NAME: _____ **Date of**
Birth: _____

Insurance:_____ **Phone Number:**_____

Home address: _____

Email: _____

BRING INSURANCE CARD AND PHOTO ID WITH YOU.

WE ARE NOT CURRENTLY ACCEPTING ANY NEW MEDICARE PATIENTS.

[illegible]

Name of Abilene Family Medical Assoc. Physician you are requesting_____

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Reviewed by AFMA Staff Member:_____