

SEND COPY OF INSURANCE CARD AND PHOTO ID WITH THIS FORM TO RECEPTION@ABILENEDOCS.COM

Name of Abilene Family Medical Assoc. Physician you are 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.

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

Insurance:_____ **Phone Number:**_____

Email:_____

WE ARE NOT CURRENTLY ACCEPTING ANY NEW MEDICARE PATIENTS.

List of Medications (list over the counter meds)	Prescribed by:	Currently taking y or n

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