

# Request for Weight Loss Medications

**MMSI**  
4001 41st Street NW  
Rochester, Minnesota  
55901-8901

**MMSI Pharmacy Benefit Services**  
507-538-5767 (fax)  
507-538-5222 (fax)

The following information is needed for approval of any medication for the purpose of weight loss.  
**Information must not be older than one month.**

Patient Name		Date (Month DD, YYYY)
Patient Insurance Identification Number		Birth Date (Month DD, YYYY)
Requesting Physician Name (Print)		Fax Number
Requesting Physician's Signature		Signature Date
Medication Requested		Strength Requested
Patient Actual Height (centimeters)	Patient Actual Weight (kilograms)	BMI
Does patient have (check all that apply)		
<input type="checkbox"/> High Blood Pressure _____ / _____ Current Medications _____		
<input type="checkbox"/> Abnormal Serum Lipids TC _____ LDL _____ HDL _____ TG _____ Current Medications _____		
<input type="checkbox"/> Diabetes HbA1C _____ FBS _____ Current Medications _____ _____		
<input type="checkbox"/> Other (DJD, Obstructive Sleep Apnea, etc.) _____ _____ _____		

For approval the patient must have at least one of the complicating conditions and a BMI of >27.