Dr. Robert Ben Mitchell, DO, LLC - General Practice Limited To The Treatment Of Opioid Addiction By Telemedicine
TRAFN.COM 786-262-5750

ONE-TIME, IN-PERSON EVALUATION

You must meet in-person with Dr. Mitchell **just one time** during your treatment.
This in-person evaluation is **free** as long as you don't miss it.
If you miss it, there is a **$30** fee to reschedule.

Your appointment is on: SUNDAY _____ / _____ / _____ at 11:30 AM.

Your appointment is at: Cutting Edge Postal
2630 W Broward Blvd, Suite 203
Fort Lauderdale, FL 33312
954-368-3445

FORM: **PRINT** and fill out the **ONE-TIME, IN-PERSON EVALUATION** form which is on **PAGE 2** of this file. **PLEASE WRITE NEATLY.**

ATTIRE: This is a place of business, so please dress appropriately.

ID: You **MUST** bring either a driver's license, State ID, or passport with you that has your **BIRTHDATE AND PICTURE** on it.

CHECK IN: Before you enter the building, call me when you arrive: 786-262-5750.

BATHROOMS: There will **NOT** be a bathroom in the building where I see you. However, there are public bathrooms in the **WALMART** next door.

CHECKLIST OF THINGS TO BRING:

____ **PRINTED FORM NEATLY FILLED OUT** (page 2)

____ **INSTRUCTIONS** (above) **AND MAPS** (page 3)

____ **ID**

[CREATED: NOVEMBER 29, 2025]

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WRITE NEATLY

ONE-TIME, IN-PERSON EVALUATION FORM

Name: _____ Date: _____/_____/2025 DO YOU HAVE: a primary care doctor? Y / N insurance? Y / N

Date of your appointment: _____/_____/2025 Phone: _____-_____-_____ Birth Date: _____/_____/_____ Age: _____

Address: _____ Apt: _____ City: _____ **State: FLORIDA** Zip:_____

ID #: _____ ID type (check one): ☐ Drivers Licence ☐ State ID ☐ Passport _____

Y N **FEMALES ONLY: ARE YOU NURSING OR POSSIBLY PREGNANT?**

Y N **ANY SURGERY SCHEDULED IN THE NEXT 4 (FOUR) WEEKS?**

Current medical problems?
(name of the problem only)
1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Prior surgeries with anesthesia?
(name and year of the surgery only)
1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Medication allergies?
(name of the medication only)
1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Current prescription medications:
(name of the medication only)
1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

- DO NOT WRITE BELOW THIS LINE -

EXAMINATION

gen: — well / mildly ill / ill — no apparent distress — well nourished — aa&ox3 — cooperative and responsive

px: heart: — RRR lung: — CTAB ears: — hears finger rub b/l eyes: — follows finger b/l

vitals: blood pressure: _____ / _____ pulse: _____ temperature: _____

NOTES: _____

_____

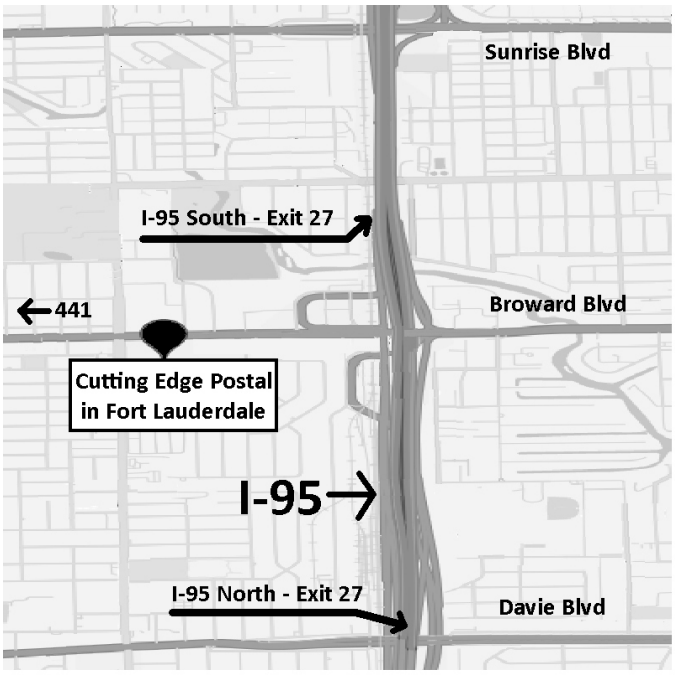
_____

_____

_____

Dr. RB Mitchell, DO, LLC: _____ Date: ____/____/2025 Time: _____:_____ _____

[CREATED: NOVEMBER 29, 2025]



Map of the Riverbend Marketplace on Broward Blvd just west of I-95

I-95 South	Take exit 27 Go West on Broward Blvd Enter the Riverland Marketplace
I-95 North	Take exit 27 Go West on Broward Blvd Enter the Riverland Marketplace

Cutting Edge Postal is in a one-story building that is closer to Wawa than Walmart. The entrance is on the south side of the building. I-HOP is on the northwest corner of the building.

Address:	2630 W Broward Blvd, Suite 203 Fort Lauderdale, FL 33312
Phone:	954-368-3445

METRO BY T-MOBILE

CUTTING EDGE POSTAL
on the south side of the building

AMSCOT

[CREATED: NOVEMBER 29, 2025]