



Toll-Free Phone: 1.888.888.9950
Toll-Free Fax: 1.888.862.1600

Send completed FORM with your PRESCRIPTION and PAYMENT by toll free fax 1.888.862.1600
or mail to 10 Grace Avenue Great Neck NY 11021 US

Patient's Information (Shipping Address)

Full Name:

Date of Birth: Gender: Female / Male Weight: Height:

Street Address:

City: State: Zip Code:

Phone: Alternate Phone:

Email Address:

Medications You Are Ordering

Ordering from Discount Drugs From Canada is easy and affordable! We make every effort possible to provide you with the lowest priced options for filling your prescriptions.

Table with 4 columns: Medication & Strength, QTY, Generic Allowed (Y/N), Price. Includes rows for S&H (\$12.00) and Total.

Credit Card Information And Authorization

TO PAY BY CASHIERS CHECK or MONEY ORDER, mail payment and order to the appropriate address (see page 3). Please make payment to North Drugmart. If you have any questions regarding payments, call toll-free 1.888.888.9950

Method Of Payment: MasterCard Visa Money Order/Cashier's Check

Card Number: Expiry Date: CVV: (last 3 numbers on back of card)

Cardholder's Signature: Date Signed:

Physician Information

Doctor's Name:

Doctor's Telephone:

## Customer Health Information

Drug Allergies:

Medical History:

## Current Medications

Please list below all prescription, otc, and alternative medications or supplements you are currently taking.

Medication & Strength	Instructions (eg. 1/day)	Time Used (eg. 5 years)	Medical Condition (eg. cholesterol)

Would you like a pharmacist to call you to provide counselling? Yes No

## Discount Drugs From Canada Consent and Waiver of Liability

1. I believe the medical history information provided to be true to the best of my knowledge. I, also, understand and acknowledge, Discount Drugs From Canada, with my best interests in mind, may use and disclose the minimum information necessary for treatment, payment, or health care operations. This includes - planning my care and treatment, communication with other health officials who contribute to my care, billing operations, and assessing health care quality and reviewing the competence of health care professionals.
2. When filling my medications through Discount Drugs From Canada's Canadian and International pharmacies, I authorize Discount Drugs From Canada to take all steps, sign all documents and to act on my behalf as if I were personally present and acting myself for the limited purposes of (a) obtaining a Canadian and/or International prescription for any prescription which I have sent Discount Drugs From Canada; and/or (b) packaging my prescriptions and delivering them to me.
3. I am not seeking medical advice or treatment of any kind whatsoever in coming to Discount Drugs From Canada and its physicians, employees, officers, agents and all others acting through or for it.
4. Neither Discount Drugs From Canada, nor any of its physicians, employees, officers agents and all others acting through or for it, or anyone that is acting on its behalf, is providing medical advice, professional advice, treatment advice or treatment of any kind whatsoever to me.
5. I am coming to Discount Drugs From Canada for the SOLE PURPOSE OF OBTAINING A PRESCRIPTION MEDICATION. I understand that no one on behalf of Discount Drugs From Canada will take any steps whatsoever to determine whether the prescription is appropriate. Title to my medications passes from Discount Drugs From Canada to me when my medications leave Discount Drugs From Canada's affiliated pharmacies.
6. I hereby acknowledge that this prescription was originally prescribed by an American doctor and that I will continue to have my medical condition and medications monitored by my doctor.
7. I have given the authority to Discount Drugs From Canada to act as my agent and/or representative to facilitate the purchase of prescription medicine from licensed pharmacies, filled by licensed pharmacists.

8. In consideration of approving this prescription and in consideration of Discount Drugs From Canada fulfilling this prescription, I agree not to sue Discount Drugs From Canada, its employees, officers, agents and all others acting through or for it, and release Discount Drugs From Canada, its employees, officers, agents and all others acting through or for it, from all legal liability for any problems associated with the prescription.

9. I hereby agree that the relationship between and the resolution of any and all disputes arising between me and Discount Drugs From Canada, its employees, officers, agents and all others acting through or for it, shall be governed by and construed in accordance with the laws of the Province of Manitoba, Canada. I hereby acknowledge that the Courts of the Province of Manitoba shall have jurisdiction to entertain any complaints, demands, claims or cause of action, whether based on alleged breach of contract or alleged negligence arising out of the signing of this prescription, and I hereby agree that I submit irrevocably to the exclusive jurisdiction of the Courts of the Province of Manitoba.

This agreement shall apply to every sale by Discount Drugs From Canada to me and may not be altered unless in writing and signed by both Discount Drugs From Canada and me. I HAVE READ AND UNDERSTAND THESE TERMS AND AGREE THAT THEY SHALL BE BINDING UPON ME AND MY ASSIGNS, HEIRS AND PERSONAL REPRESENTATIVES. Order cancellation charge of \$20.00 will apply to any order, once that order has been processed and before it has shipped. Medical history information on this form is effective on the date signed and shall expire in one year or when the information becomes inaccurate. I understand that I am ordering from an international pharmacy and that once the pharmacy ships my medications, ALL SALES ARE FINAL. We are unable to take returns. I understand that prices are SUBJECT TO CHANGE without prior notice. When placing an order, please call to receive current pricing.

**Customer Signature:** X \_\_\_\_\_ **Print Name Clearly:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Your Prescription Order

**Attach Prescription(s) Here** (print extra pages if required)

(Please ensure that we can see your entire prescription(s).)

### **Placing Your Order By Fax, Telephone**

Ready to place your order? Simply FAX your form along with any prescriptions to our toll-free fax: **1.888.862.1600**. Please contact us toll-free at **1.888.888.9950** about 30 minutes after faxing to confirm that we have received your order.

If you have any questions, feel free to contact us toll-free at **1.888.888.9950**.

### **Placing Your Order By Mail**

If you do not have access to a fax machine or are paying by cashier's check or money order, you have the option of mailing in your valid US physician's prescriptions.

**Discount Drugs From Canada**  
**10 Grace Avenue**  
**Great Neck NY 11021**  
**US**

**NOTE:** Please mail us your prescription after you have faxed or emailed it to us. We will process your first order immediately with the faxed prescription, however, we will require the original prescription(s) to send you refills. A fax from your doctor's office is considered an original prescription.