

## Patient Order Form

<b>PHONE:</b> 1-866-266-9955	<b>FAX:</b> 1-855-716-9505 Direct Dial: (204) 224-2736	<b>INTERNET:</b> www.Pharmacy-Online.com Email: info@pharmacy-online.com
<b>MAILING ADDRESS: 170-1500 14th Street Sw, Calgary, Alberta, Canada, T3C 1C9</b>		

### Personal Information

First Name		Last Name	
Street Address		City	
State/Province	Country	Zip/Postal Code	
Phone Home		Phone (Other)	
Fax Number		Email Address	

Best time to be contacted \_\_\_\_\_

Height: (Feet) \_\_\_\_\_ (Inches) \_\_\_\_\_ Weight: (Pounds) \_\_\_\_\_

Birthdate (MM/DD/YY) \_\_\_\_\_ Sex  Male  Female

### Secondary Contact Information

Full Name \_\_\_\_\_

Relationship To You \_\_\_\_\_ Phone Number \_\_\_\_\_

### Referral Program

Full Name of Referrer \_\_\_\_\_ Phone Number \_\_\_\_\_

Please fill out this section if you are a first time patient or to update existing information.

### Your Physician Information

Primary Physician's Name		Clinic Name	
Street Address		City	
State/Province	Country	Zip/Postal Code	
Phone Number		Ext. Number	
Fax Number		Email Address	

**Allergies**  Yes  No

If yes, please enter the drugs you are allergic to \_\_\_\_\_

### Medical History

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last Consultation Day (MM/DD/YY) Reason for Consultation \_\_\_\_\_

### Medication(s) Being Taken But Not Ordered

DRUG NAME	STRENGTH	DIRECTIONS	RX/OTC.

### Payment Options (Please Select One)

(Some of our dispensing pharmacies are not able to accept all payment methods listed. Once the pharmacy has received your prescription, medical information and screening has been completed we will confirm your preferred method of payment.)

#### 1 DIRECT DEBIT FROM YOUR BANK ACCOUNT

Transit Routing #: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

If you need assistance with this banking information please call us at 1-866-266-9955

#### 2 PERSONAL CHECK

Mail: **Pharmacy Online**  
170-1500 14th Street Sw, Calgary, AB, T3C 1C9, Canada


#### 3 CREDIT CARD Visa Mastercard American Express

(We do not accept Discover)

Cardholder's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiry (MM/YY) \_\_\_\_\_ CVV Code 

### Patient Authorization (Please Check One)

Pharmacy Online is your global medication pricing and information directory. Headquartered in Calgary, Alberta, Canada, Pharmacy Online is not engaged in conducting sales, but rather engages in the business of facilitating sales transactions on behalf of authorized pharmacies both within Canada and internationally. The following terms and conditions govern the sales as between the Pharmacy Online authorized dispensary (the "Pharmacy") and the individual (the "Patient") regarding the products and services (the "Products") offered for sale by the Pharmacy. The Patient herein represents to the Pharmacy that,

- "I am over the age of majority, and:
- I have fully and accurately disclosed my personal information and personal health information and consent to its use by the Pharmacy. I have had a physical examination by a physician within the last 12 months, and do not require a physical examination.
  - I understand that all Products shall be sold & dispensed by a Pharmacy operating within a unique international jurisdiction and in a manner consistent with the laws of that jurisdiction.
  - I authorize and appoint the Pharmacy, as my attorney and agent, 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 valid prescription for any prescription which I have sent the Pharmacy; and (b) packaging my prescriptions and delivering them to me. This authorization shall include, but not be limited to: collecting and using my personal and personal health information as reasonably necessary for the fulfillment of my order, including disclosure to a licensed physician if required for the issuance of a valid prescription in the jurisdiction of the Pharmacy. This authorization may be revoked at any time and shall continue until I revoke it.

4. I understand that the Pharmacy is legally incorporated and authorized by law to carry on business in the jurisdiction of the Pharmacy, and that I am purchasing medications that have been approved for sale in the jurisdiction of the Pharmacy. Title to my medications passes from the Pharmacy to me in the jurisdiction of the Pharmacy when my medications leave the Pharmacy. All agreements reached or contracts formed with the Pharmacy shall be deemed to be made in the jurisdiction of the Pharmacy, the laws of the jurisdiction of the Pharmacy shall govern all transactions, and I attorn to the courts of the jurisdiction of the Pharmacy, which shall have sole and exclusive jurisdiction over any dispute arising between me and the Pharmacy, its affiliates, officers and directors.

**I HAVE READ AND UNDERSTAND THESE TERMS AND AGREE THAT THEY SHALL BE BINDING UPON ME AND MY ASSIGNS, HEIRS AND PERSONAL REPRESENTATIVES."**

### OR

- "I am the parent/legal guardian/power of attorney for the Patient disclosed herein, am over the age of majority, and have full authority to sign for and provide the above representations to the Pharmacy on the Patient's behalf."



\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Patient's Signature Date (MM/DD/YY)

## Prescription Submission

<b>PHONE:</b> 1-866-266-9955	<b>FAX:</b> 1-855-716-9505 Direct Dial: (204) 224-2736	<b>INTERNET:</b> <a href="http://www.Pharmacy-Online.com">www.Pharmacy-Online.com</a> Email: info@pharmacy-online.com
<b>MAILING ADDRESS: 170-1500 14th Street Sw, Calgary, Alberta, Canada, T3C 1C9</b>		

\_\_\_\_\_ Patient ID:

\_\_\_\_\_ Full Name

\_\_\_\_\_ Order ID:


\_\_\_\_\_ Phone Number

Please use this form to submit your prescription(s), and send it back to us to complete your order.

### Medication Begin Ordered

DRUG NAME	STRENGTH	GENERIC OK?	RX NUMBER	QTY	PRICE
<small>*FREE for the US (incl. Puerto Rico), Canada, and UK. ALL OTHER COUNTRIES \$24. Call for additional shipping options</small>					<b>SHIPPING:</b>
					<b>TOTAL:</b>

**Option 1:** Upload, Email or Fax your Prescription (Immediate Receipt Of The Prescription)

UPLOAD URL: <a href="https://www.pharmacy-online.com/documents/upload">HTTPS://WWW.PHARMACY-ONLINE.COM/DOCUMENTS/UPLOAD</a> E-MAIL: <a href="mailto:info@pharmacy-online.com">INFO@PHARMACY-ONLINE.COM</a> FAX: 1-855-716-9505 TEXT MESSAGE: +1 (204) 500-1437	<b>OR</b>	
Please mail this form and your prescription to: <b>Pharmacy Online</b> 170-1500 14th Street Sw, Calgary, Alberta, Canada, T3C 1C9		

\*Please Note: Even after you have uploaded, emailed or faxed your prescription, we will still require the original copy of your prescription to be mailed to Canada Drugs.

**Option 2:** Contact Your Doctor\* (Can Take 1-7 Business Days To Get The Prescription)

_____	_____	_____	_____	_____
Physician's Name	Clinic Name,	Street Address	City	State/Province
_____	_____	_____	_____	_____
Country	Zip/Postal Code	Phone Number	Ext.	Fax Number

\*Contacting your doctor is only available to residents of the United States and Canada