



New Patient Order Form

PHONE: 1-800-399-DRUG (3784) (226-3784) Direct Dial: (204) 949-1394
FAX: 1-888-230-3889 Direct Dial: (204) 949-1394
ONLINE: www.CanadaOnlineHealth.com Email: info@CanadaOnlineHealth.com

MAILING ADDRESS: Suite# 357, 23 – 845 Dakota Street, Winnipeg, Manitoba, Canada R2M 5M3

Personal Information

Your Full Name (please print clearly) Male Female

Street Address

City State/Province Country Zip/Postal Code

Phone (Home) Phone (Other)

Email Birthdate (MM/DD/YY)

Best time to be contacted

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

Smoking Currently pregnant or attempting to get pregnant

Allergies

Do you have any known drug allergies? If yes, what are they: Yes No

Medications

For medication(s) that you wish to order, please enter the quantity, and listed price, as obtained through our website or customer service center. An original prescription from your doctor's office is required (mailed, emailed or called in from your doctor).

Would you like to receive a call to remind you of future refills? Please check if you are placing this order for a Yes No

Cat Dog Other (Please Specify) _____

Pet name: _____

Medication, OTC, Herbal Products You Are Currently Taking

(only list medications you are not ordering)

MEDICATION	DOSAGE	FREQUENCY

Secondary Contact

Full Name of Secondary Contact

Relationship To You Phone Number

Referral Rewards Program – Save 25% on your first order!

Tell us who referred you and you will receive a special saving.

Full Name of person who referred you:

Phone Number :

Referrer must be an existing patient with a previous order to qualify.

Please send me a Referral Rewards Program package ____

Visit www.CanadaOnlineHealth.com for more information

Payment Options (Please Select One)

1 (ACH) Direct Bank Withdrawal

I will fax or email a signed, void check to one of the following:

Email: info@CanadaOnlineHealth.ca
Fax: 1-800-230-3889

2 Personal Check

I will mail a written personal check to:

Suite# 357
23 - 845 Dakota Street
Winnipeg, Manitoba,
Canada R2M 5M3

OR

3 CREDIT CARD AMEX (Sorry, NO Visa, Master Card or Discover)

Cardholder's Name

Cardholder's Address

City State/Province Country Zip/Postal Code

Credit Card Number Expiry (MM/YY) CVV Code

NOTE: Not all pharmacies are able to take Credit Cards for payment. You may call ahead to verify, or we will call you if alternate payment needs to be arranged.

MEDICATION	STRENGTH	QTY	PRICE
FREE regular shipping (US only). Pls call 1-800-399-3784 for tracked, expedited, and international rates.			SHIPPING:
			TOTAL:

Patient Authorization (Please Check One)

CanadaOnlineHealth operates a marketing and call centre business in Winnipeg, Manitoba, Canada, specializing in the business of assisting pharmacies both within Canada and internationally pursue international prescription service pharmacy. The following terms and conditions govern the sales as between CanadaOnlineHealth and the individual (the "Patient") regarding the products and services (the "Products") offered for sale. The Patient herein represents to CanadaOnlineHealth 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 CanadaOnlineHealth 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)

REF NUM (Office Use Only)

Prescription Submission

Use this form to submit your prescription(s).
Send it back to us to complete your order.

_____	Patient ID:	
Full Name		<input type="text"/>
_____	Order ID:	
Phone Number		<input type="text"/>

Your Physician

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

Option 1: Email or Fax a copy of your prescription(s) and then mail originals.

<p>Scan or use your camera (smartphone) to take a clear picture of your original prescriptions, then email them in full quality to:</p> <p>To: prescriptions@CanadaOnlineHealth.com Subject: Prescription(s) for (type your name)</p> <p>OR Send by Fax: 1-888-230-3889</p>	<p>Sending the scan will allow your order to continue processing. Please mail your original prescription to:</p> <p>Canada Online Health Suite# 357 23 - 845 Dakota Street Winnipeg, Manitoba Canada R2M 5M3</p>
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Option 2: Contact Your Doctor*

Please list the medications you would like us to call your doctor about.			

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