

Personal Information

Male Female

Your Full Name (please print clearly) _____

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: _____

	STRENGTH	QTY	RE
REE for the US (incl. Costa Rica), Canada, and UK. All other countries \$24.00. Expedited :1-800-399-3784			SHIPPIN :
			TOTA :

Medication, OTC, Herbal Products You Are Currently Taking
(only list medications you are not ordering)

MEDICATION	DOSA E	FRE UENCY

Secondary Contact

Full Name of Secondary Contact _____

Relationship To You Phone Number _____

Referral Rewards Program Save 2 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.ca for more information

Payment Options (Please Select One)

(1) (ACH) Direct Bank Withdrawal (2) PERSONAL CHECK

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

mail: ana a nline ealth
info@canadonlinehealth.ca fax: threet al ar
ana a

I 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.

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 revoked.

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 A REE THAT THEY SHAL BE BINDIN UPON ME AND MY ASSINS, 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</p> <p>Suite# 357 23 - 845 Dakota Street Winnipeg, Manitoba 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