

Health Profile and Customer Agreement

Contact Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Patient Information: Male Female Weight (Lbs): _____ Date of birth (MM/DD/YY): _____

Physical Exam: Have you had a physical examination in the last 12 months: Yes No

Medications used in the last 12 months:

Please enter your medication name, strength & dosage (Example: Coumadin, 1 MG, 1 a day).

1) _____ 2) _____

3) _____ 4) _____

5) _____ 6) _____

7) _____ 8) _____

9) _____ 10) _____

11) _____ 12) _____

Patient Medical History: Please check all that are applicable: Blood Disorders Cancer Immune Disorders

Poor Immune Healing Neurological disorders Lupus Edema or excessive fluid retention Thyroid, diabetes

or other endocrine disorder Smoker Rheumatoid arthritis Any known nutrition deficiency Hyperlipidemia

(High Cholesterol) Upper respiratory disorder Lung disorder (i.e. asthma, emphysema) High Blood Pressure

Renal or Kidney disease Glaucoma Heart Disease (Including atherosclerosis, angina, heart failure or history

of) Liver disease Drug allergies Orthopedic or muscle disorder (Including fracture, joint disorder or carpal

tunnel syndrome) Emotional disorders Chemical dependency Connective tissue disorders Regular Exercise

Surgery Other illness not noted: _____

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Known Drug Allergies: _____

Would you like to receive a generic alternative if it is available at a lower cost? Yes No

I understand that all prices quoted and charged will be in U.S. Dollars: Yes

Choose One: Send my medicine in: Non child proof container Regular pharmacy vial with a child proof lid
 Original Manufacturer's Container which may contain a preservative and which may not be child proof.

Is this a new medication? Yes No Would you like to speak to a pharmacist? Yes No

If yes, how would you like to be contacted? Telephone Fax Email

Customer Agreement

The undersigned, (Hereinafter the "Client") confirms that:

1. The Client is of the age of majority in the jurisdiction in which the Client ordinarily resides ("Place of Residence"). 2. The Client is not restricted from making his or her own medical decisions under the laws of the Place of Residence of the Client. 3. The Client confirms to The Providers that the pharmaceutical(s) ordered by the Client ("the Ordered Product") were prescribed by a duly qualified medical practitioner in the Place of Residence of the Client. 4. The Client has not violated any laws in the place of Residence of the Client in obtaining the prescription for the Ordered Product. 5. The Client confirms that the Ordered Product will not be used in any way whatsoever, except as prescribed by the duly qualified medical practitioner who issued the Prescription to the Client ("The Client's Doctor"). 6. The Client confirms that no person other than the Client will use the Ordered Product. 7. The Client releases and discharges The Providers, and all of their officers and directors, agents, and employees from any and all liability, claims or causes of action with respect of the use or application of the Ordered Product by the Client, including, but not limited to undesired side effects. 8. The Client confirms the release in the preceding paragraph also benefits and protects any Canadian Physician retained by the Providers to lawfully issue the prescription in Canada as directed by the Client's Doctor. 9. The Client agrees that no child protective packaging will be used by the Providers and the Client releases and discharges the Providers and all of their officers and directors, agents and employees from any and all causes of action and with respect errors or omissions by the company or agency responsible for transporting the Ordered Product to the Client. 10. The Client grants Limited Power of Attorney to the Providers, for the limited purpose of signing any documents as required by the laws of the Province of British Columbia (Canada), which are necessary to permit the delivery of the ordered Product to the Client, in the same manner as the Client could, if the Client had personally attended at the Providers place of business in British Columbia, Canada. 11. The Client attorns to the jurisdiction of British Columbia and agrees that any dispute that arises between the Client and the Providers shall be governed by the laws of the Province of British Columbia and the Federal Government of Canada, as applicable. 12. The Client further agrees that if any dispute shall arise between the Parties pursuant to this Agreement as to the rights or liabilities of the parties to this Agreement, then every such dispute shall be referred to a single arbitrator if the parties can agree upon one. Otherwise, upon motion of either party to any Judge of the Court of Queen's Bench for British Columbia, such judge shall be entitled to name a single arbitrator, whose appointment shall be final and binding upon the parties. In all respects, subject to the terms of this agreement. The Arbitration Act of British Columbia and amendments thereto shall govern such proceedings and the arbitrator shall be entitled to fix and apportion liability for the costs of the arbitration. The award or determination which shall be made by the said arbitrator shall be absolutely final and binding upon the parties. 13. The Client acknowledges that the Ordered Product may not be returned for a refund or an exchange.

BY SIGNING THIS DOCUMENT THE CLIENT CONFIRMS THAT HE/SHE HAS READ AND UNDERSTOOD THESE TERMS AND THAT THEY ARE TRUE AND CORRECT AND THE CLIENT AGREES THAT THE TERMS HEREIN ARE BINDING ON THE CLIENT AND THE HEIRS ASSIGNS, SUCCESSOR AND PERSONAL REPRESENTATIVES OF THE CLIENT.

Signature: _____ Date: _____