



Toll Free Customer Service Line: 1-888-572-0832 Fax: 1-866-290-2272
 Customer Service Email: info@CanadianPrescriptionDrugstore.com

Canadian Medication Order and Re-Order Form

Patient Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

New Order: YES NO Re-Fill My Last Order: YES NO Add A New Prescription: YES NO

Previous Order Number: _____ Referral Name: _____

Referral Method: Internet Search: Google Yahoo Other: _____

Automatically refill my order 21 days before my supply runs out: Yes: No:

Payment Method: Visa MasterCard AMEX Discover Check Money Order

Credit Card# _____ Expire Date: _____

Name (as it appears on Card): _____ Total Amount: _____

Addr & Tel (if diff than Patient): _____

Signature: _____ Date: _____

Requested Medication	Dosage	Quantity	Price	Total
Notes: _____			Subtotal:	
_____			Discount:	
<u>Note: Free Shipping for 1st order over \$250.</u>			Subtotal:	
(Standard delivery within approx. 12 to 15 business days)			Shipping Reg: \$14.95	
(Guaranteed delivery within 10 business days)			Expedited Service: \$39.95	
One Time Charge for Lifetime Free Shipping (Reg.): \$49.95				
			Total (US Dollars):	