



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

Medication Order Form

Patient Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Alternate Phone: _____

Email: _____

Male Female Pregnant: NO YES Breast Feeding: NO YES

Drug Allergies: NO YES - _____

Current medical conditions: _____

Current medications: _____

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

Referral Method: Friend Advertising Google Yahoo Bing Other Search _____

Automatically refill my order 30 days before my supply runs out: Yes: No:

Payment: Check Visa MasterCard Credit Card# _____

Expiry Date: _____ 3 Digit code: _____ Name (if diff than Patient): _____

Signature: _____ Date: _____

By signing, the customer agrees to the terms outlined in the Policies section of our website: www.CanadianPrescriptionDrugstore.com

Prescribed Medication	Dosage	Quantity	Price	Total
Notes: _____			Subtotal:	
_____			Discount:	
<u>Note: Free Shipping for new customers.</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):	