

CanadaDrugStop.com

PO Box 97176, Richmond Main Post Office

Richmond, BC, Canada V6Y 4H4

Toll Free Phone: 1-877-210-3784 • Toll Free Fax: 1-877-210-3777 •

www.CanadaDrugStop.com

New Prescription & Refill Order Form

| Patient Information | | | WB-CDS | |
|--|----------|--|----------------------|----------------|
| First Name: | | Last Name: | | |
| Telephone Number: () | | Secondary Telephone: () | | |
| Shipping Address: (Street & Apt. #) – if different from above | | | | |
| City: | | State: | | ZIP: |
| Have there been any changes to your health <u>OR</u> medications being taken (i.e. changes in strengths or quantities) since placing your last order? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| If YES to the above, please describe in detail any changes below: | | | | |
| Medications Being Refilled | | | | |
| Drug Name | Strength | Quantity | Generics (Y or N) | Price (USD) |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| Shipping and handling fees are \$10.00 per package, not per prescription. | | | Shipping | |
| | | | Total | |
| Has your billing information changed since your last order? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| If YES to the above, please complete the following: | | | | |
| *How would you like to pay for your medications? (Check one only) | | | | |
| <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Money Order | | | | |
| ** Please make all money orders and bank drafts payable to: GLOBAL HEALTH SUPPLIES ** | | | | |
| *Name on Credit Card: | | *Credit Card Number: | | |
| *Credit Card Verification Number: (The verification number is a 3-digit number printed on the back of your card. It appears after and to the right of your card number on the signature field.) | | *Card Expiry Date: ____ / ____ (mm/yy) | | |
| Fax to 1-877-210-3777 for Processing | | | | |