



202B, 8322-130th Street
Surrey, British Columbia
Canada. V3W 8J9

Tel: 1-866-604-0663
Fax: 1-866-988-5764
www.MedicinasOnlineCanada.com

STEP 1: Please complete this form, all fields with * must be filled out to be valid.
Read and sign the Authorizations and Release Form.
All information provided will be kept confidential.

STEP 2: Get your prescriptions from your doctor(s).

STEP 3: Please return the form to us by fax or mail along with your original prescription which should be mailed to us at:

MedicinasOnlineCanada.com
202B, 8322-130th Street
Surrey, British Columbia
V3W 8J9, Canada

Please note, a \$0.63 postage stamp is required for letters mailed to Canada.

Please be advised to contact MedicinasOnlineCanada.com 2-3 weeks prior to requirement of refill prescriptions.

***MEDICATIONS BEING ORDERED**

☺ Please note that all prices and quantities will be confirmed with you before processing your order.

BRAND	GENERIC	MEDICATION NAME	DOSAGE	QUANTITY
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

***HOW DID YOU FIND MedicinasOnlineCanada.com?**

- Internet (link, search engine, etc.) Print Ad Doctor
- Referred by: _____ Other

***HAVE YOU PREVIOUSLY FILLED OUT THIS FORM?**

(Please check one appropriate field)

Yes No

If yes please describe any changes to your health, medications, or exercise routine since the last time you gave information:

***PATIENT INFORMATION FORM:**

* Fields must be filled to be valid

*Last Name:	*First Name:
*Telephone: ()	*Alternate No: ()
*E-Mail Address:	*Mailing Address: Apt #/Street:
*City:	*State/Zip Code:
*Date of Birth (mm/dd/yy): / Age:	**Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
*Height: ft. inches	*Weight: lbs.

***WHAT MEDICAL CONDITION(S) ARE YOU BEING TREATED FOR?**

- Acid Reflux Cancer Heart Disease Menopause
 - Alzheimer's Disease Cholesterol HIV/AIDS Osteoporosis
 - Anemia Depression/Anxiety Kidney Disease Tobacco Use
 - Asthma Diabetes Schizophrenia Thyroid Disorder
 - Blood Disease Epilepsy Liver Disease Ulcers
 - Blood Pressure Fluid Retention Migraines
-

OTHER/COMMENTS:

***DO YOU SMOKE?**

Yes No

***DO YOU DRINK ALCOHOL?**

Yes No

***ARE YOU PREGNANT OR BREASTFEEDING AT THIS TIME?**

Pregnant Breastfeeding No

***PLEASE INDICATE ANY DRUGS ALLERGIES THAT YOU MAY HAVE:**

***PLEASE LIST BELOW ALL PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS THAT YOU ARE CURRENTLY USING:**

MEDICATION NAME	DOSAGE	QUANTITY
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

***PAYMENT OPTIONS**

Visa Master Card Money Order Certified Check

*** Name as printed on Card:**

X

*** Credit Card Expiry Date: (mm/yy)**

X

 /

*** Credit Card Number:**

***Credit Card Verification Number:
(last 3 digits printed on back of your card)**

Billing Address (if different from above)	Suite #:
Street Address:	Zip / Postal Code:
City:	State/Province:
*Cardholder Signature:	*Date (mm/dd/yy):

Note: All prices are in US funds and there is a \$10 shipping fee per order.

***AUTHORIZATION AND RELEASE FORM:**

*Patient Signature:	*Witness Signature:
*Patient Printed Name:	*Witness Printed Name:
*Date:	*City/Town where signed:

I agree to all of the following terms and conditions on behalf of myself, my heirs, assigns and successors. I further represent that I understand all of the following terms and conditions and that I have had adequate opportunity to consult any advisors necessary, whether medical, legal or otherwise. In the event that I am placing the order on behalf of someone else, I also represent that I have all necessary consent, permission and authorization to do so on behalf of that person and their heirs, assigns and successors.

AUTHORIZATION AND CONSENT

I hereby appoint Candrug Health Solutions Inc. and its delegates (MEDICINASONLINECANADA.COM) as my agent and attorney for the purposes of obtaining the products and services offered for sale by MEDICINASONLINECANADA.COM. My prescription is filled according to the laws of the jurisdiction in which the dispensing service provider is located. All Canadian prescriptions are subject to the laws of British Columbia are filled by Candrug: 202A, 8322-130th Street, Surrey, BC Canada V3W 8J9, British Columbia License Number #V24. MEDICINASONLINECANADA.COM is located in the country of Canada and that the physicians and pharmacists working for Candrug are located and licensed to practice medicine and pharmacy, respectively, in Canada only and any treatment, if any, that I am receiving from such physicians and pharmacists shall be deemed to be received by me in Canada. Some products are supplied by MEDICINASONLINECANADA.COM's partner Service Provider(s) in other international jurisdictions. Any treatment concerning products supplied by International Service Provider(s) shall be deemed to be received by me in the dispensing country.

The acts authorized may include directly contacting my prescribing medical practitioner, and purchasing and arranging delivery of the medications prescribed, substantially on the terms set forth below, and all to the same extent that I could if I personally took such steps. I hereby consent to and authorize MEDICINASONLINECANADA.COM and its Service Provider(s)

(physicians and nurses, pharmacists and pharmacy technicians, staff of fulfillment centers) to collect my personal medical information and to maintain on file the information necessary to verify and process future orders, including but not limited to my name, address, phone number and payment information. I understand that my personal information will be handled only by MEDICINASONLINECANADA.COM, affiliated doctor(s), and the affiliated processing employees and contractors (including physicians and nurses, pharmacists and pharmacy technicians, staff of fulfillment centers).

DISCLOSURE AND REPRESENTATIONS

I represent that all of the following statements are true and understand that MEDICINASONLINECANADA.COM, and its Service Provider(s) (physicians and nurses, pharmacists and pharmacy technicians, staff of fulfillment centers) are relying on the following representations:

1. I am of the age of majority or older according to the laws of the state in which I reside ("My Place of Residence").
2. I can make my own medical decisions according to the laws of My Place of Residence.
3. A duly qualified medical practitioner in My Place of Residence ("My Medical Practitioner") prescribed the pharmaceutical product(s) ("the Ordered Product") that I am requesting MEDICINASONLINECANADA.COM to assist me in obtaining.
4. The prescription that I am requesting MEDICINASONLINECANADA.COM to assist me in obtaining has not been altered in any way nor has it been filled prior to submission to MEDICINASONLINECANADA.COM. I agree to immediately destroy all copies of my prescription once it has been filled.
5. I will use any medication obtained for me by MEDICINASONLINECANADA.COM strictly in accordance with the instructions provided by My Medical Practitioner.
6. I place this order for medication for my sole use and I will not provide any of this medication to another person. I am not seeking or relying on any medical information from MEDICINASONLINECANADA.COM.
7. I will immediately contact My Medical Practitioner in the event I suffer any unexpected side effects from any medication(s) provided to me by MEDICINASONLINECANADA.COM's Partnered Service Provider(s). MEDICINASONLINECANADA.COM has made no representations or warranties to me, including, without limitation, representations or warranties regarding the use or fitness for any particular purpose of the medication(s) delivered (including, without limitation, its appropriateness for curing or helping

relieve any particular ailment, illness or disease, or its potential or actual side or adverse effects whether previously known or unknown).

PURCHASE AND SALE TERMS

1. If I choose to pay for my order by credit card, MEDICINASONLINECANADA.COM and the Partnered Service Provider(s) will charge my credit card the following amounts (all prices in US funds):
 - a. The medication price as posted on MEDICINASONLINECANADA.COM's website on the day MEDICINASONLINECANADA.COM receives my order,
 - b. A \$10.00 Shipping/Insurance Fee for each package MEDICINASONLINECANADA.COM ships; and
2. In the event my payment is not authorized by my credit card company, MEDICINASONLINECANADA.COM has the right to cancel my order and attempt in good faith to promptly notify me of such cancellation.
3. MEDICINASONLINECANADA.COM and its Partnered Service Provider(s) reserve the right, in its sole discretion, to refuse to process any order, in which event I will be entitled to a prompt refund of all monies paid for such order, if any.
4. Whenever possible, and unless otherwise instructed by My Medical Practitioner or by me, MEDICINASONLINECANADA.COM's Partnered Service Provider(s) will substitute lower cost generic drugs for any prescribed brand name prescription drugs.
5. MEDICINASONLINECANADA.COM and its Partnered Service Provider(s) do not fill any orders using child protection packaging.
6. MEDICINASONLINECANADA.COM is not providing its services as agent or limited power of attorney as a substitute for health care or the advice of a licensed medical practitioner.
7. MEDICINASONLINECANADA.COM will not exchange medication or return any monies paid once an order is filled, unless the medication provided to me by the Partnered Service Provider(s) does not correspond with my prescription.

8. I am solely responsible and take full possession of my order at the time of shipment (or point of origin) from MEDICINASONLINECANADA.COM and its Partnered Pharmacy(s).

RELEASE AND WAIVER

I hereby release and hold harmless MEDICINASONLINECANADA.COM, its Partnered Service Provider(s), the Canadian Doctor, their officers and directors, agents, employees and contractors (including physicians and nurses, pharmacists and pharmacy technicians, staff of fulfillment centers) from any and all suits, demands, liabilities, claims, actions, expenses, losses and damages of any kind or nature whatsoever, including, without limitation, general, direct, special, indirect and consequential damages and costs of litigation (including reasonable attorney fees) arising from:

1. My use of the medication(s) provided to me by MEDICINASONLINECANADA.COM's Partnered Service Provider(s) including, without limitation, any and all side effects whether previously known or unknown;
2. The manner or timeliness of completion by MEDICINASONLINECANADA.COM or its Partnered Service Provider(s) of any of the actions I have authorized; and
3. My breach of any terms, conditions or representations or warranties in this agreement.

GOVERNING LAW

This agreement, along with any disputes that may arise, will be governed by and construed in accordance with the laws of the Province of British Columbia, Canada.

I have read and understand all of the foregoing.