CANADA PRESCRIPTIONS *plus*

MEDICATION ORDER FORM

Have Questions? For assistance call 1-866-779-7587

DO YOU HAVE PRESCRIPTIONS THAT YOU WOULD LIKE TO ORDER?

COMPLETE AND FAX THIS FORM ALONG WITH YOUR PRESCRIPTION(S) TO: 1-877-979-7587

OR MAIL TO: CANADA PRESCRIPTIONS PLUS, Suite #551 102-17750 #10 Hwy, Surrey, BC CANADA V3S 1K4

(NOTE: IF MAILING THIS FORM, ADDITIONAL POSTAGE IS REQUIRED. CHECK WITH YOUR LOCAL POST OFFICE FOR AMOUNT.)

FOR REFILL ORDERS, THERE IS NO NEED TO RESEND A COPY OF YOUR PRESCRIPTION(S).

SHIP TO INFORMATION

Name: _____ Order date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Medication Name and Strength* (please print clearly)	**Type**** N=new order R=refill order	**Quantity*****

Note: Prior to placing your order, you can obtain a price quote by visiting our website at www.canadaprescriptionsplus.com or by calling customer service toll free at 1-866-779-7587

❑ For additional savings, please fill my prescription(s) with Generic drugs when available.

❑ To save more money please send my medication(s) in the same package as the following person(s). Shipping is $15US per shipment. (note: We can ship orders together only if you live in the same household and order your medications at the same time)

Name(s): _____

PAYMENT INFORMATION: (Please select one option)

CREDIT CARD 1

❑ Please charge the credit card that I already have on file

❑ Please use the following new credit card information.

Name of Cardholder: _____

Credit Card Number: _____

Expiry Date: _____ / _____ ❑ VISA ❑ Mastercard

Cardholder Signature: _____

or

MONEY ORDER 2

❑ I will mail you a money order for this purchase

FOR OFFICE USE ONLY

* All new orders must be accompanied by a valid prescription. Please ensure that you send along the prescription(s). Indicate "No Substitutions" or "Dispense as Written" on the prescription(s) if you only want brand name medications.

** If your order is for a refill, there is no need to resend us your prescription.

*** We are able to send you a maximum of a 3 month supply of medications at a time. If your prescription is for more than a 3 month supply, we will refill your precriptions as you require. For your safety, the quantity on your prescription(s) may have to be rounded up or down slightly in order to ship you original manufacturers sealed containers.