

Canadian Prescription Savers

Call Toll Free 1-800-Pills-81 (1-800-745-5781) – Fax Toll Free 1-800-Pills-41 (1-800-745-5741)

New Customer Order Form - Page 1 of 3

The "Order Form" is filled out once and kept on file. For refills or new prescriptions, just call toll free, email or fax toll free.

PART 1: GENERAL CUSTOMER INFORMATION

Prefix (Mr, Ms, Etc.) _____ Full Name _____

Street Address (where medication will be shipped) _____

City _____ State _____ Zip _____

Date of Birth (Month/Day/Year) _____ Age _____ Sex _____ Height _____ Weight _____

(_____) _____ (_____) _____ (_____) _____
Home Phone Work Phone Fax Number (if available)

Email Address (if available) _____

PART 2: MEDICAL HISTORY

Please indicate any known drug allergies or adverse reactions you may have now or have experienced in the past:

Please list all medications you are currently using, including the dosage and frequency:

Medication	Dosage	Frequency	Diagnosis
(Example) Lipitor	20mg	1 tab/day	High Cholesterol
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____

Dr.'s Name _____ (_____) _____
Dr.'s phone

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PART 4: MEDICATION(S) BEING ORDERED

Medication (Example) Pioglitazone	Dosage 30mg	Quantity 100
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

Would you like your medications shipped in childproof containers? Yes _____ No _____

The charge to ship and insure this entire order will be \$9.95. Shipping will not be charged on your first order!

PART 5: PAYMENT INFORMATION

Please select your method of payment: Visa _____ MasterCard _____ American Express _____ Check/Money Order _____

All check or money orders should be made payable and mailed to:

Canadian Prescription Savers
239 S.E. Marine Drive
Vancouver, British Columbia
Canada, V5X 2S4

If paying by credit card please complete the following information: If you are not comfortable sending your credit card information in the mail or via fax (we completely understand!), leave this section blank and when we call you to confirm we've received your order, we'll collect it.

Card Holder Name:

Prefix (Mr, Ms, Etc.) _____

Full Name Including Middle Initial _____

Card Holder Street Address _____

City _____

State _____

Zip _____

Credit Card Number _____

Card Expiry Date (MM/YY) _____

Credit Card CVV Number _____

(For your safety and security, Canadian Prescription Savers requires that you enter your Card Verification Value (CVV) code when paying by credit card. The CVV code is a three digit number which appears on the back of Visa and MasterCard, typically in the signature line. On American Express cards, it's a four digit number which appears on the front of the card above and to the right of the card number. Orders that do not include CVV codes will not be processed.)

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PART 6: CUSTOMER AGREEMENT

I confirm the following information and provide the following release:

1. I hereby state that I am of the age of majority in the jurisdiction where I ordinarily reside and I am fully competent to make my own health care decisions.
2. I state that I have had a physical examination by the physician whose care I am under within the last twelve months and I understand that it is my responsibility to have regular physical examinations by the U.S. licensed physician whose care I am under including all suggested testing by said physician to ensure I have no medical problems, which would constitute a contradiction to me taking the medications being prescribed for me.
3. I will only use the medication as prescribed by a duly qualified medical practitioner.
4. I will not allow anyone else to use the ordered medication.
5. I acknowledge I may not return any medication dispensed to me.
6. I am not seeking medical advice or treatment of any kind whatsoever from Canadian Prescription Savers or its affiliated pharmacy, or the Canadian licensed co-signing physician and I am dealing with Canadian Prescription Savers and its affiliated pharmacy for the sole purpose of obtaining medication at a lower price than my home country.
7. I hereby acknowledge that my personal doctor originally prescribed the prescription I wish to obtain.
8. I release and discharge Canadian Prescription Savers and its affiliated pharmacy, including all of its employees and contractors including pharmacists, pharmacy technicians, physicians, nurses, and receptionists from any and all liability whatsoever associated or connected to the use of any and all of the medications prescribed to me and including but not limited to any adverse effects I may suffer from these medications.
9. I understand the risks of taking medication and I understand that all of the possible risks and/or complications that may occur may have never been recorded before.
10. By agreeing to this waiver I agree to release liability and hold harmless the issuing pharmacy, physicians, directors, officers, employees, representatives, and independent contractors from all causes of action, suits, penalties, liens, judgments, liabilities, obligations, losses, actual or consequential damages and actual or threatened claims which may arise at any time by reason of relating to, arising directly or indirectly out of any matter whatsoever related to the prescribing or dispensing of my prescription medications.
11. I acknowledge that the physicians and pharmacists working on my behalf are located and licensed to practice medicine and/or operate a pharmacy in Canada and that all treatment that I am receiving from the said physician and pharmacists is received in Canada.
12. I agree to the jurisdiction of the province in Canada in which the pharmacy resides and where the prescription was issued, where the Pharmacy provider maintains its offices, meaning that any dispute that arises between the providing Pharmacy and me will be governed by the laws of that Province in Canada where the pharmacy is located and any applicable federal laws of Canada; and
13. If any dispute does arise between Canadian Prescription Savers or its affiliated pharmacy its pharmacy provider and me about rights or liabilities arising from the purchase of my medication that cannot be resolved on the basis of both sides acting reasonably, then such dispute shall be referred to arbitration in the province of Canada in which the pharmacy resides. This agreement represents the complete and entire agreement between Canadian Prescription Savers and its affiliated pharmacy and me.
14. On orders where refills are prescribed, I agree to contact Canadian Prescription Savers 21 days in advance of refill due date to ensure an uninterrupted supply of medication and I understand no refills will be shipped without contacting Canadian Prescription Savers.
15. I understand that due to the laws of Canada, prescription medications ordered cannot be returned. If errors occur in my order due to the fault of Canadian Prescription Savers my order will be replaced at the expense of Canadian Prescription Savers.

I have read, understand and agree to all the terms and conditions of the Customer Agreement and authorize Canadian Prescription Savers or its affiliates to charge my credit card or debit my bank account for the products I have ordered.

Signature

Date Signed

Please note that it takes at least 7-10 days for you to receive your prescriptions from the time we've received your completed Order Form, your VALID American prescription and your method of payment. If paying by check or Money Order, please add an additional 7 days to allow for check processing times. Please keep in mind that during the holiday season the post office gets very busy and statutory holidays can also create delays in receiving your order. We strongly recommend that you order your prescriptions 20 days in advance whenever possible.
