



CANADA ONLINE HEALTH
AFFORDABLE HEALTHCARE SOLUTIONS YOU CAN TRUST

PHONE: 1-800-399-DRUG (399-3784) Direct Dial: (403) 206-1825
 FAX: 1-888-230-3889 Direct Dial: (403) 206-2321
 ONLINE www.CanadaOnlineHealth.ca Email: info@CanadaOnlineHealth.ca

MAILING ADDRESS: 306-1500 14th Street SW, Calgary, AB Canada T3C 1C9

NEW PATIENT ORDER FORM

All questions contained in this questionnaire are strictly confidential

Your Full Name:		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Birthdate (MM/DD/YY)
Street Address:		City State/Province:	
Phone (Home):		Country:	
Phone (Other):		Zip/Postal Code:	
Best time contacted:		Height (Feet)	(Inches)
Email address:		Weight (Pounds):	
Secondary Contact (Full name):		Phone Number:	Relationship:

PERSONAL HEALTH HISTORY

Drug Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what are they:	
<input type="checkbox"/> Smoking	<input type="checkbox"/> Currently pregnant or attempting to get pregnant
Is this order for a pet? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Dog <input type="checkbox"/> Cat
<input type="checkbox"/> Other (Please specify)	Pet Name:

Medication, OTC, Herbal Products You Are Currently Taking (Only list medication you are NOT ordering)

MEDICATION	DOSAGE	FREQUENCY

Would you like to receive a call to remind you of future refills? YES NO

MEDICATION ORDER

For medication(s) that you wish to order, please enter the quantity and listed price, as obtained through our website or customer service center. An original prescription from your doctor's office is required (mailed, emailed or called in, from your doctor).

MEDICATION	STRENGTH	QTY	PRICE
*FREE Shipping in North America ALL OTHER COUNTRIES \$26			SHIPPING:
			TOTAL:

CanadaOnlineHealth.ca ("Canada Online Health") specializes in international mail order pharmaceutical services and facilitates patient access to licensed pharmacies to acquire pharmacy services and medications. The following terms and conditions apply to all transactions between Canada Online Health and I, the Patient. By accepting services from Canada Online Health, I agree to be bound by and accept these terms and condition.

- "I AM OVER THE AGE OF MAJORITY IN THE JURISDICTION WHERE I LIVE, AND:**
- I have fully and accurately disclosed my personal and health information, and authorize Canada Online Health and its affiliated businesses and pharmacy partners to collect and use my information for the fulfillment and delivery of my order. The prescription medications I have requested were lawfully prescribed by a qualified and licensed physician. I have attended, had a physical examination, and have received a prescription from a duly licensed practitioner within the last year, and do not require an additional physical examination.
 - The licensed pharmacies Canada Online Health works with are licensed to dispense, and can only dispense, medications that are approved and authorized for sale within the jurisdiction of their licensed operations.
 - I expressly grant to Canada Online Health, and to the licensed pharmacy or pharmacies dispensing medications to I, power of attorney to take all steps, sign all documents, act on my behalf for the purposes of obtaining a prescription recognized and valid within the dispensing pharmacy's home jurisdiction, as well as packaging and shipping the medications to me. This authorization shall include, but not be limited to, the collection of my personal and health information, and the disclosure of such information to any pharmacist, physician, or other health professional being retained on my behalf, as required.
 - Any dispute, complaint demand, claim, or cause of action relating to Canada Online Health's services will be governed by the laws of the Province of Alberta, and any applicable federal laws of Canada. In such event, I expressly attorn to the jurisdiction of Alberta, and the courts in Alberta will have sole and binding authority to settle any and all disputes. The pharmacy services are performed in the jurisdiction of the licensed pharmacies, in the same way as if I

had physically attended the pharmacy's location. Any dispute, complaint, demand, claim, or cause of action relating to pharmacy services will be governed by the laws of the jurisdictions of the pharmacy. In such event, I expressly attorn to the jurisdiction of the pharmacy and the courts that the jurisdiction will have sole and binding authority to settle any and all disputes.

I SPECIFICALLY CONFIRM, ACKNOWLEDGE AND AGREE THAT EACH AND EVERY ONE OF THESE TERMS AND CONDITIONS, WITHOUT LIMITATION, WILL APPLY AUTOMATICALLY AND GOVERN ANY PRESENT AND FUTURE ORDERS UNLESS I SPECIFICALLY INDICATE OTHERWISE AT THE TIME OF ORDERING. ANY AUTHORIZATIONS AND CONSENT INCLUDED IN THESE TERMS AND CONDITIONS WILL CONTINUE UNTIL I CANCEL THEM, WHICH I CAN DO AT ANY TIME. HOWEVER, IF I CANCEL MY AUTHORIZATION AND CONSENT, CANADA ONLINE HEALTH MAY BE UNABLE TO PROVIDE SERVICES TO ME."

OR

"I AM THE PARENT/LEGAL GUARDIAN/POWER OF ATTORNEY FOR THE PATIENT DISCLOSED HEREIN, AM OVER THE AGE OF MAJORITY, AND HAVE FULL AUTHORITY TO SIGN FOR AND PROVIDE THE ABOVE REPRESENTATIONS TO THE PHARMACY ON THE PATIENT'S BEHALF."



Patient's Signature

Date: MM/DD/YY



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Payment Options (Please Select One)

<input type="checkbox"/> Personal Check	<input type="checkbox"/> Credit Card
<p>I will mail a certified check to:</p> <p>Canada Online Health 306-1500 14th Street SW Calgary, Alberta, Canada T3C 1C9</p> <p>Canada Online Health accepts personal checks, bank drafts, money orders, and certified checks.</p>	<p style="text-align: center;"><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX</p> <p>Cardholder's Name: _____ Cardholder's Address: _____ City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____ Credit Card Number: _____ Expiry Date (MM/YY): _____ CVV Code: _____</p>

Join Our Referral Program

Save 25% on this, your first order Simply share with us who referred you!

Name of person who referred you: _____ Their phone number: _____

Referrer must be an existing patient with a previous order to qualify.

YES! Please send me a Referral Rewards Program package! **YES! I agree to receive emails from CanadaOnlineHealth.ca**

Prescription Submission

Use this form to submit your prescription(s). Full Name _____ Patient ID _____ (Office Use Only)
 Send it back to us to complete your order. Phone Number _____ Order ID _____ (Office Use Only)

YOUR PHYSICIAN

Primary Physician's Name _____ Clinic Name, Street Address _____
 City _____ State/Province _____ Country _____ Zip/Postal Code _____
 Phone Number _____ Ext. _____ Fax Number _____ Email _____

OPTION 1 (FASTEST) EMAIL OR FAX A COPY OF YOUR PRESCRIPTION(S) AND THEN MAIL ORIGINALS

Scan or use your camera (Smartphone) to take a clear picture of your original prescriptions, and then email them in full quality to:

Prescriptions@CanadaOnlineHealth.ca
 Subject line of your email: Prescription(s) for (type your name)
 OR Send by FAX to: 1-888-230-3889 (International: 1-403-206-2231)

Sending the scan will allow your order to continue processing. Please email your original prescription to:

Canada Online Health
 306-1500 14 street SW
 Calgary, Alberta, Canada T3C 1C9

OPTION 2: CONTACT YOUR DOCTOR *

Please list the medications you would like us to call your doctor about. (* Option 2 only available to residents of the United States and Canada)

THANK YOU FOR YOUR ORDER!
Questions? Call us toll free at 1-800-399-DRUG (3784) or visit www.CanadaOnlineHealth.ca