



PERSONAL INFORMATION					
_____	_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	_____
First Name	(Middle Name)	Last Name			Birthdate (MM/DD/YY)
_____		_____	_____	_____	_____
Street Address		City	State	Country	Zip Code
_____		_____		_____	
Phone (Home)		Phone (Other)	Email		
_____		_____		_____	
Please Check if you're placing this order for a pet.			<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	<input type="checkbox"/> Other ( )

ORDER INFORMATION					
GENERIC	MEDICATION	STRENGTH	QUANTITY	PREVIOUS USE? (Y/N)	PRICE (USD)
<b>SHIPPING OPTIONS:</b> FREE Shipping Standard Mail ( ETA 15 - 21 Days ) \$14.95 Express Mail (ETA 10 - 14 Days) \$18.95 - Express Expedited (ETA 10 - 14 Days)				<b>SHIPPING</b>	
				<b>TOTAL</b>	

HEALTH PROFILE
Do you have any known drug allergies? If yes, please indicate here:  _____  Medication, OTC, Herbal products you are currently taking  _____  <input type="checkbox"/> Please send me a confirmation email order. <input type="checkbox"/> Questions about my medication for the pharmacist. <input type="checkbox"/> Currently pregnant or attempting to get pregnant. <input type="checkbox"/> Currently breastfeeding.

PAYMENT OPTIONS
<input type="checkbox"/> Cash <input type="checkbox"/> Western Union Money Order  Please mail your payment in a securely sealed envelope to our payment processing center at:  <b>NET MEDS</b> <b>2205 Vancouver Main Vancouver, British Columbia Canada V6B 3W2</b>  <b>IMPORTANT NOTES:</b> 1. Please ensure that all payments are made out to: Net Meds 2. Enclose copy of your original valid prescription 3. If you already placed order online please provide order number

**Patient Authorization (Please Check One)**

RxDrugsCanada.com is an online procurement center pharmaceutical companies and agencies in ordering products online. The terms and conditions govern the sales between RxDrugsCanada.com and the individual patient with respect to the products and services offered by RxDrugsCanada.com website. The Patient represents to RxDrugsCanada.com that:

- "I am over the age of majority and: 1) I have disclosed my personal and health information accurately and fully and consent to its use by the RxDrugsCanada.com and their contracting pharmacies internationally. I have had a physical examination by a medical doctor in the last 12 months and do not require a physical examination. 2) I understand that all the products sold and dispensed operate within a unique international jurisdiction in a manner consistent with the laws in their country of origin. **OR**
- "I am the parent/legal guardian/power of attorney for the patient disclosed. I am over the age of majority and have full authority to sign and provide the above information to the pharmacy on the patient's behalf."

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient's Signature                      Date (mm/DD/YY)