



**New Patient Information**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Birth Date \_\_\_\_\_

Gender  Male  Female

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

**Prescription Orders**

**Payment Information**

ReFill	Medication Name	Quantity
<input type="checkbox"/> YES		
<input type="checkbox"/>	YES	

Card Type  VISA  MasterCard

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Verification Code \_\_\_\_\_

Substitute to generic drugs to save money

\_\_\_\_\_  
Signature of Card Holder

\_\_\_\_\_  
Date

**Physician Information** (\* For New Patient)

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Phone \_\_\_\_\_

FAX \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_



**OrderOnlineDrugs.com**  
Your #1 Online  Canadian Pharmacy

TEL: 1-866-893-0369

FAX: 1-866-402-4033

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Phone \_\_\_\_\_

Please Attach Prescription Here

Optional For New Patient

Your Name \_\_\_\_\_

## Current Medication

Current medication you are taking	How long have you been on this medication?	This is for what condition?

## Medical Histories

- Blood disorders
- Immune disorders
- Neurological disorders
- Known nutrition deficiency including minerals or electrolytes
- Lipid or cholesterol disorder
- Liver disease
- Orthopedic or muscle disorder, including fracture, joint disorder or carpal tunnel syndrome
- Hyperlipidemia (high cholesterol)
- Upper respiratory disorders
- Medications used in the last 12 months
- High blood pressure
- Rheumatoid arthritis, lupus, or connective tissue diseases
- Cancer
- Poor wound healing
- Diabetes, thyroid or other endocrine disorders
- Heart disease including atherosclerosis, angina, heart failure or history of heart attack
- Renal or kidney disease
- Drug Allergies
- Emotional disorders
- Surgery
- Glaucoma
- Chemical dependency
- Smoker
- Lung disorder (i.e., asthma, emphysema)
- Other illness not listed above

If answered yes to any of these questions, please explain further:

Please list any allergies you may have (including drug allergies):

**Consent & Waiver of Liability**

**THE UNDERSIGNED, BEING OVER THE AGE OF 21, HEREBY:**

(\* For New Patient)

1. Represents and confirms Orderonlinedrugs, along with its subsidiaries and affiliates (herein collectively "Orderonlinedrugs") that the pharmaceutical(s) to be delivered to the undersigned were prescribed by a doctor licensed to practice medicine in the country, state, or other applicable jurisdiction in which the undersigned resides, that the prescription(s) for the pharmaceutical(s) were lawfully obtained from that physician and that the pharmaceutical (s) will be used only as directed and only by the person for whom the pharmaceutical was prescribed.
2. Acknowledges that Orderonlinedrugs and Orderonlinedrugs's employees and agents have relied on the information and documentation provided by the undersigned (including the Patient Questionnaire) and the undersigned represents and confirms that the undersigned has, to the best of his/her knowledge, fully disclosed all pertinent requested information and documentation to Buy Low. The undersigned undertakes to notify Orderonlinedrugs of any changes to his/her physical or medical condition by providing an updated Patient Questionnaire.
3. Understands that it is the undersigned's responsibility to have regular physical examinations by the U.S. licensed physician whose care he/she is under, including all suggested testing by said physician to ensure the undersigned has no medical problems, which would constitute a contradiction to him/her taking the medication(s) being prescribed.
4. Authorizes and appoints Orderonlinedrugs, as his/her agent and his/her attorney for the limited purposes of taking all steps and signing all documents on behalf of the undersigned necessary to obtain a prescription in Canada for the prescription sent by the undersigned to Orderonlinedrugs, to the same extent as the undersigned could do if he/she were personally present taking those steps and signing those documents himself/herself, including, but not limited to, collecting personal health information regarding the undersigned directly from his/her prescribing physician or pharmacist and disclosing personal health information to Orderonlinedrugs employees, agents and service providers, as required, for the limited purposes set out above.
5. Authorizes and appoints Orderonlinedrugs as his/her agent and his/her attorney for the purpose of taking all steps and signing all documents on behalf of the undersigned necessary to package or repackage the pharmaceutical(s) and to deliver them to the undersigned, to the same extent as the undersigned could do if he/she were personally present taking those steps and signing those documents himself/herself.
6. Authorizes and appoints Orderonlinedrugs, as his/her agent and as his/her attorney for the purpose of taking all steps and signing all documents on behalf of the undersigned for shipping his/her prescribed pharmaceutical(s) to the undersigned as if the undersigned had shipped the prescribed pharmaceutical(s) to himself/herself to the undersigned's address.
7. Understands and acknowledges that the pharmaceutical(s) will not be packaged in child protective packaging, unless requested by the undersigned on the Patient Questionnaire, and the undersigned releases and discharges Orderonlinedrugs and Orderonlinedrugs's employees and agents, from any and all causes of action with respect to the late delivery, non-delivery or missed delivery of the pharmaceutical(s) sent to the undersigned.
8. Acknowledges and agrees that the undersigned initiated a consultation with Orderonlinedrugs and that Orderonlinedrugs is not located in the United States. The undersigned acknowledges that the pharmacists working for Orderonlinedrugs and the physicians contracted by Orderonlinedrugs on the undersigned's behalf are located and licensed to practice medicine or pharmacy in Canada and that all treatment the undersigned is receiving from the said physician and pharmacist is being received in Canada.
9. Acknowledges and agrees that any and all agreements reached or contracts formed throughout the course of the relationship between the undersigned and Orderonlinedrugs shall be deemed to be made in British Columbia, and accordingly shall be governed by the laws of the Province of British Columbia and the laws of Canada as applicable to such contracts and agreements.
10. Agrees that any dispute that arises between him/her and Orderonlinedrugs, its affiliates, related companies, subsidiaries, parent company, officers, directors, employees or agents shall be governed by the laws of the Province of British Columbia and the laws of Canada applicable to contracts formed in British Columbia and the undersigned agrees that the Courts of the Province of British Columbia shall have sole and exclusive jurisdiction over any such dispute.
11. Understands that Orderonlinedrugs shall be entitled to substitute a prescription drug with a generic drug, where available in accordance with the British Columbia Drug Standards and Therapeutics Formulary, unless the physician has indicated that there be "no substitution".
12. Acknowledges and understands that once purchased and shipped, no pharmaceutical product may be returned or exchanged.
13. Acknowledges and understands in accordance to FDA law a maximum of a 3 month supply of prescription medication can be shipped per person.
14. Acknowledges and understands that there is a flat rate shipping fee of \$9.95 dollars U.S. charged on each order which covers up to \$700 worth of goods(Members of the same household can combine orders).

The undersigned has read and understands these terms and agrees that they shall be binding upon the undersigned and his/her heirs, successors and personal representatives.

\_\_\_\_\_  
Print Name of Patient

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date