

# Canadian Pharmacy Web Order Form

## Affiliate/Group

Affiliate/Offer#
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Please enter the information  
above if Applicable

### FAX COVER SHEET - Canadian Pharmacy Web Toll Free Fax: 1-877-737-3517

**To:** Canadian Pharmacy Web

**From:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Re:** (please circle) order / refill

**Drugs Ordered:** \_\_\_\_\_  
\_\_\_\_\_

<p><b>Please attach your prescription in this area</b></p>
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Canadian Pharmacy Web  
PO Box 334  
Station L  
Winnipeg, MB R3H 0Z6 Canada

**\* Dentoos Required information. These must be filled in for use to process your account setup.**

### Creating your Health Profile

#### Important

It is mandatory to have had a physical examination in the last 12 months to apply for a consultation. Have you had one?

Yes  No

### Prescription Information

We normally ship medications in Child-Proof Containers. If you require your medications **NOT** in Child-Proof Containers, please indicate by checking the box.

Please use generic drugs to save more money?  Yes  No

**NOTE:** Canada has one of the highest standards in the world for generic drug manufacturing and testing. Our rigorous approval system has ensured the highest quality drugs at the lowest prices for Canadians for many years. You too can enjoy the savings of our world-class generic drugs.

Please use generic drugs to save more money?

I will fax/mail the Prescription  Physician will fax/mail Prescription

### Patient Information: (Please Print Clearly)

\*First Name: \_\_\_\_\_ \*Middle Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Your Weight: \_\_\_\_\_ lbs. \*Sex: **M / F** \*Birth Date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

### Primary Address

\*Street: \_\_\_\_\_ \*City/Town: \_\_\_\_\_ \*State: \_\_\_\_\_

\*Zip Code: \_\_\_\_\_ \*Country: \_\_\_\_\_

\*Phone (Home): ( ) \_\_\_\_\_ \*Phone (Work): ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**Alternate Address** Location where you live for more than 3 months in each calendar year.

\*Street: \_\_\_\_\_ \*City/Town: \_\_\_\_\_ \*State: \_\_\_\_\_

\*Zip Code: \_\_\_\_\_ \*Country: \_\_\_\_\_ \*Phone (Home): ( ) \_\_\_\_\_

Where would you like this order shipped? **Primary Address / Alternate Address**

Please provide any other shipping information below. \_\_\_\_\_

### Physician Information: (Please Print Clearly)

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Street: \_\_\_\_\_ \*City/Town: \_\_\_\_\_ \*State: \_\_\_\_\_

\*Zip Code: \_\_\_\_\_ \*Country: \_\_\_\_\_

\*Phone (Home): ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**Patient's Immediate Family Medical History**

	Yes	No		Yes	No
*1). Diabetes, thyroid or other endocrine disorder	<input type="checkbox"/>	<input type="checkbox"/>	*2). Breast Cancer	<input type="checkbox"/>	<input type="checkbox"/>
*3). Hypertension (high blood pressure)	<input type="checkbox"/>	<input type="checkbox"/>	*4). Cardiovascular (heart or artery disease)	<input type="checkbox"/>	<input type="checkbox"/>
*5). Lipid (cholesterol) disorder	<input type="checkbox"/>	<input type="checkbox"/>	*6). Prostate Cancer	<input type="checkbox"/>	<input type="checkbox"/>
*7). Other forms of cancer	<input type="checkbox"/>	<input type="checkbox"/>	*8). Migraine Headaches	<input type="checkbox"/>	<input type="checkbox"/>
*9). Other illness not listed above	<input type="checkbox"/>	<input type="checkbox"/>			

**Patient Personal Medical History**

	Yes	No
*1). Blood Disorders	<input type="checkbox"/>	<input type="checkbox"/>
*2). Cancer	<input type="checkbox"/>	<input type="checkbox"/>
*3). Immune Disorders	<input type="checkbox"/>	<input type="checkbox"/>
*4). Poor wound healing	<input type="checkbox"/>	<input type="checkbox"/>
*5). Neurological disorders	<input type="checkbox"/>	<input type="checkbox"/>
*6). Diabetes, thyroid or other endocrine disorders	<input type="checkbox"/>	<input type="checkbox"/>
*7). Known nutrition deficiency including minerals electrolytes	<input type="checkbox"/>	<input type="checkbox"/>
*8). Edema or excessive fluid retention	<input type="checkbox"/>	<input type="checkbox"/>
*9). Heart disease including atherosclerosis, angina, heart failure or history of heart attack	<input type="checkbox"/>	<input type="checkbox"/>
*10). Renal or kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
*11). Liver disease	<input type="checkbox"/>	<input type="checkbox"/>
*12). Orthopedic or muscle disorder, including fracture, joint disorder or carpal tunnel syndrome	<input type="checkbox"/>	<input type="checkbox"/>
*13). Emotional disorders	<input type="checkbox"/>	<input type="checkbox"/>
*14). Surgery	<input type="checkbox"/>	<input type="checkbox"/>
*15). Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>
*16). Hyperlipidemia	<input type="checkbox"/>	<input type="checkbox"/>
*17). Chemical dependancy	<input type="checkbox"/>	<input type="checkbox"/>
*18). Upper respiratory disorders	<input type="checkbox"/>	<input type="checkbox"/>
*19). Smoker	<input type="checkbox"/>	<input type="checkbox"/>
*20). Lung disorder	<input type="checkbox"/>	<input type="checkbox"/>
*21). Rheumatoid arthritis, lupus, or connective tissue diseases	<input type="checkbox"/>	<input type="checkbox"/>
*22). High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
*23). Other illness not listed above	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered yes to any of these questions, please elaborate below.

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**Allergy Information**

\*Do you have any drug allergies?

Yes No

**Current Medications**

Please list all medications you are currently taking and the condition for which they have been prescribed for:

Medication	Condition

**Medications Ordered**

NOTE: We will adjust quantities to meet manufacturers pack size when possible. If you require further space, please attach additional page(s).

Country	Drug Name	Strength	Directions for use	How long have you been taking this medication?	Medical conditions this drug is used to treat	Quantity requested	Price
Canada	Example Drug 1	0.15 mg	1 tablet a day	8 months	Thyroid	90 pills	\$0.00
Australia	Example Drug 2	0.75 mg	2 capsules a day	1 year	High Blood Pressure	30 capsules	\$0.00
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							

**NOTE:**

We will send you a 90 day supply unless otherwise specified. It is generally cheaper to get a 90 day supply. You will get 1 delivery charge instead of 3 and you will receive the benefits of volume discounts on most medications.

**\*All sales are final / we cannot accept the return of any medication.**

To minimize waiting time, please ask your physician to write the prescription for a 3-month supply plus 3 refills. Your initial order for each prescription will be delivered between 14 and 1 days in most cases. All Refills should be delivered ni

approximately 10 days.

<b>YOUR BILLING INFORMATION</b> - We accept checks, international money orders, and major credit cards. (listed below)	
(please print clearly)	
<b>Name on Credit Card:</b> _____	<b>Card Type:</b> Visa / MasterCard / Check
<b>Credit Card Number:</b> _____	<b>Expiration Date:</b> _____
<b>Signature:</b> _____	<b>Date:</b> _____
If you have any questions about your medications, please phone: Toll-free 1-888-576-7347	
<b>Thank you for your order!</b>	

**AFFORDABLE RX - CUSTOMER AGREEMENT (Version 2.2 effective May 7, 2004)**

NO PRESCRIPTION(S) WILL BE FILLED UNTIL A SIGNED AND DATED COPY OF THIS DOCUMENT AND A COMPLETED PATIENT PROFILE HAVE BEEN RECEIVED BY Canadian Pharmacy Web DEFINED BELOW.

I, as the undersigned, being over the age of 21, hereby enter into this agreement (the "Agreement") with Canadian Pharmacy Web, intending to be legally bound:

**PART 1 - DISPENSING PHARMACY(IES)**

**1.01 I acknowledge and agree:**

- a. on my order form I have selected, on a product by product basis, which country (the "Selected Country") I want to purchase My Pharmaceuticals from;
- b. for each product I have ordered, Canadian Pharmacy Web will, as my agent, select a licensed pharmacy (the "Dispensing Pharmacy") from the Selected Country I want to purchase My Pharmaceuticals from;
- c. the product(s) being dispensed by a Dispensing Pharmacy will be shipped directly to me by (and I am purchasing my pharmaceuticals from) the Dispensing Pharmacy;
- d. it is only those of My Pharmaceuticals (defined below) that are being dispensed by a Canadian Pharmacy that I am purchasing from Canadian Pharmacy Web; and
- e. if My Pharmaceuticals are being purchased from pharmacies in different countries countries, they will be shipped seperately but should arrive at approximately the same time

**PART 2 - DISCLOSURE AND REPRESENTATIONS**

**2.01 I hereby represent and confirm to Canadian Pharmacy Web, and to each of its affiliates, associates, related companies, subsidiaries and parent company and each of their respective directors, officers, shareholders, employees, contractors, subcontractors, successors and assigns and to My Agents (defined below) that:**

- a. I am delivering this Agreement to Canadian Pharmacy Web because I wish to place an order ("My Order") for certain pharmaceuticals, on the terms and conditions set out herin;
- b. the pharmaceuticals to be delivered to me in connection with My Order ("My Pharmaceuticals") were prescribed by a doctor ("My Doctor") licensed to practice medicine in the country, state or other applicable jurisdiction in which I reside or where I sought treatment;
- c. the prescription for My Pharmaceuticals ("My Prescription") was lawfully obtained by me from My Doctor;
- d. I will use My Pharmaceuticals strictly according to the instructions provided by My Doctor, as the person for whom they were prescribed;
- e. I can make my own medical decisions according to the laws of the place where I reside;
- f. My prescription has not been altered in any way nor has it been filled prior to submission to Canadian Pharmacy Web I agree to immediatley destroy all copies of My Prescription once it has been filled;
- g. I am not seeking or relying on any medical information, advice or approval from Canadian Pharmacy Web

or My Agents and I have consulted a qualified physician licensed in the jurisdiction where I obtained My Prescription within the last year.

- h. I will immediately contact My Doctor in the event I suffer any unexpected side effects from any of My Pharmaceuticals;
- i. I understand that it is my responsibility to have regular physical examinations by my primary US licensed physician that is responsible for my care including all suggested testing to ensure that I have no medical conditions or problems which would constitute a contraindication to me taking My Pharmaceuticals; and
- j. I acknowledge that Canadian Pharmacy Web and My Agents have relied and will continue to rely on information and documentation that I am providing to them (including My Order, My Prescription and the Patient Profile) and I represent and confirm that I have fully and accurately disclosed all pertinent information and documentation to Canadian Pharmacy Web. I agree to notify Canadian Pharmacy Web of any changes to my physical or medical condition by providing an updated Patient Profile

### **PART 3 - AUTHORIZATIONS AND CONSENT**

**3.01** The authorizations, powers of representation and consents that I am providing herein to Canadian Pharmacy Web and My Agents commence on the date I sign this Agreement and will continue until I revoke them. I understand that I can revoke the consents and authorizations I have herein granted at any time.

**3.02** I hereby authorize and appoint Canadian Pharmacy Web and My Agents as my agents and attorneys for the limited purpose of taking all steps and signing all documents on my behalf necessary to obtain an Equivalent Prescription (defined below), to the same extent as I could do personally if I were present taking those steps and signing those documents myself. In this Agreement, the term "Equivalent Prescription" means a prescription that (in accordance with Section 1.01 above) collecting personal health information about me; collecting similar information from My Doctor or pharmacist; and disclosing that personal health information to Canadian Pharmacy Web employees, agents, contractors, subcontractors, affiliates and service providers, including without limitation any Agent Physician, any pharmacy and any pharmacist being engaged on my behalf (collectively, "My Agents"), as required, for the limited purpose of obtaining the Equivalent Prescription and My ORDER being filled.

**3.03** Without limiting anything else herein, I hereby provide my consent to allow a physician retained by Canadian Pharmacy Web on my behalf (an "Affiliate Physician") in each selected country where My Pharmaceuticals are being purchased from to obtain my medical history, drug history, contact information and other necessary documentation from My Doctor. This Agent Physician will be a duly licensed physician in the Selected Country where I am purchasing My Pharmaceuticals. For example, if My Pharmaceuticals are being purchased only in Canada, this Agent Physician will be a licensed Canadian physician; if they are being purchased in more than one Selected Country, an Agent Physician will be engaged in each Selected Country in which My Pharmaceuticals are being purchased, in connection with those of My Pharmaceuticals being purchased in that Selected Country.

**3.04** I further consent to each Agent Physician and My Doctor being able to contact one another to discuss my medical condition, as it pertains to the prescribing of My Pharmaceuticals. I understand that the reason for this consent is to provide each Agent Physician with the full opportunity to conduct an independent analysis of whether My Prescription is appropriate, and discuss any potential medical complications that might arise. I further understand that my medical information will not be used for any other reason, and will be kept in strict confidence. I further agree to regularly visit My Doctor and to promptly advise the Agent Physician and Canadian Pharmacy Web of any changes to my medical condition or prescriptions. It is clearly understood that I am not seeking medical treatment or service of any kind from any Agent Physician, Canadian Pharmacy Web or My Agents with regard to any medical advice or treatment of any kind whatsoever. I have relied only on My Doctor in respect of My Prescription.

**3.05** I hereby specifically acknowledge that I am aware that Canadian Pharmacy Web will be transmitting my personal health information by electronic means (for example fax, or secure internet) to My Agents. I understand that the use of electronic means will enhance the efficiency and timeliness of processing and understand that Canadian Pharmacy Web, as a custodian of my personal health information, will take all appropriate precautions to protect my personal health information from improper disclosure or use. I hereby consent to Canadian Pharmacy Web transmission of my personal health information by electronic means to My Agents.

**3.06** If I was directed to Canadian Pharmacy Web's services through an intermediary (for example Pharmacy Benefit Manager, Health Management Organization or other service provider), I hereby authorize Canadian Pharmacy Web to release the following data to such an intermediary: a numerical identifier indicating that I was referred from that source; and financial information that will permit the processing of any claims on my behalf. It is my understanding that all such intermediaries will provide confidentiality covenants to Canadian Pharmacy Web whereby they agree to hold any such information in strictest confidence and to abide by the privacy policies of Canadian Pharmacy Web relating to the protection of my personal health information. I specifically consent to the

transmission of the forgoing information to such intermediaries by electronic means.

**3.07** Subject specifically to Sections 1.01 above and 5.01 below, I authorize and appoint Canadian Pharmacy Web and My Agents as my agents and attorneys for the purpose of taking all steps and signing all documents on my behalf necessary to package or re-package My Pharmaceuticals and to deliver them to me, to the same extent as I could do if I were personally present taking those steps and signing those documents myself.

**3.08** Subject specifically to Sections 1.01 above and 5.01 below, I authorize and appoint Canadian Pharmacy Web and My Agents as my agents and attorneys for the purpose of taking all steps and signing all documents on my behalf necessary for shipping My Pharmaceuticals to me as if I had done so myself.

**3.09** I acknowledge and agree that I initiated a consultation with Canadian Pharmacy Web. I also acknowledge that My Agents contracted by Canadian Pharmacy Web on my behalf are located either in Canada or in a Selected Country and those of My Agents that are physicians or pharmacists are licensed to practice medicine or pharmacy in Canada or in a Selected Country, as the case may be, and that all services that I receive from Canadian Pharmacy Web and My Agents are being received (to the extent that My Pharmaceuticals are purchased in Canada) in Canada or (to the extent that My Pharmaceuticals are purchased in a Selected Country) in that Selected Country.

#### **PART 4 - AUTHORIZATIONS AND CONSENT**

**4.01** Canadian Pharmacy Web will for itself (in connection with any of My Pharmaceuticals that are being purchased from a Canadian pharmacy), and as agent for the dispensing pharmacy (in respect of any My Pharmaceuticals that are being purchased from a non-Canadian pharmacy) charge my credit card the following amounts:

- a. the pharmaceuticals price and shipping charges (in Canadian dollars or US dollars, as determined by
- b. Canadian Pharmacy Web) as posted on the Canadian Pharmacy Web web site on the day Canadian Pharmacy Web receives My Order and all other documentation (including the Equivalent Prescription) necessary for Canadian Pharmacy Web to fill My Prescription; and
- c. in the event my payment is not authorized, Canadian Pharmacy Web has the right to cancel My Order and attempt to provide me with notice of such cancellation.

**4.02** I acknowledge and agree that:

- a. My Pharmaceuticals will be packages in child protected packaging, unless requested by me on the Patient Profile;
- b. Canadian Pharmacy Web and My Agents shall be entitled to substitute a brand name prescription drug with a generic prescription drug, where available, unless My Doctor indicates that there be "no substitution".
- c. once purchased and shipped, nopharmaceutical product may be returned or exchanged;
- d. Canadian Pharmacy Web and My Agents reserve the right to refuse to assist me in obtaining My Order or any other order in their sole discretion, in which event I will be entitled to a refund for monies paid for such order;
- e. neither Canadian Pharmacy Web nor My Agents provide their agency or attorney services as a substitute for healthcare or the advice of my primary care physician; and
- f. neither Canadian Pharmacy Web nor My Agents will exchange pharmaceuticals or return any monies paid once an order is filled, unless the pharmaceuticals provided to me by the supplying pharmacy do not correspond with my prescription.

**4.03 I SPECIFICALLY ACKNOWLEDGE AND AGREE THAT EACH AND EVERY OF THESE TERMS AND CONDITIONS (INCLUDING, WITHOUT LIMITATION, MY CHOICE OF DISPENSING PHARMACY) WILL AUTOMATICALLY, AND WITHOUT FURTHER ACTION BY ME OR Canadian Pharmacy Web, APPLY TO AND GOVERN ANY FUTURE ORDERS BY ME OF PHARMACEUTICALS FROM Canadian Pharmacy Web UNLESS I SPECIFICALLY INDICATE OTHERWISE AT THE TIME OF ORDERING SUCH PHARMACEUTICALS. WITHOUT LIMITING THE FOREGOING, EACH AUTHORIZATION AND CONSENT PROVIDED BY ME IN THIS AGREEMENT WILL CONTINUE UNTIL I REVOKE SUCH AUTHORIZATION OR CONSENT (WHICH I CAN DO AT ANY TIME).**

#### **PART 5 - GOVERNING LAW / DISPUTES**

**5.01** I specifically acknowledge and agree that any and all agreements reached or contracts formed

throughout the course of my purchase of My Pharmaceuticals are and shall be deemed to be made:

- a. in respect of any of My Pharmaceuticals that are purchased in Canada, in the Province of Manitoba, Canada and accordingly shall be governed by the laws of the province of Manitoba and the laws of Canada applicable to such contracts and agreements; and
- b. in respect of any of My Pharmaceuticals that are purchased in a selected country, in that selected country and accordingly shall be governed by the laws of that selected country applicable to such contracts and agreements.

**5.02** I specifically acknowledge and agree that any dispute that arises between me and Canadian Pharmacy Web or any of My Agents shall:

- a. in so far as such dispute relates to Canadian Pharmacy Web or any of My Agents located in Canada, be governed by the laws of the Province of Manitoba and the laws of Canada applicable to contracts formed in Manitoba, and the courts of the Province of Manitoba shall have sole and exclusive jurisdiction over any such dispute; and
- b. in so far as such dispute relates to any of My Agents located in a selected country other than Canada, be governed by the laws of that selected country applicable to contracts formed in that selected country, and the courts of that selected country shall have sole and exclusive jurisdiction over any such dispute.

**I HAVE READ AND UNDERSTOOD THER TERMS AND CONDITIONS SET OUT IN THIS AGREEMENT AND AGREE, ON BEHALF OF MYSELF, MY HEIRS, SUCCESSORS, ADMINISTRATORS AND ASSIGNS, TO BE BOUND BY THESE TERMS AND CONDITIONS**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please print Witness name clearly

\_\_\_\_\_  
Please print name clearly