Getting Started

The Canadian Pharmacy

The Canadian Pharmacy is a Canadian-based International Prescription Service where you can save up to 85% on the cost of your pharmacy products. Through our network of international pharmacies, we provide U.S. patients access to most of the same prescription and other pharmacy products available in the U.S. at much lower, international prices.

Contact us toll free at **1-866-335-8064** or visit us online at **www.TheCanadianPharmacy.com**.

HOW TO ORDER
Step 1: Please complete this Getting Started Package the first time you order. All information is kept strictly confidential.

Step 2: Simply mail your completed Getting Started Package to us along with your original prescription(s), OR save a week's mailing time and fax it to us at **toll-free: 1-866-795-5627.**

Mail to: The Canadian Pharmacy
103 – 1780 Wellington Avenue
Winnipeg, Manitoba CANADA, R3H 1B3

CHARGES
1. Drug prices as quoted by TCP's staff or available on our website. (Prices subject to change)
2. Standard 7-10 day delivery is $15.00 / package. (Not per product)

PAYMENT
We accept VISA, MasterCard, Personal Checks and International Money Orders made out to The Canadian Pharmacy. The Canadian Pharmacy or CDN Pharmacy may appear on your credit card statement.

SHIPPING AND PROCESSING
Most orders arrive in 7 – 10 days. International products may take 21 days. Most orders shipped via Canada Post and the U.S. Postal Service.

REFILL POLICY
Please ensure your prescription(s) indicate REFILLS. REFILLS makes re-ordering quicker and easy. No additional information is required unless your medical condition has changed.

PLEASE BE ADVISED
The U.S. FDA limits the quantity of medication you can order to a 3-month supply.

TCP WILL NOT ship Controlled Substances or Narcotics (i.e. amphetamines, benzodiazepines, codeine, morphine), or most refrigerated products.

Some American insurance companies will accept receipts issued from a Canadian pharmacy. Please contact your provider for their policy.

Our service is open to anyone. Please feel free to provide our toll-free number or contact information to friends and family, or make copies of these forms, as you require. Thank you.

Keep this page for your records; you do not need to fax or mail this page.

BBB · PharmacyChecker.com www.TheCanadianPharmacy.com rated a Five Check Online Pharmacy — Highest Rating — · MIPA Manitoba International Pharmacists Association · Certified Canadian International Pharmacy CIPA Rx · Safety Check

To place an order, complete this Getting Started Package and return it by fax or mail with your Original Prescription(s)* * Original prescriptions are void if altered.

MEDICATION ORDER

The Canadian Pharmacy

Toll-Free Phone: 1.866.335.8064
Toll-Free Fax: 1.866.795.5627

Pharmacy & Customer Care
103 – 1780 Wellington Avenue
Winnipeg, Manitoba, CANADA R3H 1B3
www.TheCanadianPharmacy.com
info@TheCanadianPharmacy.com

AFFILIATE BOX
WEB
Enter Affiliate Code, if applicable

Date: _____
(DD/MM/YYYY)

SHIPPING INFORMATION:

Patient Name: _____

Address: _____

City: _____ **State**_____ **Zip Code:** _____

Telephone: _____ (day) _____ (evening)

Email Address: _____

(Please check √)				Medication Name	Strength	Quantity	Price (USD)
Brand Only	Generic Preferred	International Permitted	Is this a New Medication?				
☐	☐	☐	☐				$
☐	☐	☐	☐				$
☐	☐	☐	☐				$
☐	☐	☐	☐				$
☐	☐	☐	☐				$
☐	☐	☐	☐				$
☐	☐	☐	☐				$
						Product Total	$
						Add $15.00 Standard Shipping	**$15.00**
						Total (U.S. Funds)	$

BILLING INFORMATION: ☐ **VISA** ☐ **MasterCard**

Desired Payment Method: ☐ **Personal Check** ☐ **International Money Order**

Proud Member of the Better Business Bureau BBB

"The Canadian Pharmacy" or "CDN Pharmacy" may appear on your credit card statement.

Credit Card #: _____ **Expiry Date** _____

Name on Credit Card: _____

Cardholder's Signature: X _____
(I authorize The Canadian Pharmacy to bill my credit card for my orders.)

Our pharmacy offers counseling on all medications dispensed. When is the best time for a pharmacist to contact you: during the day ☐ or evening ☐ ?

Child resistant closures, where appropriate, are mandatory in Manitoba unless you Decline their use. If you DECLINE child resistant safety closures please check here. ☐

*Safeguarding the confidentiality of your personal information is a primary concern at TCP. We will not release any personal, medical or financial information to anyone other than the health professionals responsible for filling your prescriptions, without your written consent.

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HEALTH QUESTIONAIRRE

Date: _____
(DD/MM/YYYY)

Patient Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ (day) _____ (evening)

Email Address: _____

Sex: ☐ **Male** ☐ **Female** **Date of Birth:** _____ **Weight:** _____
(DD/MM/YYYY) (Pounds)

Known Drug Allergies:

_____

_____

_____

Prescribing Physician Information:

Name: _____

Telephone: _____

Fax: _____

How did you hear about The Canadian Pharmacy? _____

Please list all Prescription, Over-the-Counter and Nutritional Supplements you are using (E.g. Premarin, Zocor, Tylenol, TUMS, Vitamins, etc.):

Product Name	Strength i.e. 10 mg	How Often? i.e. times/day	Taken Since? i.e. since 2005

Please identify all current Medical Conditions:

__Alzheimer's
__Anxiety
__Asthma
__Depression
__Epilepsy
__Glaucoma
__Hysterectomy
__High Cholesterol
__High Blood Pressure
__HIV / AIDS
__Kidney / Renal Disease
__Liver Disease
__Osteoporosis
__Parkinson's Disease
__Heart Disease (please describe below)
__Arthritis (Rheumatoid, Osteoarthritis & Lupus)
__Cancer (please describe below)
__COPD – Bronchitis & Emphysema
__Diabetes (please describe below)
__Schizophrenia
__Thyroid Disorders

Others not listed above:

_____

_____

Patient Signature: X _____ **Date:** _____

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CUSTOMER AGREEMENT

In consideration of The Canadian Pharmacy (TCP) International filling the prescription for my medication, I agree that the following information is correct and provide the following releases:

A. About my medication

1. I confirm the medications I have requested be dispensed to me were originally lawfully prescribed by a qualified and licensed physician in the jurisdiction where I live after the appropriate personal examinations as determined by my jurisdiction's Standards of Practice; and
2. I confirm that the duty of care in respect to the prescribing of my medication is the responsibility of my physician and I will consult with my physician for any appropriate monitoring and testing;
3. I will not use my medication except as directed by my physician, under whose care I continue to be;
4. I will be the only person using the medication obtained from TCP;
5. I acknowledge I cannot return my medication for refund or exchange;
6. I acknowledge no child protective packaging will be used for my medication if I have indicated this preference on this Order; and
7. I confirm that my original prescription has not been altered in any way.

B. About me

1. I am of the age of majority in the jurisdiction where I live;
2. I am entitled to make my own medical decisions under the laws of that jurisdiction; and
3. In obtaining the prescription for my medication, I have not broken any laws in that jurisdiction.

C. My Appointment of TCP as my attorney to engage International Referral Pharmacies on my behalf

1. I understand, authorize, agree, direct and appoint TCP as my agent and attorney whereby TCP may engage other pharmacies licensed under applicable law in any one or more of the United Kingdom, Singapore and New Zealand ["International Referral Pharmacy"] to dispense any or all of my Medication(s) and I hereby expressly appoint TCP as my agent and attorney to do so. I acknowledge that in the event that I do not wish to have my Medications dispensed by an International Referral Pharmacy, I will provide notice to TCP at the time of my medication order; and
2. I understand, authorize, agree and direct that my Medication(s) will be shipped directly to me and that I am purchasing my Medication(s) from the dispensing pharmacy which may be 4741677 Manitoba Ltd. in Canada or an International Referral Pharmacy and that it is only those Medications dispensed by TCP that I am purchasing from TCP. I further acknowledge TCP International will bill me under the credit card descriptor CDN Pharmacy for all international products.

D. Acknowledgement of Location of Dispensing and Delivery of Products

1. I grant authority to TCP as my attorney for the purpose of signing any documents required by the laws of the Province of Manitoba in Canada to expedite the delivery to me of my medication, as I would sign if I had purchased my medication from TCP at its retail outlet in Winnipeg, Manitoba;
2. I grant authority to any International Referral Pharmacy selected by TCP as my attorney for the purpose of signing any documents required by the laws of the jurisdiction of the International Referral Pharmacy to expedite the delivery to me of my medication; and
3. I acknowledge that title to the medication passes to me in the dispensing jurisdiction at the time the medications are being shipped.

E. About the releases

1. I release and discharge TCP and its directors, officers, agents and employees from any and all liability, claims, actions or causes of action with respect to errors or omissions by the carrier responsible for delivering my medication to me; and
2. I acknowledge and agree that I am aware that TCP and the International Referral Pharmacy will be transmitting my personal information by electronic means to their respective partners. I hereby grant my consent to transmit my personal information by electronic means; and
3. I acknowledge that my consent may be withdrawn at any time by providing TCP notice in writing.

F. About any disputes

1. I acknowledge that if my medication(s) are dispensed by 4741677 Manitoba Ltd., then the pharmacy service was performed in the Province of Manitoba, in the same way as if I had physically went to TCP's location in Winnipeg, Manitoba, Canada; and
   i. I agree that any dispute, complaint, demand, claim, or cause of action, whether based on alleged breach of contract or alleged negligence arising between TCP and me from TCP filling the prescription for my medication, will be governed by the laws of the Province of Manitoba and only the Province of Manitoba and the regulations of the Manitoba Pharmaceutical Association and any applicable federal laws of Canada;
   ii. I attorn to the jurisdiction of the International Referral Pharmacy for the resolution of any such dispute; and
   iii. If any dispute does arise between TCP and me 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 Winnipeg, Manitoba in accordance with The Arbitration Act of the Province of Manitoba; and any award or determination shall be absolutely final and binding upon TCP and me.
2. I agree that if my medication(s) are dispensed by an International Referral Pharmacy, the pharmacy service of any International Referral Pharmacy was performed in that jurisdiction, in the same way as if I had physically went to the International Referral Pharmacy;
   i. I agree that any dispute, complaint, demand, claim, or cause of action, whether based on alleged breach of contract or alleged negligence arising between International Referral Pharmacy and me from International Referral Pharmacy filling the prescription for my medication, will be governed by the laws of that jurisdiction; and
   ii. I attorn to the jurisdiction of the International Referral Pharmacy.

I SPECIFICALLY CONFIRM, ACKNOWLEDGE AND AGREE THAT EACH AND EVERY ONE OF THESE ITEMS AND CONDITIONS, WITHOUT LIMITATION, WILL APPLY AUTOMATICALLY AND WITHOUT FURTHER ACTION BY ME OR TCP AND GOVERN ANY FUTURE ORDERS BY ME OF MEDICATIONS FROM TCP UNLESS I SPECIFICALLY INDICATE OTHERWISE AT THE TIME OF ORDERING SUCH MEDICATIONS. WITHOUT LIMITING THE FOREGOING, EACH AUTHORIZATION AND CONSENT PROVIDED BY ME IN THIS AGREEMENT WILL CONTINUE UNTIL I CANCEL SUCH AUTHORIZATION AND CONSENT (WHICH I CAN DO AT ANY TIME).

Patient Signature: X _____ Date: _____