

## MEDICATION ORDER

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

\*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.

### PATIENT CONTACT INFORMATION

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

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone (evening) \_\_\_\_\_

Telephone (day) \_\_\_\_\_

Email \_\_\_\_\_

Our pharmacy offers counseling on all medications dispensed. When is the best time for a pharmacist to contact you?

During the day  Evening

### BILLING INFORMATION

American Express

Personal Check

International Money Order

"TCP" or "TCP International" may appear on your credit card statement.

Credit Card # \_\_\_\_\_

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

Billing Address (if different) \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV Code \_\_\_\_\_

(I authorize The Canadian Pharmacy to bill my credit card for my orders.)

Cardholder's Signature \_\_\_\_\_

Date \_\_\_\_\_

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

(Please check applicable boxes)

| Brand Only   | Generic Preferred        | International Permitted  | Is this a new Medication | Medication Name | Strength | Quantity | Price |  |
|--|--------------------------|--------------------------|--------------------------|-----------------|----------|----------|-------|--|
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |          |          |       |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |          |          |       |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |          |          |       |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |          |          |       |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |          |          |       |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |          |          |       |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |          |          |       |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |          |          |       |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |          |          |       |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |          |          |       |  |
| <b>Product Total</b>   |                          |                          |                          |                 |          |          |       |  |
| <b>Add \$25.00 Express Shipping or \$15.00 Standard Shipping</b> |                          |                          |                          |                 |          |          |       |  |
| <b>Total (U.S. Funds)</b>  |                          |                          |                          |                 |          |          |       |  |

Male  Female

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

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

Weight (pounds) \_\_\_\_\_

**Prescribing Physician Information**

Doctor Name \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

**Health Information**

**Known Drug Allergies**

**Identify all current Medical Conditions:**

- Alzheimer's
- Anxiety
- Arthritis (Rheumatoid, Osteoarthritis & Lupus)
- Asthma
- Cancer (please describe below)
- COPD - Bronchitis & Emphysema
- Depression
- Diabetes (please describe below)

- Epilepsy
- Glaucoma
- Heart Disease (please describe below)
- High Cholesterol
- High Blood Pressure
- HIV / AIDS
- Hysterectomy
- Kidney / Renal Disease
- Liver Disease
- Osteoporosis
- Parkinson's Disease
- Schizophrenia
- Thyroid Disorders

**Other Not Listed Above:**

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) |
|--------------|-----------------------|-----------------------------|--------------------------------|
|              |                       |                             |                                |
|              |                       |                             |                                |
|              |                       |                             |                                |
|              |                       |                             |                                |
|              |                       |                             |                                |
|              |                       |                             |                                |

**CUSTOMER AGREEMENT (Please Check One Box Below)**

The Canadian Pharmacy ("TCP") specializes in the provision of distance based pharmacy care and mail order delivery of pharmacy medicine from a head office located in Winnipeg, Manitoba, Canada. For detailed information, and terms and conditions with respect to TCP's sale and delivery of pharmacy medicine, please visit TCP's website at [www.thecanadianpharmacy.com/terms](http://www.thecanadianpharmacy.com/terms). In addition, the following specific representations, terms and conditions govern all sales as between TCP, and its authorized third party pharmacy partners ("Partners") and the patient:

- The patient is of the age of majority and legally entitled to purchase and receive the medications requested of TCP and its Partners, and:
- The patient has been examined and has received a lawfully prescribed prescription from a physician licensed to practice medicine within the patient's home jurisdiction, and will remain within the care of their physician throughout the course of taking any medicine requested of TCP and its Partners.
  - The patient has fully and accurately disclosed its personal and health information and authorizes TCP and its Partners to collect and use the information as necessary for the fulfillment and delivery of medications.
  - The patient grants to TCP and its Partners power of attorney to take all steps, sign all documents, and act on the patient's behalf for the purposes of obtaining a prescription recognized and valid within the dispensing pharmacy's home jurisdiction, and packaging and shipping the medications to the patient.
  - The patient agrees that the medications are sold, dispensed and delivered within the jurisdiction of where the dispensing pharmacy operates. In the case of TCP, this jurisdiction is Winnipeg, Manitoba, Canada.
  - The patient attorns to the jurisdiction of the dispensing pharmacy's operations. All agreements reached or contracts formed will be made in the jurisdiction of the pharmacy, the laws of the jurisdiction shall govern all transactions, and the courts in the jurisdiction of the pharmacy shall be sole and exclusive authority regarding any dispute arising between the patient and the dispensing pharmacy.
  - The patient releases and discharges TCP, and its Partners, directors, officers, agents and employees from any and all liability, claims actions or causes of action with respect to the sale and delivery of pharmacy medicine or other services.
  - The patient has reviewed the foregoing specific terms, as well as the detailed terms and conditions set out on the TCP website, and by signing below agrees that they will apply and govern all sales and delivery of pharmacy medicine or other services from TCP and its Partners. The authorizations within this customer agreement shall continue until revoked.

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."

**SIGN** \_\_\_\_\_

**DATE** \_\_\_\_\_

**AFFILIATE BOX WEB** (Enter Affiliate Code, if applicable)