

MEDICATION REFILL FORM

To refill your prescription(s) by fax, complete this Medication Refill Form and fax it to our 24-hour Toll-Free Fax Service: 1-866-795-5627.

The Canadian Pharmacy will bill your order using the information we have in your file. If there have been any changes, please enter your updated information below or call us toll-free and let us know.

*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.

SHIPPING INFORMATION

Patient Name _____ Date of Birth _____

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

"The Canadian Pharmacy" or "CDN Pharmacy" 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"/>				
Product Total							
Add \$25.00 Express Shipping or \$15.00 Standard Shipping							
Total (U.S. Funds)							