discount CANADA drugs

Existing Patient - Fax Order Form

Fax to: 1-877-422-6006

* Denotes a Required field. These fields need to be filled in for us to process your order.

***IT IS MANDATORY THAT YOU HAVE HAD A COMPLETE PHYSICAL EXAMINATION IN THE PAST 12 MONTHS.**
HAVE YOU HAD ONE? ☐ YES ☐ NO

Patient Information: (Please Print Clearly)

***First Name:** _____ **Last Name:** _____
***Phone:** _____ **Email:** _____
***Night Phone:** _____ **Phone:** _____

Has there been any changes in your credit card information that we have on file.
If so please fill in below.

*** Name on Credit Card:** _____ **(Please print clearly)**
*** Credit Card Type:** ☐ **Visa** ☐ **Mastercard**
*** Credit Card Number:** _____
*** Expiration Date: Month / Year:** _____

Has there been any changes in your Health Profile that we have on file.
If so please fill in below.

Has there been any changes in your Delivery Address?
If so please fill in below.
