# NEW PATIENT ORDER FORM

All questions contained in this questionnaire are strictly confidential.

<table>
<thead>
<tr>
<th>Your Full Name:</th>
<th>☐ MALE ☐ FEMALE</th>
<th>Birthdate (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td></td>
<td>City</td>
</tr>
<tr>
<td>Phone (Home):</td>
<td></td>
<td>Country:</td>
</tr>
<tr>
<td>Phone (Other):</td>
<td></td>
<td>Best time contacted:</td>
</tr>
<tr>
<td>Email address:</td>
<td></td>
<td>Email address:</td>
</tr>
<tr>
<td>Secondary Contact (Full name):</td>
<td></td>
<td>Phone Number:</td>
</tr>
</tbody>
</table>

## PERSONAL HEALTH HISTORY

<table>
<thead>
<tr>
<th>Drug Allergies:</th>
<th>☐ No ☐ Yes</th>
<th>If yes, what are they:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Smoking</td>
<td></td>
<td>☐ Currently pregnant or attempting to get pregnant</td>
</tr>
<tr>
<td>Is this order for a pet?</td>
<td>☐ No ☐ Yes</td>
<td>☐ Dog ☐ Cat</td>
</tr>
<tr>
<td>☐ Other</td>
<td>(Please specify)</td>
<td>Pet Name:</td>
</tr>
</tbody>
</table>

## MEDICATION, OTC, Herbal Products You Are Currently Taking (Only list medication you are NOT ordering)

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>DOSAGE</th>
<th>FREQUENCY</th>
</tr>
</thead>
</table>

Would you like to receive a call to remind you of future refills? ☐ YES ☐ NO

## MEDICATION ORDER

For medication(s) that you wish to order, please enter the quantity and listed price, as obtained through our website or customer service center. An original prescription from your doctor's office is required (mailed, emailed or called in, from your doctor).

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>STRENGTH</th>
<th>QTY</th>
<th>PRICE</th>
</tr>
</thead>
</table>

*FREE Shipping in North America ALL OTHER COUNTRIES $26

SHIPPING: TOTAL:

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Canada Online Health specializes in international mail order pharmaceutical services and facilitates patient access to licensed pharmacies to acquire pharmacy services and medications. The following terms and conditions apply to all transactions between Canada Online Health and the Patient. By accepting services from Canada Online Health, I agree to be bound by and accept these terms and conditions.

1. I have fully and accurately disclosed my personal and health information, and authorize Canada Online Health and its affiliated businesses and pharmacy partners to collect and use my information for the fulfillment and delivery of my order. The medication prescriptions I have requested were lawfully prescribed by a qualified and licensed physician. I have attended, have had a physical examination, and have received a prescription from a duly licensed practitioner within the last year, and do not require any additional physical examination.

2. The licensed pharmacies Canada Online Health works with are licensed to dispense, and can only dispense, medications that are approved and authorized for sale within the jurisdictions of their licensed operations.

3. I expressly grant to Canada Online Health, and to the licensed pharmacy or pharmacies dispensing medications to me, power of attorney to take all steps, sign all documents, act on my behalf for the purposes of obtaining a prescription recognized and valid within the dispensing pharmacy's home jurisdiction, as well as packaging and shipping the medications to me. This authorization shall include, but not be limited to, the collection of my personal and health information, and the disclosure of such information to any pharmacist, physician, or other health professional being retained on my behalf, as required.

4. Any dispute, complaint, demand, claim, or cause of action relating to pharmacy services will be governed by the laws of the jurisdiction of the pharmacies. In such event, I expressly authorize Canada Online Health to act on behalf of the pharmacy and the courts that the jurisdiction will have sole and binding authority to settle any and all disputes.

I specifically confirm, acknowledge and agree that each and every one of these terms and conditions, without limitation, will apply automatically and without further notice to all transactions between Canada Online Health and the Patient. Any authorization and consent included in these terms and conditions will continue until I cancel them, which I can do at any time. However, if I cancel my authorization and consent, Canada Online Health may be unable to provide services to me.

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.

Patient's Signature: __________________________ Date: MM/DD/YY
Payment Options (Please Select One)

☐ Personal Check

I will mail a certified check to:

Canada Online Health
306-1500 14th Street SW
Calgary, Alberta, Canada T3C 1C9

Canada Online Health accepts personal checks, bank drafts, money orders, and certified checks.

☐ Credit Card

☐ Visa ☐ MasterCard ☐ AMEX

Cardholder’s Name: ____________________________
Cardholder’s Address: ____________________________
City: ____________________ State/Province: __________
Zip/Postal Code: _______________ Country: __________
Credit Card Number: ____________________________
Expiry Date (MM/YY): ____________________________
CVV Code: ____________________________

Join Our Referral Program

Save 25% on this, your first order Simply share with us who referred you!

Name of person who referred you: ____________________________ Their phone number: ____________________________

Referrer must be an existing patient with a previous order to qualify.

☐ YES! Please send me a Referral Rewards Program package! ☐ YES! I agree to receive emails from CanadaOnlineHealth.ca

Prescription Submission

Use this form to submit your prescription(s).

Full Name ____________________________ Patient ID ____________________________ (Office Use Only)

Send it back to us to complete your order.

Phone Number ____________________________ Order ID ____________________________ (Office Use Only)

YOUR PHYSICIAN

Primary Physician’s Name ____________________________ Clinic Name, Street Address

City ____________________________ State/Province ____________________________ Country ____________________________ Zip/Postal Code ____________________________

Phone Number ____________________________ Ext. ____________________________ Fax Number ____________________________ Email ____________________________

☐ OPTION 1 (FASTEST) EMAIL OR FAX A COPY OF YOUR PRESCRIPTION(S) AND THEN MAIL ORIGINALS

Scan or use your camera (Smartphone) to take a clear picture of your original prescriptions, and then email them in full quality to:

Prescriptions@CanadaOnlineHealth.ca

Subject line of your email: Prescription(s) for (type your name)

OR Send by FAX to: 1-888-230-3889 (International: 1-403-206-2231)

Sending the scan will allow your order to continue processing. Please email your original prescription to:

Canada Online Health
306-1500 14th Street SW
Calgary, Alberta, Canada T3C 1C9

☐ OPTION 2: CONTACT YOUR DOCTOR *

Please list the medications you would like us to call your doctor about. (* Option 2 only available to residents of the United States and Canada)

THANK YOU FOR YOUR ORDER!

Questions? Call us toll free at 1-800-399-DRUG (3784) or visit www.CanadaOnlineHealth.ca