Canadian Meds USA

SIGN UP & START SAVING TODAY

1. Call 1-877-933-0505 to Register by Phone
2. Fax Completed Registration Form to 1-877-933-3625
3. Email forms and Rx(s) to customerservice@canadianmedsusa.com

Affiliate Code 102

1. Personal Information (Strictly Confidential - ALL fields must be completed)

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email Address _____

Birth Date _____ Weight _____ lbs. Sex M ☐ F ☐ Smoker? Y ☐ N ☐

Do you have any allergies (including drug allergies)? Y ☐ N ☐ If yes, please list (attach separate sheet if necessary) _____

How did you hear about us? _____

To help our pharmacists asses any possible interactions, please list all of the medications that you are currently taking, and indicate how long you have been taking each one (attach sheet if needed) _____

2. What medication(s) would you like us to provide? (3 month maximum per order—attach a separate sheet if required)

Drug	Strength	Medical Condition	Quantity Requested	Generic If Available?	Childproof Caps?
				Y ☐ N ☐	Y ☐ N ☐
				Y ☐ N ☐	Y ☐ N ☐
				Y ☐ N ☐	Y ☐ N ☐

You may be contacted by one of our pharmacists who will provide advice and counsel on your prescriptions

3. Do you wish to pay by Visa, MasterCard, or personal check or money order?
Pay by personal check or money order--- and SAVE AN ADDITIONAL 4%!

PLEASE COMPLETE ONE OPTION ONLY:

(a) Credit Card Information (VISA or MasterCard only)

Name as it appears on Credit Card:

_____

Card Number: _____

Expiration Month: _____ Expiration Year: _____

Address of Cardholder if different from patient:

Street: _____

City _____ State: _____ Zip: _____

(b) Personal Check – By Mail to Canadian Meds USA ☐

To pay by mailed check or money order, call 1-877-933-0505 to confirm the exact amount of your payment.

4. Release (please sign and date below to authorize us to act on your behalf)

I appoint **Canadian Meds USA** and The Canadian Drugstore (hereinafter the "Company") as my agent to purchase my medication from a pharmacist outside the United States and arrange for shipping (note: the Company's prices include these services). I agree that medical advice is the sole responsibility of my U.S. doctor and understand that the Company cannot assess and makes no representations regarding the suitability or dosage of my prescription. I hereby authorize the Company to disclose my personal and medical information, related solely to filling my prescriptions, to the doctors and pharmacists that the Company uses, and further give my permission for the Company to contact me regarding new information and updates. In the unlikely event that a dispute arises between me and Canadian Meds USA, the courts of Colorado, USA shall have sole and exclusive jurisdiction and Colorado law will apply. In the case of a dispute between me and The Canadian Drugstore, the courts of Ontario, Canada will have exclusive jurisdiction and the law of Ontario, Canada will apply.

Signature: _____ Date: _____

Please include your prescription(s) - or have your doctor fax your prescription(s) to us at 1-877-933-3625