

CanadaDrugPharmacy.com

PO Box 97176, Richmond Main Post Office

Richmond, BC, Canada V6Y 4H4

Toll Free Phone: 1-877-275-1525 • Toll Free Fax: 1-877-558-5459

www.CanadaDrugPharmacy.com

New Prescription & Refill Order Form

Patient Information				WB-CDP	
First Name:		Last Name:			
Telephone Number: ()		Secondary Telephone: ()			
Shipping Address: (Street & Apt. #) – if different from above					
City:		State:		ZIP:	
Have there been any changes to your health <u>OR</u> medications being taken (i.e. changes in strengths or quantities) since placing your last order? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If <u>YES</u> to the above , please describe in detail any changes below:					
Medications Being Refilled					
Drug Name		Strength	Quantity	Generics (Y or N)	Price (USD)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
Shipping and handling fees are \$10.00 per package, not per prescription.				Shipping	
				Total	
Has your billing information changed since your last order? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If <u>YES</u> to the above , please complete the following:					
*How would you like to pay for your medications? (Check one only)					
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Money Order					
** Please make all money orders and bank drafts payable to: Canada Drug Pharmacy **					
*Name on Credit Card:			*Credit Card Number:		
*Credit Card Verification Number: (The verification number is a 3-digit number printed on the back of your card. It appears after and to the right of your card number on the signature field.)			*Card Expiry Date: ____ / ____ (mm/yy)		
Fax to 1-877-558-5459 for Processing					