

Federal Drugs | Patient Form

Once completed, detach and fax toll-free to: 1-877-FED-4404

Patient Information

Male
 Female

_____/_____/_____
Patient Name Birthdate (MM/DD/YY)

Shipping Address

City State Zip

Phone (Home) Phone (Work)

Email Address

Secondary Contact

Full Name of Secondary Contact

Relationship To You Phone Number

Your Physician

Primary Physician's Name

Phone Number Ext. Fax Number

Medication Order Form

(Attach additional sheet if required)

Important: Original Prescriptions must accompany this form.

Brand Only	Generics Permitted	Requested Medications	Strength	QTY	Price
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				

Please note that we will fill your prescription where applicable in the manufacturer's sealed containers. For example, if your prescription calls for 90 tablets, but the manufacturer supplies bottles of 100, we will fill for 100 tablets.

Add \$15.00 Shipping & Handling to U.S. (Trackable Insured Shipping via Express Post)	\$15.00
(Payment in U.S. Funds) Total Enclosed	

Drug Information

Please choose one of the following 3 options:

- I understand my medications and do not need to speak to a pharmacist or receive information sheets.
- I do require medication information sheet only.
- I would like to speak to a pharmacist about my medications.

If you require drug information as indicated above, how would you like to be contacted?

Please note: A pharmacist may contact you with any questions regarding your medication

Telephone: _____

Fax: _____

Email Address: _____

Current Medications

This is for our records only and will be kept confidential. Listing other medications that you are currently taking will help us create a more complete medical history for you.

Please list any known drug allergies.

Medical History

Please list present illness: (ongoing) eg. Diabetes, Heart Disease, Osteoporosis, etc. (attach separate sheet if required).

Method of Payment

Please indicate your method of payment and fill out the requested details:

- VISA MasterCard
 VISA Debit MasterCard Debit
 Pre-Authorized Payment Personal Check
 International Money Order Please make checks payable to Federal Drugs

Credit Card Payment

Credit Card #:

Exp. Date: /

Name on Card: _____

Signature: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email Address: _____

Pre-Authorized Payment

Contributor's Name on Account: _____

Bank Account #: _____

Transit #: _____

Name and Address of Bank or Trust Company: _____

I hereby authorize my account to be debited by Federal Drugs via Pre-Authorized Payment, outside of the current CPA standards.

Date: ____/____/____

Signature of Authorization: _____

Upon placing your order with Federal Drugs confirmation will be provided by the Federal Drugs Confirmation Department.

Your Pre-Authorized Payment debit will be processed within a 24 hour period for the amount that will be confirmed.

To ensure accuracy, a sample check, marked "VOID" must accompany this form. Notification to cancel this payment method or change any details of this payment must be received in writing to Federal Drugs.

CPA - Canadian Payment Standards require notification of a 10 day period before debiting an account. This authorization will shorten this notification period to 24 hours.

Referred by:

Full Name: _____ Ph: _____

I confirm that a U.S. Physician will regularly monitor me and that I have had a physical examination within the past 12 months. I certify that I have read and understood the Authorization and Release and that the information provided by me is accurate and true.

Patient's Name (Please Print) _____

Date ____/____/____

Patient's Signature _____

Return this form by mail or fax to: **Federal Drugs**

Toll-Free Phone: 1.877.FED.5544 | Unit 5, 1680 Notre Dame Ave.,
Toll-Free Fax: 1.877.FED.4404 | Winnipeg, MB, Canada, R3H 1J1

Ordering Tips:

- Confirm drug availability and price before placing order. For fastest service call us toll free at 1.877.FED.5544.
- To prevent delays, please ensure all forms are completed, signed and dated.
- For fastest service we recommend you fax your order and pay by VISA or MasterCard. This will also allow you to place refill orders by phone.
- Reduce your shipping costs by ordering all your prescriptions at one time. By doing so, you will only be charged one shipping fee.
- We do not ship narcotics, controlled substances, or habit forming medications.

Authorization and Release Form

I the Undersigned hereby represent and confirm to Federal Drugs and to each of its affiliates, associates, Fulfillment Centers (defined below), related companies, subsidiaries, parent company, and each of their respective directors, officers, shareholders, employees, contractors, subcontractors, successors and assigns that:

1. I am delivering this Agreement to Federal Drugs for the purpose of placing an order for certain medications ("Ordered Products") on the terms and conditions set out herein.
2. I am of the age of majority in the jurisdiction in which I ordinarily reside (the "Place of Residence") and am not restricted from making my own medical decisions under the laws of my Place of Residence.
3. The Ordered Products were prescribed to me by a duly qualified medical practitioner ("My Doctor") in my Place of Residence, or where I sought treatment and no laws have been violated in obtaining the prescription ("My Prescription") for the Ordered Products.
4. The Ordered Products will not be used in any way whatsoever, except as prescribed by My Doctor, and as such will be used only by me.
5. My Prescription has not been altered in any way, nor has it been filled prior to submission to Federal Drugs. I agree to immediately destroy all copies of My Prescription once it has been filled.
6. It is my responsibility to have regular physical examinations by My Doctor that is responsible for my care including all suggested testing, to ensure that I have no medical conditions or problems which could cause adverse effects to me by taking the Ordered Products. I will immediately contact My Doctor in the event I suffer any unexpected side effects from any of the Ordered Products.
7. Federal Drugs has and will continue to rely on the information and documentation that I am providing to them, and I represent and confirm that I have fully and truthfully disclosed all pertinent information and documentation to Federal Drugs. I agree to notify Federal Drugs of any changes to my physical or medical condition.

I hereby authorize and appoint Federal Drugs as my agents and attorneys for the limited purpose of taking all steps and signing all documents on my behalf which are necessary to permit the delivery of the Ordered Products to me, to the same extent as I could do personally if I were present taking those steps and signing those documents myself. This authorization shall include, but not be limited to: collecting personal health information about me; collecting similar information from My Doctor or pharmacist, and disclosing that personal health information to Federal Drugs employees, agents, contractors, subcontractors, affiliates, service providers, and fulfillment pharmacies, including without limitation any physicians, any Fulfillment Pharmacies, and any pharmacist being engaged on my behalf (collectively "My Agents"), as required, for the limited purpose of obtaining my Ordered Products. Neither Federal Drugs nor My Agents provide their agency or attorney services as a substitute for the advice of My Doctor.

I hereby specifically acknowledge and consent that Federal Drugs will be transmitting my personal health information by electronic (for example fax, or secure internet) or verbal means to My Agents. Federal Drugs, as a custodian of my personal health information, will take all appropriate precautions to protect my personal health information from disclosure or improper use.

Federal Drugs may, as my agent and under my direction, select a licensed pharmacy or fulfillment center in Canada or other countries (the "Fulfillment Pharmacies") to dispense my Ordered Products. My Ordered Products will be shipped directly to me by (and I am purchasing my Ordered Products from) the Fulfillment Pharmacies.

I specifically acknowledge and agree that any and all agreements reached or contracts formed throughout the course of my purchase of my Ordered Products, and also in respect to any dispute that may arise between me and Federal Drugs or My Agents, shall:

- A. in respect of any Ordered Products that are dispensed by Federal Drugs, in the Province of Manitoba, Canada, shall accordingly be governed by the laws of the Province of Manitoba, Canada.
- B. in respect of any Ordered products that are dispensed by any Fulfillment Pharmacies in their respective jurisdiction, shall accordingly be governed by the laws of that respective jurisdiction.

The providers reserve the right to not accept any order cancellations after 48 hrs. of receiving your order. Cancelled orders may be subject to a cancellation fee.

As per the pharmaceutical act of Manitoba Regulation 23(1) "A pharmacist shall not accept for return to inventory any drug that has been previously dispensed". The Ordered Products may not be returned for a refund or an exchange.

If the Undersigned is placing the order on behalf of someone else, the Undersigned represents that they have all necessary consent, permission and authorization to do so on behalf of that person and their heirs, agents and successors and the person they represent agrees to all of the above terms and conditions, understands all of the above conditions and has had an adequate opportunity to consult any advisors necessary, whether medical, legal or otherwise.

By signing this document I confirm that I have read and understood these terms and conditions and that these terms and conditions will apply to and govern any orders by me of medications from Federal Drugs, unless I specifically indicate otherwise at the time of ordering such medications. Without limiting the forgoing, each authorization and consent provided by me in this agreement will continue until I cancel such authorization or consent (which I can do at any time).