



202A, 8322-130th Street
Surrey, British Columbia
Canada V3W 8J9

Tel: 1-877-888-3784
Fax: 1-866-364-9987
www. Medisave.ca

STEP 1: Please complete this form, all fields with * must be filled out to be valid.
Read and sign the Authorizations and Release Form.
All information provided will be kept confidential.

STEP 2: Get your prescriptions from your doctor(s).

STEP 3: Please return the forms along with your prescriptions back to us either by mail or by fax.

Please be advised to contact Medisave.ca 2-3 weeks prior to requirement of refill prescriptions.

***MEDICATIONS BEING ORDERED**

☺ Please note that all prices and quantities will be confirmed with you before processing your order.

BRAND	GENERIC	MEDICATION NAME	DOSAGE	QUANTITY
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

***HOW DID YOU FIND Medisave.ca?**

- Internet (link, search engine, etc.)
- Print Ad
- Doctor
- Referred by: _____
- Other

***HAVE YOU PREVIOUSLY FILLED OUT THIS FORM?**

(Please check one appropriate field)

- Yes
- No

If yes please describe any changes to your health, medications, or exercise routine since the last time you gave information:

Please print clearly and FAX to: 1-866-364-9987
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CANADA'S LEADING ONLINE PHARMACY.



***PATIENT INFORMATION FORM:**

* Fields must be filled to be valid

*Last Name:	*First Name:
*Telephone: ()	*Alternate No: ()
*E-Mail Address:	*Mailing Address: Apt #/Street:
*City:	*State/Zip Code:
*Date of Birth (mm/dd/yy): / Age:	**Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
*Height: ft. inches	*Weight: lbs.

***WHAT MEDICAL CONDITION(S) ARE YOU BEING TREATED FOR?**

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Acid Reflux | <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Menopause |
| <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> Cholesterol | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Thyroid Disorder |
| <input type="checkbox"/> Blood Disease | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Fluid Retention | <input type="checkbox"/> Migraines | |

OTHER/COMMENTS:

***DO YOU SMOKE?**

Yes No

***DO YOU DRINK ALCOHOL?**

Yes No

***ARE YOU PREGNANT OR BREASTFEEDING AT THIS TIME?**

Pregnant Breastfeeding No

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***PLEASE INDICATE ANY DRUGS ALLERGIES THAT YOU MAY HAVE:**

***PLEASE LIST BELOW ALL PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS THAT YOU ARE CURRENTLY USING:**

MEDICATION NAME	DOSAGE	QUANTITY
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

***PAYMENT OPTIONS**

Money Order Certified Check

Billing Address (if different from above)	Suite #:
Street Address:	Zip / Postal Code:
City:	State/Province:

Note: All prices are in US funds and there is a \$14 shipping fee per order.

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***AUTHORIZATION AND RELEASE FORM:**

*Patient Signature:	*Witness Signature:
*Patient Printed Name:	*Witness Printed Name:
*Date:	*City/Town where signed:

By signing above, each time you place an order with us, you acknowledge and agree to the following:

I agree to all of the following terms and conditions on behalf of myself, my heirs, assigns and successors. I further represent that I understand all of the following terms and conditions and that I have had adequate opportunity to consult any advisors necessary, whether medical, legal or otherwise. In the event that I am placing the order on behalf of someone else, I also represent that I have all necessary consent, permission and authorization to do so on behalf of that person and their heirs, assigns and successors.

LEGAL STATEMENT AND TERMS OF SERVICE

1. The Sale of Products are governed by the laws of the jurisdiction from which the products are shipped to me (unless MEDISAVE.CA elects otherwise at its sole discretion), without regard to conflict of laws principles.
2. By using the website, MEDISAVE.CA, I acknowledge and accept that products purchased from the website are dispensed from the following countries by the corresponding dispensaries which are partnered with MEDISAVE.CA:

CANADA

Dispensary: Candrug, #202-8322 130th Street, Surrey, BC V3W 8J9, Canada.

Regulatory Authority: College of Pharmacists of British Columbia

INDIA

Dispensary: Moirae Generics Pvt. Ltd. B-710, Sagar Tech Plaza, Sakinaka Junction, Andheri (E), Mumbai - 400 072, India

Licensing Authority: Assistant Commissioner, Food and Drug Administration, Mumbai Maharashtra

Dispensary: Lawrance Walter, 3rd Floor Plot No. 3, 4 & 5 LSC, "J" block, Ashok Vihar Phase I, New Delhi – 110052, India

Licensing Authority: Assistant Commissioner, Food and Drug Administration, Delhi

MAURITIUS

Dispensary: Zapatero International, Mer Rouge, Port Louis, Mauritius

Regulatory Authority: Ministry of Health & Quality of Life Mauritius

NEW ZEALAND

Dispensary: Guys Pharmacy (2001) Limited, c/- Markhams MRI Auckland Limited, Level 10, Q and V Building, 203 Queen St. Auckland 1010

Regulatory Authority: Ministry of Health, New Zealand

SINGAPORE

Dispensary: Alps Pharmacy, Alps Avenue, #03-01 Lian Soon Amenity Centre Singapore 498787

Regulatory Authority: Health Sciences Authority, Singapore

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TURKEY

Dispensary: CAN Pharmacy, Kosuyolu Cad., No:150, Kadikoy, Istanbul, Turkey

Regulatory Authority: Provincial Health Administration, Republic of Turkey, Governorship of Istanbul
UNITED KINGDOM

Dispensary: London Pharmacy Unit 13 Derby Rd. IND EST. Hounslow TW3 3UH.

Regulatory Authority: Royal Pharmaceutical Society of Great Britain

UNITED STATES

Dispensary: Liddy's Pharmacy LLC, 4204 South Florida Avenue, Suite D and E, Lakeland FL, 33813

Regulatory Authority: State of Florida, Department of Health, Division of Medical Quality Assurance

Please note from time to time we may dispense from other approved licensed dispensaries that are not included in the list above. Our customer service department will be happy to provide you with the exact dispensing pharmacy when you place your order.

3. Products sold by MEDISAVE.CA from its Partnered Dispensaries are predominantly purchased from outside the USA. This means that the packaging may be different to that available in stores in USA. You agree to accept the products 'as is' and will not object to this.
4. MEDISAVE.CA accepts no liability for the contents for the website or any of the products sold. MEDISAVE.CA's liability for any product which is defective or causes loss or damage of any kind is limited to the cost of the product or the provision of a replacement.
5. It is your responsibility to ensure that your use of MEDISAVE.CA and the purchase of any products from MEDISAVE.CA comply with the law where you are. MEDISAVE.CA makes no representation or warranty in this regard.
6. Prescription products cannot be returned or replaced.
7. By using MEDISAVE.CA and purchasing products from MEDISAVE.CA, you agree that you are not doing so for the purposes of taking legal action against MEDISAVE.CA.
8. Prices are subject to change without notice.

AUTHORIZATION AND CONSENT

I hereby appoint MEDISAVE.CA as my agent and attorney for the limited purpose of taking all steps and signing all documents on my behalf necessary to obtain a prescription in the country where the dispensary is located that is the equivalent of the prescription that I sent to MEDISAVE.CA (the 'Equivalent Prescription') 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 prescribing physician or pharmacist, and disclosing that personal health information to MEDISAVE.CA, its employees, agents, affiliates and service providers, including without limitation any authorized physician licensed in the country where the dispensary is located and any dispensary or pharmacist being retained by MEDISAVE.CA on my behalf (collectively the 'MEDISAVE.CA Agents'), as required for the limited purpose of obtaining the Equivalent Prescription and filling my Order.

DISCLOSURE AND REPRESENTATIONS

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I represent that all of the following statements are true and understand that MEDISAVE.CA, it's Partnered Dispensaries, their employees and contractors (physicians and nurses, pharmacists and pharmacy technicians) are relying on the following representations:

1. I am of the age of majority or older according to the laws of the state in which I reside ("My Place of Residence").
2. I can make my own medical decisions according to the laws of My Place of Residence.
3. A duly qualified medical practitioner in My Place of Residence ("My Medical Practitioner") prescribed the pharmaceutical product(s) ("the Ordered Product") that I am requesting MEDISAVE.CA to assist me in obtaining.
4. The pharmaceuticals requiring a prescription must be prescribed by a physician licensed to practice in the jurisdiction where the patient resides or sought treatment.
5. The prescription that I am requesting MEDISAVE.CA to assist me in obtaining has not been altered in any way nor has it been filled prior to submission to MEDISAVE.CA. I agree to immediately destroy all copies of my prescription once it has been filled.
6. I will use any medication obtained for me by MEDISAVE.CA strictly in accordance with the instructions provided by My Medical Practitioner.
7. I place this order for medication for my sole use and I will not provide any of this medication to another person. I am not seeking or relying on any medical information from MEDISAVE.CA.
8. I will immediately contact My Medical Practitioner in the event I suffer any unexpected side effects from any medication(s) provided to me by MEDISAVE.CA's partnered dispensaries. MEDISAVE.CA has made no representations or warranties to me, including, without limitation, representations or warranties regarding the use or fitness for any particular purpose of the medication(s) delivered (including, without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease, or its potential or actual side or adverse effects whether previously known or unknown).

PURCHASE AND SALE TERMS

1. If I choose to pay for my order by credit card, MEDISAVE.CA will charge my credit card the following amounts (all prices in US funds):
 - a. The medication price as posted on MEDISAVE.CA's website on the day MEDISAVE.CA receives my order,
 - b. A \$10.00 Shipping/Insurance Fee for each package MEDISAVE.CA ships; and
 - c. Any applicable taxes
2. In the event my payment is not authorized by my credit card company, MEDISAVE.CA has the right to cancel my order and attempt in good faith to promptly notify me of such cancellation.
3. MEDISAVE.CA reserves the right, in its sole discretion, to refuse to process any order, in which event I will be entitled to a prompt refund of all monies paid for such order, if any.
4. MEDISAVE.CA does not fill any orders using child protection packaging.
5. MEDISAVE.CA is not providing its services as agent or limited power of attorney as a substitute for health care or the advice of a licensed medical practitioner.
6. MEDISAVE.CA will not exchange medication or return any monies paid once an order is filled, unless the medication provided to me by the supplying dispensary does not correspond with my prescription.
7. I appoint a courier or postal service to act as my agent for the purposes of taking possession of the products on order and having them delivered to my address.
8. I am solely responsible and take full possession of my order at the time of shipment (or point of origin) from MEDISAVE.CA and its Partnered Dispensary(s).
9. I acknowledge that the entire consultation with any pharmacist or dispensary or contracted physician takes place in the jurisdiction where those services are being performed, and that all treatment

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that I receive from each of the pharmacists, dispensary and physicians is being received in the jurisdiction in which each of those pharmacists, dispensary or physicians is licensed or operates.

RELEASE AND WAIVER

I hereby release and hold harmless MEDISAVE.CA, its Partnered Dispensaries, the authorized physician licensed in the country where the dispensary is located, their officers and directors, agents, employees and contractors (including physicians and nurses, pharmacists and pharmacy technicians) from any and all suits, demands, liabilities, claims, actions, expenses, losses and damages of any kind or nature whatsoever, including, without limitation, general, direct, special, indirect and consequential damages and costs of litigation (including reasonable attorney fees) arising from:

1. My use of the medication(s) provided to me by MEDISAVE.CA's Partnered Dispensary(s) including, without limitation, any and all side effects whether previously known or unknown;
2. The manner or timeliness of completion by MEDISAVE.CA or its Partnered Dispensary(s) of any of the actions I have authorized; and
3. My breach of any terms, conditions or representations or warranties in this agreement.

GOVERNING LAW

This agreement, along with any disputes that may arise, shall be governed by and construed in accordance with the laws of jurisdiction from which the product(s) are shipped to me (unless MEDISAVE.CA elects otherwise at its sole discretion), without regard to conflict of laws principles. I have read and understand all of the foregoing.

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