

CanadaDrugCenter.com

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Richmond, BC, Canada V6Y 4H4

Toll Free Phone: 1-877-270-3784 • Toll Free Fax: 1-877-777-9144 •
www.CanadaDrugCenter.com

New Prescription & Refill Order Form

Patient Information			WB-CDC	
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 OR medications being taken (i.e. changes in strengths or quantities) since placing your last order? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If YES 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 YES 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"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Money Order				
** Please make all money orders and bank drafts payable to: GLOBAL HEALTH SUPPLIES **				
*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 1-877-777-9144 for Processing				