

## NEW PATIENT ORDER FORM

All questions contained in this questionnaire are strictly confidential

<b>Your Full Name:</b>		<input type="checkbox"/> <b>MALE</b> <input type="checkbox"/> <b>FEMALE</b>	<b>Birthdate (MM/DD/YY)</b>
Street Address:		City:	State/Province:
Phone (Home):		Country:	
Phone (Other):		Zip/Postal Code:	
Best time contacted:		Height (Feet)	(Inches)
Email address:		Weight (Pounds):	
Secondary Contact (Full name):		Phone Number:	Relationship:

### PERSONAL HEALTH HISTORY

<b>Drug Allergies:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, what are they:</b>	
<input type="checkbox"/> I am a smoker	<input type="checkbox"/> Currently pregnant or attempting to get pregnant
<b>Is this order for a pet?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (Please specify) Pet Name:

**Medication, OTC, Herbal Products You Are Currently Taking (Only list medication you are *NOT* ordering)**

MEDICATION	DOSAGE	FREQUENCY

**Would you like to receive a call to remind you of future refills?** ☐ YES ☐ NO

### MEDICATION ORDER

For medication(s) that you wish to order, please enter the quantity and listed price, as obtained through our website or customer service center.  
An original prescription from your doctor is required. Please see options below on how to send your prescription(s).

	MEDICATION	STRENGTH	QTY	PRICE
<b>*FREE regular shipping (US address only).</b> Please call 1-800-CAN-DRUG (226-3784) for tracked, expedited, and international rates.			*SHIPPING	
			TOTAL	

#### ☐ **OPTION 1 - EMAIL OR FAX A COPY OF YOUR PRESCRIPTION(S) AND THEN MAIL THE ORIGINAL(S)**

The fastest way for us to receive your prescription is by sending a copy via fax or email. We require that you mail us the original prescription after sending a copy.

If you are taking a picture of your Rx, please ensure the photo is clear and the entire prescription is included.

It is considered **original prescription** if it was sent directly to us from the doctor's office via fax, email, or called in from your doctor's office.

Please send your prescription(s) via:

EMAIL: [prescriptions@canadadrugstore.com](mailto:prescriptions@canadadrugstore.com)  
**Email subject line: Prescription(s) for (TYPE YOUR FULL NAME)**  
 FAX: **1-888-219-2516** | International Fax: **1-204-410-3074**

MAIL ORIGINAL TO: **Jason's Canada Drugstore**  
**Suite# 357, 23-845 Dakota St**  
**Winnipeg, Manitoba Canada R2M 5M3**

#### ☐ **OPTION 2 - CONTACT MY DOCTOR AND SUBMIT A PRESCRIPTION REQUEST\***

Please list the medication(s) for prescription request. (**\*available to US and Canada residents only**)


<input type="checkbox"/> <b>OPTION 2</b>		<b>Prescription Submission</b>	
Use this form to submit your prescription(s). Send it back to us to complete your order.		Full Name _____ Phone Number _____	
<b>YOUR PHYSICIAN</b>			
Name: _____ Clinic Name, Street Address _____ City: _____ State/Province _____ Country _____ Zip/Postal Code _____ Phone Number _____ Ext. _____ Fax Number _____ Email _____			
<b>Payment Options (Please Select One)</b>			
<input type="checkbox"/> <b>Personal Check</b>		<input type="checkbox"/> <b>Credit Card</b>	
Acceptable payment options: <ul style="list-style-type: none"> <li>ACH or direct bank withdrawal (copy of VOID CHECK is required)</li> <li>personal check</li> <li>bank draft, money order, or certified check</li> <li>AMEX</li> <li>Visa, Master Card, E-transfer <b>(for Canadian residents only)</b></li> </ul> Mail payment(s) to: <b>Jason's Canada Drugstore</b> <b>Suite# 357, 23-845 Dakota St</b> <b>Winnipeg, MB Canada R2M 5M3</b>		<div style="text-align: center; padding-bottom: 10px;"> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX         </div> Cardholder's Name: _____ Cardholder's Address: _____ City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____ Credit Card Number: _____ Expiry Date (MM/YY): _____ CVV Code: _____	
<b>Join Our Referral Program</b> Save with our Referral Rewards Program! – Earn 5% from Primary Referrals & Earn 2.5% Secondary Referrals Simply share with us who referred you! Name of person who referred you: _____ Their phone number : _____ Referrer must be an existing JCD patient with a previous order to qualify. <div style="text-align: center; padding-top: 10px;"> <input type="checkbox"/> <b>YES! Please send me a Referral Rewards Program package!</b> <input type="checkbox"/> <b>YES! I agree to receive emails from CanadaDrugstore.com</b> </div>			

**THANK YOU FOR YOUR ORDER!**  
 Questions? Call us toll free at 1-800-CAN-DRUG (226-3784) or visit [www.CanadaDrugstore.com](http://www.CanadaDrugstore.com)

## Terms and Conditions

I am over the of majority in the jurisdiction where I live and fully agree to the Terms and Conditions of Sale (below), or, I am the parent/legal guardian/power of attorney for the patient disclosed herein, am over the age of majority, and have full authority to sign for and provide the representation listed in the Terms and Conditions of Sale to the pharmacy on the patient's behalf.

**PLEASE SIGN AND DATE TO CONFIRM YOUR ORDER** ➔

Patient's Signature

Date: MM/DD/YY

### Terms and Conditions of Sale

Jason Canada Drugstore.com ("JCD") specializes in the provision of distance based pharmacy care and mail order delivery of pharmacy medicine from its pharmacy located at 123 St. Anne's Road, in Winnipeg, Manitoba, Canada. The following terms and conditions apply to all sales and delivery of pharmacy medicine between JCD, and you, the patient. By accepting delivery of the products and services from JCD, you agree to be bound by and accept these terms and conditions of sale.

**About You.** By placing an order with JCD, you acknowledge that you are of the age of majority in the jurisdiction where you live, are entitled to make your own medical decisions, are of sound mind, and understand and consent to these terms and conditions of sale without undue influence or duress. You acknowledge that these terms of sale are readily accessible on a 24-hour basis on the JCD website (located at [www.canadadrugstore.com](http://www.canadadrugstore.com)) and that you have every opportunity to obtain independent legal advice with respect to them.

**Prescription Required.** You acknowledge that JCD will not accept any prescription medication order unless you deliver a valid prescription to us, which is a prescription issued by a licensed practitioner based upon and after the appropriate personal examinations as determined by your home jurisdiction's medical standards of practice.

**Your Prescription.** The medications you have requested were lawfully prescribed by a qualified and licensed physician. You have attended, have had a physical examination, and have received a prescription from a duly licensed practitioner within the last year, and do not require an additional physical examination. You have not altered your prescription in any way. The duty of care with respect to the prescribing of your medications is and shall remain the responsibility of your physician. You will consult with your physician for any appropriate monitoring and testing. You will use your medication only as directed by your physician, and will remain under the care of your physician while taking your medication. Except as specifically authorized by law (and further clarified herein), you are not purchasing medications for anyone else, and you will be the only person using the medication obtained from JCD. In the event that you are unable to personally place your order with JCD (and its Partners) due to age or infirmity, you can authorize someone else to place your order and assist you in acquiring your medications, so long as they have power of attorney over your affairs, and provide a copy of their legal authorization to act on your behalf to JCD.

**Power of Attorney.** You expressly grant to JCD (and its Partners) power of attorney to take all steps, sign all documents, and act on your behalf for the purposes of obtaining a prescription recognized and valid within the dispensing pharmacy's home jurisdiction, as well as packaging and shipping the medications to you. This authorization shall include, but not be limited to, the collection of your personal and personal health information, and the disclosure of such information to any pharmacist, physician, or other health professional being retained on your behalf, as required.

**Canadian and International Medications.** JCD is a licensed Canadian pharmacy operating out of Winnipeg, Canada, and legally licensed and authorized by the College of Pharmacists of Manitoba and Health Canada to fill and dispense Canadian medications only.

**Prices; Payment Terms.** The prices of the medications you order shall be confirmed at the time of JCD's acceptance of your order. Prices may be subject to change without notice. Unless otherwise specified in writing, payment must be received at the time of or prior to our acceptance of your order. We provide several options for payment.

**Shipping Charges and Taxes.** You are responsible for all shipping charges associated with your order. Details regarding these charges will be set out clearly on your invoice, which shall be provided to you with or at the same time as your order. If you have any questions regarding any charges on your order, please call us.

**No Medication Returns.** Medications cannot be returned for refund or exchange. Pursuant to Health Canada regulations and instructions, JCD cannot accept returned medications.

**Privacy Authorization.** You have fully and accurately disclosed your personal and health information us, and authorize JCD (and its affiliated businesses and partners) to collect and use your information for the fulfillment and delivery of your order. By submitting an order, you have consented to JCD's (and its Partners') collection and use of your personal information.

**Products and Services.** JCD may revise and discontinue any products and services displayed on its website at any time without notice. If you have any questions about JCD's products or services, please call us.

**Delivery.** Delivery of the medications you order takes place when they leave the pharmacy. After delivery, JCD will, as attorney and agent for you, arrange for shipment of the medications to your home address. Normally, shipments take an average of 14-21 days to arrive. In the event that your shipment is delayed, and upon notice from you, we will arrange for a replacement order to be sent to you. JCD is not liable for any damages suffered due to delays in shipment or failure of the product to arrive within a specific number of days. You release and discharge JCD's directors, officers, agents and employees from any and all liability, claims actions or causes of action with respect to any errors or omissions by the carrier responsible for delivering your medication to you.

**Warranties.** THE MANUFACTURER OF EACH PRODUCT IS SOLELY RESPONSIBLE FOR ANY WARRANTY ASSOCIATED WITH THE PRODUCT. TO THE MAXIMUM EXTENT PERMITTED BY LAW, JCD DISCLAIMS ALL WARRANTIES AND CONDITIONS, EXPRESS OR IMPLIED, IN RESPECT OF THE PRODUCTS AND SERVICES CONTEMPLATED BY THESE TERMS OF SALE, INCLUDING, WITHOUT LIMITATION, IMPLIED WARRANTIES AND CONDITIONS OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. RESPONSIBILITY FOR CLAIMS IN RESPECT OF THE PRODUCTS IS LIMITED TO REPLACEMENT OF THE PRODUCT.

**Severability.** The invalidity and unenforceability of any provisions in these Terms and Conditions of Sale shall not affect the validity or enforceability of any other provisions hereof and any such invalid or unenforceable provision shall be deemed to be severable.

**Headings.** The section headings used herein are for convenience of reference only and do not form a part of these Terms and Conditions of Sale. No construction or inference may be derived from them.

**Governing Law.** You acknowledge that if your medications are dispensed by JCD, then the pharmacy service was performed in the Province of Manitoba, in the same way as if you had physically attended to JCD's location in Winnipeg, Manitoba, Canada. Any dispute, complaint, demand, claim, or cause of action relating to JCD's services will be governed by the laws of the Province of Manitoba, the regulations of the Manitoba Pharmaceutical Association, and any applicable federal laws of Canada. In such event, you expressly attorn to the jurisdictions of Manitoba, and the courts in Manitoba will have sole and binding authority to settle any and all disputes. If your medications are dispensed by a Partner, then the pharmacy services are performed in the jurisdictions of the Partner pharmacy, in the same way as if you had physically attended to the Partner's location. Any dispute, complaint, demand, claim, or cause of action relating to the Partner's services will be governed by the laws of the jurisdictions of the Partner pharmacy. In such event, you expressly attorn to the jurisdiction of the Partner pharmacy and the courts of that jurisdiction will have sole and binding authority to settle any and all disputes.

**YOU SPECIFICALLY CONFIRM, ACKNOWLEDGE AND AGREE THAT EACH AND EVERY ONE OF THESE TERMS AND CONDITIONS, WITHOUT LIMITATION, WILL APPLY AUTOMATICALLY AND GOVERN ANY PRESENT AND FUTURE ORDERS UNLESS YOU SPECIFICALLY INDICATE OTHERWISE AT THE TIME OF ORDERING. ANY AUTHORIZATIONS AND CONSENT INCLUDED IN THESE TERMS AND CONDITIONS WILL CONTINUE UNTIL YOU CANCEL THEM, WHICH YOU CAN DO AT ANY TIME. HOWEVER, IF YOU CANCEL YOUR AUTHORIZATION AND CONSENT, WE MAY BE UNABLE TO PROVIDE SERVICES TO YOU.**

If at any time you have questions regarding our policies please don't hesitate to contact us at [info@CanadaDrugstore.com](mailto:info@CanadaDrugstore.com).