

CANADAMEDNET

7U`hc`ZY. %d, \$! ' *% \$\$' , : Ul `hc`ZY. %!, \$! ' *% \$\$() &\$!%\$, \$`A U]b`UbX`GfYYh`J UbVti j Yfz`67z`7UbUXU"J * 6`&H(

Prescription Order Form

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Patient Information

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BLa YK _____ 8UhY`cZ6]fh. _____

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A U]b[`5XXfYggk _____

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7]lm _____ /GhUhYK _____ N]d`7cXYK _____

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D\cbY`Bc. _____ Á Ul `Bc. _____ 9a U]. _____

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Medication Name	Dosage	Quantity	Price (US\$)
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		G\]dd]b[\$12.00
		Total Amount	.

fBbmW`W`Uh]cb`cf`df]Vb[`Yffc`k]`fYei]fY`UVh U`UX`i gha YbH

Will you accept the generic version of the medication you are ordering? YES NO

Payment Method. _____ **VISA** _____ **MasterCard** _____ 7JJ & Bi a VYfSSSSSSSSSSSS

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Name on Card: _____

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Credit Card Number: _____ **Expiry Date:** _____

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Cardholders Address: (If different from above)

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Signature: _____ **Date:** _____

Please complete the form and send to Canadamednet

7U`Hc`fYY. %d, \$! ' *% \$\$' , 7UbUXUa YXbYh` &\$!%\$, \$`A U]b`UbX`GfYYh` : Ul `Hc`fYY. %d, \$! ' *% \$\$() J UbVti j Yfz`67z`7UbUXUz`J * 6`&H(

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