

**CANADAMEDNET**

Call toll free: 1-800-361-0038 Fax toll free: 1 -800-361-0045  
#200-1080 Mainland Street, Vancouver, BC, Canada, V6B 2T4

**Prescription Order Form**

**Patient Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_ Email: \_\_\_\_\_

Medication Name	Dosage	Quantity	Price (US\$)
Shipping			<b>\$12.00</b>
<b>Total Amount</b>			

(Any calculation or pricing error will require actual adjustment)

**Will you accept the generic version of the medication you are ordering?**

YES  NO

**Payment Method:** \_\_\_\_\_ **VISA** \_\_\_\_\_ **MasterCard** CVV2 Number \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Cardholders Address: (If different from above)**

\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete the form and send to Canadamednet**

Call Toll Free: 1-800-361-0038 Canadamednet, #200-1080 Mainland Street,  
Fax Toll Free: 1-800-361-0045 Vancouver, BC, Canada, V6B 2T4

**CANADAMEDNET**

Call toll free: 1-800-361-0038      Fax toll free: 1 -800-361-0045  
#200-1080 Mainland Street, Vancouver, BC, Canada, V6B 2T4

**Prescription Faxing Form**

Name : \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Attach Prescription Here

(Please ensure we can see the entire prescription)

**Please complete the form and send to Canadamednet**

Call Toll Free: 1-800-361-0038      Canadamednet, #200-1080 Mainland Street,  
Fax Toll Free: 1-800-361-0045      Vancouver, BC, Canada, V6B 2T4