

CANADAMEDNET

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

Patient History Form

Patient Information

Name: _____ Age: _____
Date: _____ Height: _____ ft _____ Inches
Address: _____ Weight: _____ lbs
City: _____ Sex: M _____ F _____
State: _____ Zip Code: _____ Birth date: _____
Home Phone: (_____) _____ Email: _____

Physician Information

Primary Physician Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Office Phone: (_____) _____

Family Medical History (Please check all applicable boxes)

- Diabetes, thyroid, or other endocrine disorders
- Cancer
- Hypertension (high blood pressure)
- Cardiovascular (heart or artery disease)
- Lipid (cholesterol) disorder
- Migraine headaches
- Other illnesses (please list below)

Patient Drug Allergies

If you have any drug allergies please list below

Signature: _____ Date: _____

Please complete the form and send to Canadamednet

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Have you had a complete physical exam in the last 12 months? Yes No

Patient Medical History (Please check all applicable boxes)

- Blood disorders
- Cancer
- Immune Disorders
- Poor Wound Healing
- Edema or excessive fluid
- Neurological disorders
- Thyroid, diabetes or other endocrine disorder, including insulin resistance
- Any known nutrition deficiency including minerals and electrolytes
- Hyperlipidemia (high cholesterol)
- Upper Respiratory Disorders
- Smoker
- Lung Disorder (ie, asthma, emphysema)
- High blood pressure
- Heart disease, including arterial sclerosis, angina, heart failure or history of heart attack
- Renal or Kidney disease
- Liver disease
- Drug allergies
- Orthopedic or muscle disorder, including fracture, joint disorder or carpal tunnel syndrome
- Emotional disorders
- Surgery
- Glaucoma
- Chemical dependency
- Others illness not yet noted
- Medications used in the last 12 months
- Rheumatoid arthritis, lupus or connective tissue diseases
- Allergies

If you answered yes to any of the questions above, please provide details below (i.e. nature of the illness, treatment or surgery performed, number of cigarettes smoked per day, and how long)

Current Medications

Please list all medications you are currently taking, including dosage and frequency

Signature: _____

Date: _____

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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			\$12.00
Total Amount			

(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

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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

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Patient Agreement

AUTHORIZATION AND CONSENT

I hereby appoint Canadamednet, its affiliated physicians, pharmacy and pharmacists as my agent and attorney for the purposes of obtaining a prescription from a Medical Doctor in Canada (the "Canada MD") which corresponds to the prescription included in this order. The acts authorized may include directly contacting my prescribing physician, and purchasing and arranging delivery of the medications prescribed in the Canadian prescription, substantially on the terms set forth below, and all to the same extent that I could if I personally took such steps. I hereby consent to and authorize Canadamednet, the Canadian MD and affiliated Canadian pharmacy to collect my personal medical information and to maintain on file the information necessary to verify and process future orders, including but not limited to my name, address, phone number and payment information. I understand that my personal information will be handled only by Canadamednet and its affiliated Canadian pharmacy's processing employees and contractors (including physicians and nurses, pharmacists and pharmacy technicians) according to the Privacy Policy as posted on the Canadamednet's website (www.canadamednet.com), the Privacy Policy may be updated from time to time.

DISCLOSURE AND REPRESENTATIONS

I represent that all of the following statements are true and understand that Canadamednet, its affiliated Canadian pharmacy, their employees and contractors (physicians and nurses, pharmacists and pharmacy technicians) are relying on the following representations:

I am at least of the age of majority or older according to the law of the state in which I reside and I can make my own medical decisions.

The prescription that I am requesting Canadamednet to assist me in obtaining was prescribed by a licensed United States (U.S.) physician and has not been altered.

I will use any medication obtained for me by Canadamednet, strictly in accordance with the instructions provided by the physician who prescribed the medication(s).

I am placing this order for medication for my sole use and I will not provide any of this medication to another person.

I have had a physical examination within the past twelve (12) months, and my current physician either conducted that examination or has reviewed the results of that physical examination.

I will immediately contact the physician who provided my prescription(s) to be filled under this order in the event I suffer any unexpected side effects from any medication(s) provided to me by Canadamednet's affiliated Canadian pharmacy. Canadamednet has made no 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).

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PURCHASE AND SALE TERMS

I choose to pay for my order by credit card. Canadamednet will charge my credit card the following amounts (in U.S. dollars): the medication price plus \$12 for each package Canadamednet ships.

In the event my credit card company does not authorize my payment, Canadamednet has the right to cancel my order and attempt in good faith to promptly notify me of such cancellation.

Whenever possible, and unless otherwise instructed by the prescribing U.S. physician or by me, Canadamednet's affiliated Canadian pharmacy will substitute lower cost generic drugs for any prescribed brand name prescription drugs.

Canadamednet is not providing its services as agent or limited power of attorney as a substitute for health care or the advice of a licensed physician.

Canadamednet will not exchange medication or return any monies paid once an order is filled, unless the medication provided to me by the supplying pharmacy does not correspond with my prescription.

I understand that this agreement will cover the initial and all subsequent purchases from Canadamednet.

GOVERNING LAW

This agreement, along with any disputes that may arise, will be governed by and construed in accordance with the laws of the Province of British Columbia, Canada.

I have read and understand all of the foregoing.

Patient's Signature _____ Date _____

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