affordabledrugs

Toll Free Phone: 1-800-887-6890
Toll Free Fax: 1-800-281-1789
Email: customercare@affordabledrugs.com
Website: www.affordabledrugs.com
Mailing Address: Affordable Drugs
283 Danforth Ave
Suite 466
Toronto, Ontario
Canada M4K 1N2

Order Form

PERSONAL INFORMATION

Full Name (please print clearly) ☐ Male ☐ Female

Street Address

City State Country Zip Code

Phone (Home) Phone (Other)

Email Birth date (MM/DD/YY)

Best time to be contacted

Please check if you are placing this order for a pet.

☐ Cat ☐ Dog ☐ Others_____
(Please specify)

MEDICATIONS TO ORDER

Please enter the quantity and listed price for the medication(s) you wish to order, as obtained through our website or customer service center. An original prescription from your doctor s office is required (faxed, mailed, emailed or called in from your Doctor). **PRICING IS IN $US DOLLARS.**

GENERIC OK?	MEDICATION	STRENGTH	QTY	PRICE
			SUB TOTAL:	
			SHIPPING:	.00
			TOTAL:	

PAYMENT OPTIONS

Pay by Credit Card

☐ Please call me to obtain my credit card information

VISA MasterCard DISCOVER AMERICAN EXPRESS

Please note that in order to comply with the Payment Card Industry (PCI) Security Standard Council's requirements for the protection of your credit card information we are only able to accept your credit card information via telephone or through our secure online ordering system.

Personal Checking Account (Check or EFT) USA Only

☐ Use my check information "on file"

☐ I will send a VOIDED check by:
☐ Fax ☐ Email ☐ Mail

☐ **I will make a payment by check, and mail it to**

Mailing Address:
Affordable Drugs
283 Danforth Ave
Suite 466
Toronto, Ontario
Canada M4K 1N2

FIRST TIME PATIENTS

(Please fill out this section if you are a first time patient, or to update your information.)

Your Physician

Primary Physician's Name

Clinic Name, Street Address

City State Country Zip Code

Phone Number Ext. Fax Number

ALLERGIES

Do you have any known drug allergies? ☐ Yes ☐ No

If yes, please enter the drug(s) you are allergic to:

PRESCRIPTION SUBMISSION

(Please select one of the three options below.)

☐ Option 1. Call My Doctor

Primary Physician's Name

Clinic Name, Street Address

City State Country Zip Code

Phone Number Ext. Fax Number

☐ Option 2. Transfer from another pharmacy

Pharmacy Name

Street Address

City State Country Zip Code

Phone Number Ext. Fax Number

☐ Option 3. Mail or Fax Your Prescriptions

Fax To:
1-800-281-1789

Mail To:
Affordable Drugs, 283 Danforth Ave, Suite 466, Toronto, Ontario, Canada M4K 1N2

Medication, OTC, Herbal Products You Are Currently Taking

(Only list medications you are not ordering)

MEDICATION	DOSAGE	FREQUENCY