

Order Form

Personal Information

Full Name (please print clearly)

Gender 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)

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

Clinic 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:

Medication, OTC, Herbal Products You Are Currently Taking

(Only list medications you are not ordering)

MEDICATION	DOSAGE	FREQUENCY

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:				
TOTAL:				

Payment Options

Pay by Credit Card



Please call me to obtain my credit card information

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
 4936 Yonge Street - Suite 835
 Toronto, ON, Canada M2N 6S3

Prescription Submission

(Please select one of the three options below.)

Option 1: Call my Doctor

Primary Physician's Name

Clinic Name

Clinic Street Address

City State

Country Zip Code

Phone Number Ext.

Fax Number

Option 2: Transfer from another pharmacy

Primary Physician's Name

Clinic Name

Clinic 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
 4936 Yonge Street - Suite 835
 Toronto, ON, Canada M2N 6S3