



**Customer Service Business Hours:**  
 Mon-Thu 9:00 AM - 6:00 PM (ET)  
 Fri 9:00 AM - 5:00 PM (ET)

**Toll-Free Phone:**  
**1-855-475-7782**  
**Toll-Free Fax:**  
**1-855-475-7787**  
**info@gpharmaplus.com**

**Mail Processing Center<sup>†</sup>**  
 2540 Walden Ave  
 Suite 450  
 Buffalo NY 14225-4761



# PATIENT RE-ORDER FORM

**Customer ID #**

First Name

Last Name

E-mail Address

Mailing Address

City

State  ZIP Code

Phone (Day)

Phone (Other)

Send your completed order form along with copies of your prescriptions or pill bottle labels. (See FAQ) and Fax it in toll free **1-855-475-7787** or mail to **Mail Processing Center**, 2540 Walden Ave, Suite 450, Buffalo NY 14225-4761

### Shipping and Processing

Your medicine should arrive within **12 to 16 days** after we have shipped your order. With our 100% guarantee, if you have not received your medications after **28 days** from the date we have shipped your order, we will either refund your payment or have the order reshipped at no additional cost – your choice.

### Patient Acknowledgement

I appoint Global Pharmacy Plus to act as my agent for the sole purpose of conveying my order and prescriptions to a licensed pharmacy in India, Europe and/or Singapore. I understand that I am purchasing medications directly from a licensed pharmacy, and that the pharmacy will ship my medications directly to me. I understand that my prescriptions will be filled according to the laws of country in which the dispensing pharmacy is located. I understand that I am not relying on Global Pharmacy Plus nor any of its affiliated companies for any medical advice or health-related counseling. The medications ordered on this form have been prescribed by a licensed medical practitioner and I am relying on him/her for all medical advice relating to the use of these medications. By signing and submitting this form to Global Pharmacy Plus, I agree to be bound by the Terms and Conditions available at Global Pharmacy Plus website, [www.globalpharmacyplus.com/terms-and-conditions](http://www.globalpharmacyplus.com/terms-and-conditions).

Patient's Signature  Date

† Please note that we do NOT deal with any Canadian pharmacies. Any dispensing of medicine through our company's network of pharmacies will NOT be regulated by any province or territory of Canada. All the pharmacies we do deal with are fully licensed and regulated by the countries in which they are located.

## Medications Being Ordered

Medication Name	Strength	BRAND-NAME REQUESTED*	Qty	Price
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

\*Check box for only those medicines that you want the brand name version. Please see price list for brand-name pricing at [GPHARMAPLUS.COM](http://GPHARMAPLUS.COM)

**Free Shipping** on orders **\$150** and over. Orders under \$150 would require a \$12.00 flat-rate shipping fee (we ship via **Registered Mail**)

Total Cost (in US Funds):

## Payment Method

Check  eCheck  Visa

We accept Credit, Debit and International Prepaid Credit Cards. **We do not accept American Express, Mastercard, or Discover.** Please make checks payable to **Global PH Plus**

Cardholder Name

Credit Card Number #

Expiry  /  CVV    last 3 digits on back of card

Signature

We will not process your credit card until we have completed your order.

**This form may be shared. We encourage you to make copies for your friends and family.**