

Customer Service Business Hours: Mon-Thu 9:00 AM - 6:00 PM (ET) 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[‡] 2540 Walden Ave Suite 450 Buffalo NY 14225-4761



PATIENT RE-ORDER FORM

Customer ID #	Medications Being Ordered
First Name	Medication Name Strength BRAND-NAME Qty Price
Last Name	
E-mail Address	П
Mailing Address	
	п
City	
State ZIP Code	Ш
Phone (Day)	
Phone (Other)	
Send your completed order form along with copies of your prescriptions or pill bottle labels. (See FAQ)	
nd Fax it in toll free 1-855-475-7787 or all to:	
lail Processing Center,	
540 Walden Ave, Suite 450	
uffalo NY 14225-4761	
nipping and Processing	*Check box for only those medicines that you want the brand name version. Please see price list for brand-name pricing at GPHARMAPLUS.COM
our medicine should arrive within 12 to 16 days after we have nipped your order. With our 100% guarantee, if you have not eceived your medications after 28 days from the date we have	Free Shipping on orders \$150 and over. Orders under \$150 would require a \$12 flat-rate shipping fee (we ship via Registered Mail)
hipped your order, we will either refund your payment or have ne order reshipped at no additional cost – your choice.	Total Cost (in US Funds):
	Payment Method
atient Acknowledgement I appoint Global Pharmacy Plus to act as my agent for the sole purpose f conveying my order and prescriptions to a licensed pharmacy in India,	Check If paying via Money Order make sure it is an "International Money Order" as we cannot accept a US postal money order. Please make checks payable to "Global PH Plus"

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 it's 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.

E-mail Address

We will send you and email to process your credit card once we have completed your order.

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

Please note HSA accounts are not accepted

eCheck Please send original or a copy of your voided personal

We will authorize the payment using the account and routing number

We will send you a secure payment link via email through Plooto, our

trusted third-party payment processor, once your order is received and

This link will allow you to complete your payment safely and conveniently.

check along with the order.

ready to be shipped.

Credit Card (Visa, MasterCard, or Amex) - valid email address needed