



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

Toll-Free Phone:  
**855-475-7782**

Toll-Free Fax:  
**855-475-7787**

questions@globalpharmacyplus.com

Order Processing Center<sup>†</sup>

PO Box 20525  
 Howe Street PO  
 Vancouver, BC V6Z 2N8  
 CANADA



# PATIENT RE-ORDER FORM

Customer ID #

First Name	<input type="text"/>
Last Name	<input type="text"/>
E-mail Address	<input type="text"/>
Mailing Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ZIP Code	<input type="text"/>
Phone (Day)	<input type="text"/>
Phone (Other)	<input type="text"/>

Send your completed order form along with copies of your prescriptions or pill bottle labels/pharmacy receipts (See FAQ on next page). Fax toll free 1-855-475-7787 or mail to Order Processing Center, PO Box 20525, Howe Street PO, Vancouver, BC, V6Z 2N8, Canada.

\*If mailing to us, please remember that postage to Canada requires an \$1.15 stamp.

## Shipping and Processing

Your medicine should arrive within 12 to 16 days after we receive your order. Your order will arrive by US Postal Service – Registered Mail. With our 100% guarantee, if you have not received your medications after 21 days from the date we processed 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 second page of this brochure for brand-name pricing.

Add Shipping (Registered Mail) \$ 12.00

Total Cost (in US Funds)

## Payment Method

Check  MasterCard

We accept Credit, Debit and International Prepaid Credit Cards. We do not accept AMEX nor Visa. Make checks payable to Global Pharmacy.

Cardholder Name

Credit Card Number #

Expiry  /  Month/Year 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.**