

# Your Canadian Meds

PO Box 97176, Richmond Main Post Office  
Richmond, BC, Canada V6Y 4H4

**Toll Free Phone: 1-877-210-3784 • Toll Free Fax: 1-877-210-3777**  
**www.YourCanadianMeds.com**

## *New Prescription & Refill Order Form*

Existing Patient Information				WB-YCM
First Name:	Last Name:			
Telephone Number: (       )	Secondary Telephone: (       )			
Shipping Address: (Street & Apt. #) – if different from above				
City:	State:	ZIP:		
<p>Have there been any changes to your <b>health</b> <u>OR</u> <b>medications</b> being taken (i.e. changes in strengths or quantities) since placing your last order?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p><b>If <u>YES</u> to the above</b>, please describe in detail any changes below:</p>				
Medications Being Refilled				
Drug Name	Strength	Quantity	Generics (Y or N)	Price (USD)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
Shipping and handling fees are \$13.00 per package. Husband and wife orders submitted at the same time and shipped in the same package to the same address are only charged a single shipping fee.			<b>Shipping</b>	
			<b>Total</b>	
<p>Has your billing information changed since your last order?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p><b>If <u>YES</u> to the above</b>, please complete the following:</p> <p>*How would you like to pay for your medications? (Check one only)</p> <p style="text-align: center;"> <input type="checkbox"/> Visa        <input type="checkbox"/> MasterCard        <input type="checkbox"/> American Express        <input type="checkbox"/> Discover        <input type="checkbox"/> Money Order         </p> <p style="text-align: center;"><i>** Please make all money orders and bank drafts payable to: <b>Global Health Supplies</b> **</i></p>				
*Name on Credit Card:		*Credit Card Number:		
*Credit Card Verification Number: (The verification number is a 3-digit number printed on the back of your card. It appears after and to the right of your card number on the signature field.)		*Card Expiry Date: ____ / ____ (mm/yy)		
<b>Fax to 1-877-210-3777 for Processing</b>				