

Date: _____

Name: _____

Email Address: _____

Date of Birth: _____ M _____ D _____ Year _____

Phone # (_____) _____

Billing Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Shipping Address If Different from Billing: _____

_____ Apt _____

City: _____ State _____ Zip Code: _____

Height: _____ Weight: _____ Gender: M F

Requested Medication	Dosage	Quantity	Price

Prescription Medication is shipped with a \$12 charge per order, not item.
Most OTC orders have an optional \$6.00 shipping fee with some exceptions (ie. Insulin, syringes)

Known Drug Allergies: _____

Current Medications including the Medication you are ordering today:

- 1. _____ Condition _____
- 2. _____ Condition _____
- 3. _____ Condition _____
- 4. _____ Condition _____
- 5. _____ Condition _____
- 6. _____ Condition _____

Patient Counseling: Are any of these medications new? Yes No Do you require pharmacist consultation? Yes No

Please enclose one piece of photocopied ID per person (ie Drivers License/State ID)

Payment Method	MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>	International Money Order <input type="checkbox"/>	Check <input type="checkbox"/>
Name on Card:	_____		Exp:	_____
Credit Card #	_____		CVV2/CVD Code*	_____
Signature:	_____		Date:	_____

*The CVV2/CVD code is the last 3 digits printed on the signature strip on the back of your card.