

Thank you for reviewing our products on our website, www.1800RxOnline.com

To order via **Mail, Email, or Fax**, simply follow the 5 easy steps below ensuring that all required fields are completed in full.

Step 1 – Personal Contact Information

We use this information to create a customized account for you. All personal information remains confidential as we adhere to strict privacy standards and assure that personal information will not be distributed to any third parties other than for the purposes of completing and shipping your relevant order(s).

Step 2 – Order Details

Please ensure that you have indicated the medication, strength, quantity, and price of the medication you are purchasing. As well, please indicate whether you have taken this medication before.

Step 3 – Payment Information

Please choose a payment option. We accept most methods of payment including ACH, E-Check, Bank Draft, Wire, you can also pay by physical check if you prefer.

Step 4 – Medical Information

This information is required to process any prescription (Rx) medication order. Rest assured, the information you provide is strictly confidential and is used solely by physicians and pharmacist for patient care purposes only. Customers ordering non-prescription (OTC) items only or returning customers who do not have updates to their health status can skip this step.

Step 5 – Customer Agreement and Submitting Your Order

Please review, sign and date the acknowledgment of the Customer Agreement. You may then submit your order form and any required documents by any of the following methods:



1-800-796-8096



1800RxOnline, 6D - 7398
Yonge St #1085, Thornhill,
ON, L4J 8J2, Canada.



admin@1800RxOnline.com



TOLL FREE TEL: 1-800-RXO-8086
TOLL FREE FAX: 1-800-RXO-8096

LOCAL TEL: 1-431-244-3341
www.1800RxOnline.com

Order Form (Page 2 of 4)

Step 1 – Personal Contact Information

Are you a: Returning Customer New Customer

* First Name	* Last Name	* Email Address	* Primary Phone #	Alternate Phone #
*Shipping Address	*City	*State	*Zip Code	*Country
Billing Address (if different)	City	State	Zip Code	Country

Step 2 – Order Details Please list all prescription and non-prescription medications you are ordering

*Medication	*Strength	*Quantity	*New Medication (Y/N)	*Price



Valid Rx Required

All Prices Are Listed in USD Currency

A valid Rx is **ALWAYS** required, unless you are ordering OTC (Over the Counter) Products.

We DO not ship or sell controlled substances and the maximum quantity you can order is for a 90-day supply.

*Subtotal:	
Shipping:	
*Total:	



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Step 3 – Payment Information

<input type="checkbox"/> E-check/ACH	Bank A/C No.	Routing No.	Bank Name
	Account Holder Signature		Date signed (MM/YY)
<input type="checkbox"/> Wire, Money Order, Personal Cheque Payment	We will contact you with further information on how to make this payment to us once your order is ready to ship.		

Step 4 – Medical Information

(New customers must complete. Returning customer complete only if there are updates.)
You may skip this step if you are ordering non-prescription items only or if you are returning customer with no updates to your health status.

* Gender: Male Female	* Date of Birth (MM/DD/YY)	* Height: _____ ft_ _____ in	* Weight: _____ lbs	* Are you Pregnant?
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* Do you have any known drug allergies? Yes No
If yes, please list the drugs you are allergic to and the type of reaction(s) you have had:

Drugs	Allergic Reaction

Please list all prescription and no-prescription medications you are currently taking:

* Medication	* Date Started

Prescribing doctor's information:

* First Name	* Last Name	* Phone Number	Fax Number
Address	City	State	Zip Code
			Country



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Step 5 – Customer Agreement and submitting Order

*I, _____, (PRINT NAME) have read, acknowledge, and agree to 1800RxOnline's Customer Agreement, Terms of Service and Privacy Policy as listed and available at www.1800RxOnline.com

In addition, the following specific representations, terms, and conditions govern all sales between 1800RxOnline and its authorized third-party pharmacy partners ("Partners") and you, the patient:

1800RxOnline specializes in the provision of distance-based pharmacy care and mail order delivery of pharmacy medicine from a head office located in Winnipeg, Manitoba, Canada. For detailed information, and terms and conditions with respect to the sale and delivery of pharmacy medicine, please visit www.1800RxOnline.com

You declare that you are of the age of majority and legally entitled to purchase and receive the medications requested of us and its Partners. You have been examined and received a lawfully prescribed prescription from a physician licensed to practice medicine within the locale of your permanent residence. You have fully and accurately disclosed your personal and health information and authorize 1800RxOnline and its Partners to collect and use the information as necessary for the fulfilment and delivery of medications. You grant to us a limited power of attorney to take all steps, sign all documents, and act on the patient's behalf for the purposes of obtaining a prescription recognized and valid within the dispensing pharmacy's home jurisdiction, and the packaging and shipping of medications to you.

All agreements reached or contracts formed will be made in the jurisdiction of the pharmacy, the laws of the jurisdiction shall govern all transactions, and the courts in the jurisdiction of the pharmacy shall be sole and exclusive authority regarding any dispute arising between the patient and the dispensing pharmacy. You release and discharge 1800RxOnline, and its Partners, directors, officers, agents, and employees from all liability, claims actions or causes of action with respect to the sale and delivery of pharmacy medicine or other services. You have reviewed the foregoing specific terms, as well as the detailed terms and conditions set out on our website, and by signing below agree that they will apply and govern all sales and delivery of pharmacy medicine or other services from 1800RxOnline and its Partners. The authorizations within this customer agreement shall continue until revoked. In the case of ordering for and on behalf of minors, you confirm that you are the parent/legal guardian/power of attorney for the Patient disclosed herein, am over the age of majority, and have full authority to sign for and provide the above representations to the Pharmacy on the Patient's behalf.

*Customer Name (Please print): _____ * City/Town where signed: _____

*Customer Signature: _____ * Date : _____

SUBMIT ALL FORMS AND PRESCRIPTIONS USING ANY OF THE METHODS BELOW



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