

When form is completed - please fax (along with a copy of the doctor's prescriptions) to:

1.866.793.2987

or mail them to:

**ExpressMedsCanada.com
P.O. Box 370
1250 University Street
Montreal, QC H3B 3B0
Canada**

PLEASE FILL OUT ALL FIELDS COMPLETELY

Important! For optimal health and best results of any medication it is important to have had a physical examination in the past 12 months. Have you had one? Y___ N___ (If not, we will require that you schedule an appointment with your physician.)

PATIENT INFORMATION

_____		_____
Full Name		Age
_____		_____
Address		Date of Birth
_____	_____	_____
City	State	Sex
_____	_____	_____
Zip	Email	Height
() _____	() _____	Weight
Phone (Home)	Phone (Work)	

ALTERNATE SHIPPING ADDRESS

Alternate Shipping Address

City State Zip

Alternate Phone

<p>SHIP TO:</p> <p>Primary Address: _____</p> <p>Alternate Address: _____</p>

PHYSICIAN INFORMATION

_____	_____		
Primary Physician Name	Phone		
_____	_____		
Name of Clinic / Doctors Office	Fax Number		
_____	_____		
Address	City	State	Zip

Do you require child resistant containers for your medication? Y or N

Please indicate if you would like to receive counseling: Yes _____ No _____

_____	_____
Signature	Date

Have you previously filled out a Medical Questionnaire? Yes ____ No ____ Not Sure ____

If YES are there any changes Yes (please specify) _____ No _____

NOTE: It is only necessary to fill out the Questionnaire once a year, as long as there are no changes. Please indicate if you / your family has a history of any of the following:

Patient Family Medical History

If you answered YES to questions 1 - 7, please explain in more detail, if necessary

- 1) Hypertension (high blood pressure) Yes No
- 2) Cardiovascular (heart or artery disease) Yes No
- 3) Lipid or cholesterol disorder Yes No
- 4) Diabetes, thyroid or other endocrine disorder Yes No
- 5) Cancer Yes No
- 6) Migraine Headaches Yes No
- 7) Other Illness Yes No

Patient Medical History

- | | | | |
|---------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------|--------|
| 1) High Blood Pressure | Yes No | 15) Rheumatoid arthritis, lupus, or connective tissue diseases | Yes No |
| 2) Heart or artery disease including atherosclerosis, angina, palpitation, heart failure or history of heart attack | Yes No | 16) Any known nutrition deficiency including minerals and electrolytes | Yes No |
| 3) Liver Disease | Yes No | 17) Edema (fluid retention) | Yes No |
| 4) Renal or Kidney Failure | Yes No | 18) Glaucoma | Yes No |
| 5) Cancer | Yes No | 19) Orthopedic or muscle disorder, including fracture, joint disorder or carpal tunnel syndrome | Yes No |
| 6) Immune Disorders | Yes No | 20) Surgery | Yes No |
| 7) Blood Disorders | Yes No | 21) Chemical Dependency | Yes No |
| 8) Diabetes, thyroid, or other endocrine disorder, including insulin resistance | Yes No | 19) Other Illness Not Yet Noted | Yes No |
| 9) Lipid or cholesterol disorder | Yes No | *Please indicate any known drug allergies you may have: | |
| 10) Smoker | Yes No | _____ | _____ |
| 11) Asthma or Emphysema | Yes No | _____ | _____ |
| 12) Neurological Disorders | Yes No | _____ | _____ |
| 13) Emotional Disorders | Yes No | _____ | _____ |
| 14) Poor Wound Healing | Yes No | _____ | _____ |

If you answered **YES** to any of the above questions please elaborate in the box below (i.e., duration of illness, any treatment or surgery received, amount smoked and for how long)

I hereby confirm that the above information is true and accurate as of the date hereof.

Patient's Full Legal Name (Print)

Patient's Signature

Date (Month/Day/Year)

CURRENT MEDICATIONS

Please list all medications you are currently taking and the condition for which they are prescribed.

Medication & Strength	Daily dosage (eg. 1 tab daily)	Condition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICATIONS BEING ORDERED TODAY

Medication	Strength	Quantity	Generics		Subtotal
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____

(If your order does not fit on the space provided, please attach them on a separate sheet)

Add Shipping

\$8.00

Total (US \$) \$_____

PAYMENT INFORMATION:

VISA _____ MASTERCARD _____ AMEX _____

Card Holder Name (on Card) _____

Card Holder Address _____

Card Holder City _____ Card Holder Country _____

Card Holder State _____ Credit Card Number _____

Card Holder Zip _____ Credit Card Expiration _____ (eg. 11/05)

* CVV2 # Number _____

* (required - The CVV2 verification number is a 3-digit (MC & Visa) OR 4-digit (Amex) number printed on the back (MC & Visa) / or front (Amex) of your credit card. It appears on the right hand side of the card.)

Unless otherwise notified in writing, I hereby authorize ExpressMedsCanada.com to charge my credit card for the cost of all present and future medications ordered plus all associated shipping costs.

Signature

Date (Month/Day/Year)

CUSTOMER AGREEMENT - CODE 7500

No prescription(s) will be filled until a signed and dated copy of this document and a completed Patient Profile have been received by ExpressMedsCanada.com

I, as the undersigned, being over the age of 18, hereby covenant, represent, warrant and confirm to, and acknowledge and agree with, ExpressMedsCanada.com and its affiliates, related companies, subsidiaries and parent company, and to the Prescription Processing Centre identified herein (if any), as follows:

Disclosure and Representations

The pharmaceutical(s) to be delivered to me were prescribed by a doctor licensed to practice medicine in the country, state or other applicable jurisdiction in which I reside or where I sought treatment, and were lawfully obtained from that physician.

Any medication obtained for me by ExpressMedsCanada.com will be used strictly according to the instructions provided by the physician who prescribed the medication, and only by the person for whom the pharmaceutical(s) were prescribed.

I can make my own medical decisions according to the law of the place where I reside. The prescription(s) I am requesting ExpressMedsCanada.com to assist me in obtaining has not been altered in any way nor has it been filled prior to submission to ExpressMedsCanada.com. I agree to immediately destroy all copies of my prescription(s) once it has been filled.

I am not seeking or relying on any medical information from ExpressMedsCanada.com or the Prescription Processing Centre, and I have consulted a qualified physician licensed where I obtained the prescription within the last year.

I will immediately contact the physician who provided my prescription included with this order in the event I suffer any unexpected side effects from any medication obtained for me by ExpressMedsCanada.com.

I understand that it is my responsibility to have regular physical examinations by my primary US licensed physician that is responsible for my care including all suggested testing to ensure that I have no medical problems which would constitute a contradiction to me taking the medications being prescribed.

I acknowledge that ExpressMedsCanada.com's employees and agents have relied on the information and documentation that I am providing (including the Patient Profile) and I represent and confirm that I have fully disclosed all pertinent information and documentation to ExpressMedsCanada.com. I agree to notify ExpressMedsCanada.com of any changes to my physical or medical condition by providing an updated Patient Profile.

Authorization and Consent

I hereby authorize and appoint ExpressMedsCanada.com, as my agent and attorney for the limited purpose of taking all steps and signing all documents on my behalf necessary to obtain a prescription in Canada that is the equivalent of the prescription that I sent to ExpressMedsCanada.com, to the same extent as I could do personally if I were present taking those steps and signing those documents myself. This authorization shall include, but not be limited to: collecting personal health information about me; collecting similar information from my prescribing physician or pharmacist, and disclosing that personal health information to ExpressMedsCanada.com employees, agents and service providers including the Canadian physician being retained on my behalf, as required, for the limited purpose of obtaining the Canadian prescription.

I hereby specifically acknowledge that I am aware that ExpressMedsCanada.com and the Prescription Processing Centre will be transmitting my personal health information by electronic means (for example fax, secure internet) to its employees, agents, affiliates and service providers including the Canadian physician retained on my behalf. I understand that the use of electronic means will enhance the efficiency and timeliness of processing my order. I also understand that ExpressMedsCanada.com and the Prescription Processing Centre, as custodians of my personal health information will take all appropriate precautions to protect my personal health information from improper disclosure or use. I hereby consent to the transmission by ExpressMedsCanada.com and the Prescription Processing Centre of my personal health information by electronic means.

If I was directed to ExpressMedsCanada.com's services through the Prescription Processing Centre, or some other intermediary (for example Pharmacy Benefit Manager, Health Management Organization, or other healthcare service provider), I hereby authorize ExpressMedsCanada.com to release the following data to such an intermediary:

A numerical identifier indicating that I was a patient referred from that source; financial information that will permit the processing of any claims on my behalf.

It is my understanding that all such intermediaries will enter into Confidentiality Agreements where they agree to abide by the privacy policies of ExpressMedsCanada.com relating to the protection of my personal health information. I specifically consent to the transmission of the foregoing information by electronic means.

I authorize and appoint ExpressMedsCanada.com as my agent and attorney for the purpose of taking all steps and signing all documents on my behalf necessary to package or re-package the pharmaceutical(s) and to deliver them to me, to the same extent as I could do if I were personally present taking those steps and signing those documents myself, and as if I had shipped the prescribed pharmaceutical(s) to my own address.

I acknowledge and agree that I initiated a consultation with ExpressMedsCanada.com and that ExpressMedsCanada.com is not

located in the United States. I also acknowledge that the pharmacists working for ExpressMedsCanada.com and the physicians contracted by ExpressMedsCanada.com on my behalf are located and licensed to practice medicine or pharmacy in Canada and that all services that I receive from any such Canadian physician and pharmacist are being received in Canada.

I further agree that any and all agreements reached or contracts formed throughout the course of the relationship between me and ExpressMedsCanada.com shall be deemed to be made in the Province of Quebec, Canada and accordingly shall be governed by the laws of the Province of Quebec and the laws of Canada applicable to such contracts and agreements.

I agree that any dispute that arises between me and ExpressMedsCanada.com, its officers, directors, employees, agents and contractors shall be governed by the laws of the Province of Quebec and the laws of Canada applicable to contracts formed in Quebec, and I agree that the courts of the Province of Quebec shall have sole and exclusive jurisdiction over any such dispute.

Purchase and Sale Terms

ExpressMedsCanada.com will charge my credit card the following amounts:

The medication price and shipping (in US dollars) as posted on the ExpressMedsCanada.com web site on the day ExpressMedsCanada.com receives my order; and in the event my payment is not authorized, ExpressMedsCanada.com has the right to cancel my order and attempt to provide me with notice of such cancellation.

The pharmaceutical(s) will not be packaged in child protected packaging, unless requested by me on the Patient Questionnaire.

ExpressMedsCanada.com shall be entitled to substitute a brand name prescription drug with a generic prescription drug, where available in accordance with the Manitoba Drug Standards and Therapeutic Formulary, unless the physician has indicated that there be "no substitution". That once purchased and shipped, no pharmaceutical product may be returned or exchanged.

ExpressMedsCanada.com reserves the right to refuse to assist me in obtaining any order in its sole discretion, in which event I will be entitled to a refund for monies paid for such order.

ExpressMedsCanada.com does not provide its agency or attorney services as a substitute for healthcare or the advice of the customer's primary care physician.

ExpressMedsCanada.com will not exchange medication or return any monies paid once an order is filled, unless the medication provided to me by the supplying pharmacy does not correspond with my prescription.

The Prescription Processing Centre is acting as my agent in completing the forms and taking such other actions as are necessary to request ExpressMedsCanada.com to send me the prescriptions I am requesting, and is not the agent, express or implied, of ExpressMedsCanada.com. In this regard, but without limiting the generality of the foregoing, I acknowledge and agree that the Prescription Processing Centre does not have the authority to assume or create any obligation whatsoever, expressed or implied, in the name of ExpressMedsCanada.com, or to otherwise bind ExpressMedsCanada.com in any manner whatsoever.

I have read and understood the terms and conditions set out in this Agreement and agree, on behalf of myself, my heirs, successors, administrators and assigns to be bound by these terms and conditions.

Signed this _____ day of _____, 2005.

(Signature)

(Print Name) (Please Print Clearly)

Please check everything over carefully and remember to SIGN and DATE every page that you send to us.