

RxDiscount.net

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.RxDiscount.net

New Prescription & Refill Order Form

Existing Patient Information			WB-RXDN	
First Name:		Last Name:		
Telephone Number: ()		Secondary Telephone: ()		
Shipping Address: (Street & Apt. #) – if different from above				
City:		State:		ZIP:
Have there been any changes to your health OR medications being taken (i.e. changes in strengths or quantities) since placing your last order? ____ YES ____ NO				
If <u>YES</u> to the above , please describe in detail any changes below:				
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.			Shipping	
			Total	
Has your billing information changed since your last order? ____ YES ____ NO				
If <u>YES</u> to the above , please complete the following:				
*How would you like to pay for your medications? (Check one only)				
____ Visa ____ MasterCard ____ American Express ____ Discover ____ Money Order				
** Please make all money orders and bank drafts payable to: Global Health Supplies **				
*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)		
Fax to 1-877-210-3777 for Processing				