CheapoMeds
Guaranteed Quality, Guaranteed Savings.

PHONE: 1-844-4CHEAPO (424-3276) International: 1-403-388-8780
FAX: 1-844-423-5583 International: 1-403-800-3084
ONLINE: www.CheapoMeds.com Email: info@CheapoMeds.com
MAILING ADDRESS: Suite# 357, 23 – 845 Dakota Street, Winnipeg, Manitoba, Canada R2M 5M3

NEW PATIENT ORDER FORM

All questions contained in this questionnaire are strictly confidential

Your Full Name: ☐ **MALE** ☐ **FEMALE**	**Birthdate (MM/DD/YY)**
Street Address:	City/State/Province:
Phone (Home): Phone (Other):	Country: Zip/Postal Code:
Best time contacted:	Height (Feet) (Inches)
Email address:	Weight (Pounds):
Secondary Contact (Full name):	Phone Number: Relationship:

PERSONAL HEALTH HISTORY

Drug Allergies: ☐ **No** ☐ **Yes** **If yes, what are they:**

☐ Smoking	☐ Currently pregnant or attempting to get pregnant
Is this order for a pet? ☐ No ☐ Yes	☐ Dog ☐ Cat
	☐ Other (Please specify) Pet Name:

Medication, OTC, Herbal Products You Are Currently Taking (Only list medication you are NOT ordering)

MEDICATION	DOSAGE	FREQUENCY

Would you like to receive a call to remind you of future refills? ☐ **YES** ☐ **NO**

MEDICATION ORDER

For medication(s) that you wish to order, please enter the quantity and listed price, as obtained through our website or customer service center.
An original prescription from your doctor is required. Please see options below on how to send your prescription(s).

	MEDICATION	STRENGTH	QTY	PRICE
$14.00 USD shipping fee (US and Canada*) ***Some restrictions may apply.** Please call 1-844-4CHEAPO (424-3276) for expedited and international rates.			*SHIPPING	
			TOTAL	

☐ OPTION 1 - EMAIL OR FAX A COPY OF YOUR PRESCRIPTION(S) AND THEN MAIL THE ORIGINAL(S)

The fastest way for us to receive your prescription is by sending a copy via fax or email. We require that you mail us the original prescription after sending a copy.

If you are taking a picture of your Rx, please ensure the photo is clear and the entire prescription is included.

It is considered original prescription if it was sent directly to us from the doctor's office via fax, email, or called in from your doctor's office.

Please send your prescription(s) via:
EMAIL: **prescriptions@cheapomeds.com**
Email subject line: Prescription(s) for (TYPE YOUR FULL NAME)
FAX: **1-844-423-5583** | International Fax: **1-403-800-3084**

MAIL ORIGINAL TO: **Cheapo Meds**
Suite# 357, 23-845 Dakota St
Winnipeg, Manitoba Canada R2M 5M3

☐ OPTION 2 - CONTACT MY DOCTOR AND SUBMIT A PRESCRIPTION REQUEST*

Please list the medication(s) for prescription request. (*available to US and Canada residents only)

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☐ OPTION 2 — Prescription Submission

Use this form to submit your prescription(s).

Send it back to us to complete your order.

Full Name_____

Phone Number _____

YOUR PHYSICIAN

_____

Primary Physician's Name — Clinic Name, Street Address

_____

City — State/Province — Country — Zip/Postal Code

_____

Phone Number — Ext. — Fax Number — Email

Payment

☐ Personal Check	☐ Credit Card
I will mail a certified check to: Cheapo Meds Suite# 357, 23-845 Dakota St Winnipeg, Manitoba Canada R2M 5M3 We accept personal checks, bank drafts, money orders, and certified checks. *Please contact us if you do not have any of these payment options.*	☐ AMEX Cardholder's Name: _____ Cardholder's Address: _____ City:_____ State/Province:_____ Zip/Postal Code: _____Country:_____ Credit Card Number: _____ Expiry Date (MM/YY): _____ CVV Code: _____

Join Our Referral Program - Earn $25 Credit.

You can earn $25 credit by simply referring a friend or family member!

Name of person who referred you: _____ Their phone number :_____

Referrer must be an existing patient with a previous order to qualify.

CheapoMeds.com ("Cheapo Consulting") specializes in international mail order pharmaceutical services and facilitates patient access to licensed pharmacies to acquire pharmacy services and medications. The following terms and conditions apply to all transactions between Cheapo and I, the Patient. By accepting services from Cheapo, I agree to be bound by and accept these terms and condition.

☐ **I AM OVER THE AGE OF MAJORITY IN THE JURISDICTION WHERE I LIVE, AND:**

1. I have fully and accurately disclosed my personal and health information and authorize Cheapo Consulting and its affiliated businesses and pharmacy partners to collect and use my information for the fulfilment and delivery of my order. The prescription medications I have requested were lawfully prescribed by a qualified and licensed physician. I have attended, have had a physical examination, and have received a prescription from a duly licensed practitioner within the last year, and do not require an additional physical examination.
2. The licensed pharmacies Cheapo Consulting works with are licensed to dispense, and can only dispense, medications that are approved and authorized for sale within the jurisdiction of their licensed operations.
3. I expressly grant to Cheapo Consulting , and to the licensed pharmacy or pharmacies dispensing medications to I, power of attorney to take all steps, sign all documents, ad act on my behalf for the purposes of obtaining a prescription recognized and valid within the dispensing pharmacy's home jurisdiction, as well as packaging and shipping the medications to me. This authorization shall include, but not be limited to, the collection of my personal and health information, and the disclosure of such information to any pharmacist, physician, or other health professional being retained on my behalf, as required.
4. Any dispute, complaint demand, claim, or cause of action relating to Cheapo Consulting services will be governed by the laws of the Province of Alberta, and any applicable federal laws of Canada. In such event, I expressly attorn to the jurisdiction of Alberta, and the courts in Alberta will have sole and binding authority to settle any and all disputes.

The pharmacy services are performed in the jurisdiction of the licensed pharmacies, in the same way as if I had physically attended the pharmacy's location. Any dispute, complaint, demand, claim, or cause of action relating to pharmacy services will be governed by the laws of the jurisdictions of the pharmacy. In such event, I expressly attorn to the jurisdiction of the pharmacy and the courts that the jurisdiction will have sole and binding authority to settle any and all disputes.

☐ **I SPECIFICALLY CONFIRM, ACKNOWLEDGE AND AGREE THAT EACH AND EVERY ONE OF THESE TERMS AND CONDITIONS, WITHOUT LIMITATION, WILL APPLY AUTOMATICALLY AND GOVERN ANY PRESENT AND FUTURE ORDERS UNLESS I SPECIFICALLY INDICATE OTHERWISE AT THE TIME OF ORDERING. ANY AUTHORIZATIONS AND CONSENT INCLUDED IN THESE TERMS AND CONDITIONS WILL CONTINUE UNTIL I CANCEL THEM, WHICH I CAN DO ATANY TIME. HOWEVER, IF I CANCEL MY AUTHORIZATION AND CONSENT, CHEAPO CONSULTING MAY BE UNABLE TO PROVIDE SERVICES TO ME. OR I AM 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.**

➔ _____

Patient's Signature — **Date: MM/DD/YY**

THANK YOU FOR YOUR ORDER!

Questions? Call us toll free at 1-844-4CHEAPO (424-3276)

or visit www.CheapoMeds.com