



Prescription Order Form

408 Main Street – Box 219 – Manitou, Manitoba, Canada, R0G 1G0

Phone toll free: 1-866-999-7928 Fax toll free: 1-866-292-7217

For the sake of security when your form is received you will be called for the credit card information if that was the payment method chosen.

Please fill out the order section below, if the order is under \$100.00 add \$10.00 for shipping. If the order is \$100.00 or higher shipping is free of charge.

Please indicate if you have never taken this medication before by placing an 'N' before the name of the medication.

Patient Information:

First Name _____ Middle Initial _____ Last Name _____

City _____ State _____ Zip Code _____

Phone Number _____ Birth Date: _____

Select Payment Method ☐ Visa ☐ MasterCard ☐ AMEX ☐ Certified Check ☐ Money Order

Medication	Generic Y/N	Strength	Quantity	Price (each)	Total

Referred by:	Subtotal:	
	Tariff Surcharge (35%, max \$100)	
	Shipping (if under \$100 add \$10)	
	Total	