

# Canadian Discount Med Services, Inc.

PO Box 2516 Inverness, FL 34451

Phone: 352-419-3726 or 855-811-1958 Fax: 888-820-3215

## CONTACT INFORMATION

DATE: / /

Name:		Date of Birth:	
Address:		Sex:	Height:
City:	State:	Zip:	Weight:
Telephone:		Email:	

<u>Requested Medication</u>	<u>Brand / Generic</u>	<u>Dosage</u>	<u>Quantity</u>	<u>Price U.S. Dollars</u>
1.				
2.				
3.				
4.				

Physician's Name: \_\_\_\_\_

**Please note:** it is mandatory to have had a physician's examination in the last 12 months.

Have you had one? \_\_\_\_\_

Do you have allergies to any medications? YES NO Which medications? \_\_\_\_\_

**Please list all medications you are currently using.**

Medication Name		

## BILLING INFORMATION

Payment must be made by check, e-check or money order. (Non postal)	
Routing # _____	Account # _____
Name on Account _____ Money order or check make out to: CDSH Enterprises	

## Your Personal Medical History

Blood Disorders	Yes	No	Orthopedic or Muscle Disease	Yes	No
Cancer	Yes	No	Mental Disorders	Yes	No
Immune Disorders	Yes	No	Surgical Procedures	Yes	No
Poor Wound Healing	Yes	No	Glaucoma	Yes	No
Neurological Disorders	Yes	No	Addictions - Chemical	Yes	No
Hormone Disorders	Yes	No	Airway Disease	Yes	No
Lipid / Cholesterol Disorder	Yes	No	Smoker	Yes	No
Heart / Circulation Disease	Yes	No	Lung Disease	Yes	No
Kidney / Urinary Disease	Yes	No	High Blood Pressure	Yes	No
Liver Disease	Yes	No	Arthritis, Lupus, or		
Nutritional, Mineral or			Connective Tissue Disease	Yes	No
Electrolyte Imbalance	Yes	No	Other Conditions (List Below)		

## Return policy

Neither Canadian Discount Med Services, Inc. , nor any Canadian pharmacies can accept returns. Canadian law states - "The pharmacist shall not accept the return for use or re-use of any portion of any drug or non-prescription medication (College of Pharmacist Standard 5.1 (m) Standards of Practice - The Pharmacist, Jan. 1, 1996)."

## Signature

I certify that the information provided is complete and accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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