Canadian Discount Med Services

PO Box 312 Twin Lake, MI 49457
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:	

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

Primary Physician's Name: _____

Address: _____

Phone: _____ Fax: _____

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, including the dosage and frequency.

Medication Name	Strength/Dosage	Direction for use

BILLING INFORMATION

Payment must be made by e-check or money order (non postal)
Make money order out to: **CDSH Enterprises**
E-check: Routing#_____ Account #_____

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, 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: _____

Please help us serve others better.

How did you hear about us?

Advertising	_____	
Publication	_____	
Television or radio coverage	_____	
From a friend	_____	
From a physician	_____	
Other (please Specify) _____		

Other individuals we should contact.

Phone: _____
Phone: _____
Phone: _____
Phone: _____
Phone: _____

Is there a senior community executive director that you would recommend we contact?

_____