Your Canadian Meds

4871 Shell Road, Suite 1115 Richmond, BC, Canada V6X 3Z6

Toll Free Phone: 1-877-210-3784 ● Toll Free Fax: 1-877-210-3777 www.YourCanadianMeds.com

New Prescription & Refill Order Form

Existing Patient Information WB-YCM						
First Name:		Last Name:				
Telephone Number: ()		Secondary Telephone: ()				
Shipping Address: (Street & Apt. #) – if different from above						
City:	ZIP:					
Have there been any changes to your health <u>OR</u> 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 Refil	led					
Drug Name		Strength	Qι	uantity	Generics (Y or N)	Price (USD)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.			<u> </u>			
Shipping and handling fees are \$13.00 submitted at the same time and shippe			Shipping			
are only charged a single shipping fee.			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: Canada Health Solutions **						
*Name on Credit Card: *Credit Card:				lumber:		
*Credit Card Verification Number number is a 3-digit number printed on the back appears after and to the right of your card numb field.)	of your card. It	*Card Expiry Date: / (mm/yy)				

Fax to 1-877-210-3777 for Processing