

MEDICATION ORDER

Thank you for ordering with us on our website, www.MedsEngage.com. We value your business.

To complete your order, simply follow 5 easy steps ensuring that all **required** fields are completed in full.

Step 1 – Personal Contact Information

We use this information to create a customized account for you. All personal information remains confidential as we adhere to strict privacy standards and assure that personal information will not be distributed to any third parties other than for the purposes of completing and shipping your order.

Step 2 – Order Details

Please ensure that you have indicated the medication, strength, quantity and price of the medication you are purchasing. As well, please indicate whether you have taken this medication before.

Step 3 – Payment Information

Please choose a payment option. We accept Visa, MasterCard, American Express, ACH or E-Check. You can also pay by wire transfer. Please send email at admin@medsengage.com to request information for wire information.

Step 4 – Medical Information

This information is required to process any prescription (Rx) medication order. Rest assured, the information you provide is strictly confidential and is used solely by physicians and pharmacist for patient care purposes only. Customers ordering non-prescription (OTC) items only or returning customers who do not have updates to their health status can skip this step.

Step 5 – Customer Agreement and submitting Order

Please review, sign and date the acknowledgment of the Customer Agreement. You may then submit your order form and any required documents by:



FAX

1-800-986-4751



EMAIL

admin@MedsEngage.com



MEDS ENGAGE INC.
 1918 BOUL.SAINT-REGIS
 DORVAL, QC, H9P 1H6
 CANADA

TOLL FREE TEL: 1-800-986-4714
LOCAL TEL: 1-514-418-2435
TOLL FREE FAX: 1-800-986-4751
WWW.MEDSENGAGE.COM

Order Form (Page 2 of 3)

MEDICATION ORDER

Please note: If ordering for more than one patient, a separate set of forms must be completed and signed by each patient.

Step 1 – Personal Contact Information

Are you a : <input type="checkbox"/> Returning Customer <input type="checkbox"/> New Customer				
* First Name	* Last Name	* Email Address	* Primary Phone #	Alternate Phone #
*Shipping Address	*City	*State	*Zip Code	*Country
Billing Address (if different)	City	State	Zip Code	Country

Step 2 – Order Details Please list all prescription and non-prescription medications you are ordering

*Medication	*Strength	*Quantity	*New Medication (Y/N)	*Price
<u>Prescription Requirements:</u>			*Subtotal:	
Rx(s) required for all customers ordering prescription items, unless refills on file. Standard Shipping charge is USD \$12 (Average Delivery Time) – 2 to 3 weeks. Standard Shipping charge is USD \$20 (Expedited Delivery Time) – 10-12 business days.. Shipping Charge may vary between USD 12 - USD \$69.95 for some specific countries.			Shipping:	
			*Total:	

Step 3 – Payment Information

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Credit Card Number	Expiry Date (MM/YY)	
	CVV2 Code	Cardholder Name	
	Cardholder's Signature	Date signed (MM/YY)	
The CVV2 code is the last 3 digits printed on the signature strip on the back of your card			
<input type="checkbox"/> ACH	Bank A/C No.	Routing No.	Bank Name



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Step 4 – Medical Information

(New customers must complete. Returning customer complete only if there are updates.)

You may skip this step if you are ordering non-prescription items only or if you are returning customer with no updates to your health status.

* Gender: Male Female Select One	* Date of Birth (MM/DD/YY)	* Height: _____ ft_ _____ in	* Weight: _____ lbs	* Are you Pregnant?
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* Do you have any known drug allergies? Yes No

If yes, please list the drugs you are allergic to and the type of reaction(s) you have had:

Drugs	Allergic Reaction

Please list all prescription and no-prescription medications you are currently taking:

* Medication	* Date Started

Prescribing doctor's information:

* First Name	* Last Name	* Phone Number	Fax Number
Address	City	State	Zip Code
			Country

Step 5 – Customer Agreement and submitting Order

*I, _____, have read, acknowledge and agree to the medsengage.com Customer Agreement & Terms of Sale and Conditions (made available online at www.MedsEngage.com)

*Customer Name (Please print): _____ * City/Town where signed: _____

*Customer Signature : _____ * Date : _____

Submit order forms and any required documents by:

USA Toll Free Fax : 1-800-986-4714 Toll Free Fax 1-800-986-4751 Email: admin@medsengage.com