

# GlobalDrugsOnline.com

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www.GlobalDrugsOnline.com

## New Prescription & Refill Order Form

Patient Information			WB-GDO	
First Name:		Last Name:		
Telephone Number: (      )		Secondary Telephone: (      )		
Shipping Address: (Street & Apt. #) – if different from above				
City:		State:		ZIP:
Have there been any changes to your <b>health OR medications</b> being taken (i.e. changes in strengths or quantities) since placing your last order? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If <b>YES</b> to the above, please describe in detail any changes below:				
Medications Being Refilled				
Drug Name	Strength	Quantity	Generics (Y or N)	Price (USD)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
Shipping and handling fees are \$10.00 per package, not per prescription.			<b>Shipping</b>	
			<b>Total</b>	
Has your billing information changed since your last order? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If <b>YES</b> to the above, please complete the following:				
*How would you like to pay for your medications? (Check one only)				
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard				
*Name on Credit Card:			*Credit Card Number:	
*Credit Card Verification Number: (The verification number is a 3-digit number printed on the back of your card. It appears after and to the right of your card number on the signature field.)			*Card Expiry Date: ____ / ____ (mm/yy)	

**Fax to 1-866-888-8888 for Processing**