

OFFICE USE ONLY

CUSTOMER FILE # C	ORDER #	DATE FILE OPENED
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PRESCRIPTNET

Prescriptnet, #210 - 19 Dallas Road
Victoria, BC V8V 5A6 Canada
Visit Prescriptnet on the Web: www.prescriptnet.com

Page 1 (of 5) Customer Order Form

Tel: 1-888-533-9900 • Fax: 1-866-533-9901 • E-mail: info@prescriptnet.com

PLEASE PRINT CLEARLY AND COMPLETE THE FOLLOWING INFORMATION.

Each customer is required to complete and sign his/her own set of forms.

Personal Information

Last Name	First Name	Gender (M/F)
Height	Weight	Date of Birth YYYY/MM/DD
Address	City	State Zip
Mailing Address (if different)	City	State Zip
Telephone	Alternate Telephone	E-mail
When would be a convenient time for the pharmacist to call you? BEST TIME TO CALL: _____	I found out about Prescriptnet through: <input type="checkbox"/> WEB SEARCH <input type="checkbox"/> WORD-OF-MOUTH <input type="checkbox"/> ADVERTISING <input type="checkbox"/> NEWS ARTICLE	
I prefer the following packaging for my medication: <input type="checkbox"/> CHILD SAFETY CAP <input type="checkbox"/> SNAP CAP <input type="checkbox"/> MANUFACTURER PACKAGING (Subject to restrictions)	I prefer: <input type="checkbox"/> GENERIC BRAND MEDICATIONS <input type="checkbox"/> NAME BRAND MEDICATIONS	

Medication Order

SOURCE COUNTRY	BRAND NAME	GENERIC NAME (IF KNOWN)	STRENGTH	QUANTITY	PRICE (USD)

SHIPPING: Prescriptnet ships your medication within 24 hours of order completion. Postal delivery of orders to your destination can take between 5 and 30 days, so we recommend placing your order at least 30 days before your current supply of medications will be exhausted. Please remember Prescriptnet cannot make a point-to-point investigation of any shipment until 30 days after the shipping date.

Free shipping from US

\$9.95 - Shipping from Canada

\$9.95 - Shipping from UK

Shipping costs are cumulative

SUB-TOTAL _____

SHIPPING _____

TOTAL _____

Payment Information

<input type="checkbox"/> Visa	_____	_____
	Cardholder Name (first)	(last)
<input type="checkbox"/> MasterCard	_____	_____
	Credit Card Number	MM/YY Expiry
	_____	_____
	Authorized Signature	Authorization Number

By submitting this form, you agree that the above order will be fulfilled and mailed to you and that you cannot return these medications for any reason as per the College Bylaws. All Sales are final.

PLEASE PRINT CLEARLY AND COMPLETE THE FOLLOWING INFORMATION.

Personal Information

Last Name	First Name	Gender (M/F)	Date of Birth YYYY/MM/DD
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Medical History (Please complete the following information for our physician and pharmacist.)

Do you have any known drug allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list the drugs you are allergic to: _____ _____ _____ _____ Date of last reaction (i.e. November 1997) _____	Have your drug allergies ever resulted in: skin rash (spots, redness, itchiness) <input type="checkbox"/> YES <input type="checkbox"/> NO breathing problems, wheezing or coughing <input type="checkbox"/> YES <input type="checkbox"/> NO sudden drop in blood pressure <input type="checkbox"/> YES <input type="checkbox"/> NO Do you smoke? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever smoked? <input type="checkbox"/> YES <input type="checkbox"/> NO When did you last smoke? (i.e. 1980) _____
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Do any of the following conditions apply to the state of your health. If yes, please check.

<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Colon Cancer	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Stomach Disorder / Ulcer
<input type="checkbox"/> Alzheimer's	<input type="checkbox"/> Depression	<input type="checkbox"/> Lung Cancer	<input type="checkbox"/> Stroke
<input type="checkbox"/> Anemia	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Lupus	<input type="checkbox"/> Thyroid Disease / Disorder
<input type="checkbox"/> Aneurysm / Embolism	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Malnutrition	List any medications you are
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Fluid Retention	<input type="checkbox"/> Melanoma / Skin Cancer	currently taking: _____
<input type="checkbox"/> Asthma	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Migraines	_____
<input type="checkbox"/> Blood Disorder(s)	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Ovarian Cancer	_____
<input type="checkbox"/> Bone / Joint Disorder(s)	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Parkinson's Disease	_____
<input type="checkbox"/> Breast Cancer	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Prostate Cancer	_____
<input type="checkbox"/> Cervical Cancer	<input type="checkbox"/> Kidney Disorder(s)	<input type="checkbox"/> Rheumatoid Arthritis	_____

Please complete the following information about your prescribing physician

Physician Information

Last Name	First Name		
Address	City	State	Zip
Telephone	Fax	E-mail (if known)	

PRESCRIPTNET Page 3 (of 5) Terms and Conditions of Sale

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PLEASE COMPLETE INFORMATION ON PAGE (1) AND (2).

Terms & Conditions of Sale, Limited Power of Attorney and Waiver of Liability

I, _____,
understand and agree to the following:

- Any prescriptions provided by me to Prescriptnet were lawfully obtained from my local doctor who is authorized to issue prescriptions under the law where he or she practices. Those prescriptions have not been altered in any way or been previously filled. The medicine provided to me will be used only as directed by that doctor and only by the person for whom the medicine was prescribed, and I will continue to have my medical condition and my use of medications, including medicine provided by Prescriptnet and any ill effects from that medicine, monitored by my local doctor, whom I will consult for ongoing medical advice.
- I am not seeking and have not received medical advice or treatment of any kind from Prescriptnet or any of its employees, officers, directors, agents, affiliates, subsidiaries or any others acting through or for it including any pharmacists, physicians, nurses and other health care professionals (all of whom are collectively referred to throughout this agreement as "Prescriptnet"). I did not and will not rely on Prescriptnet regarding the nature of any medicine or its fitness, suitability or effectiveness for treating my medical condition.
- I authorize Prescriptnet to act as my representative to facilitate the purchase of medicine from a pharmacist and to ship that medicine to me by mail, courier or other means. I authorize and appoint Prescriptnet as my agent and attorney for the limited purposes of taking all steps and signing all documents on my behalf that may be necessary to deliver my prescription in a form required by applicable law to a pharmacist and to ship medicine to me.
- All hospitals, physicians, medical care providers, pharmacists and other persons are authorized to provide to Prescriptnet all information and documentation in their possession regarding my medical history, consultations, prescriptions, medications and treatments (collectively, "Medical Information"). Prescriptnet and the physicians, nurses, pharmacists and technicians who may be involved in issuing or filling prescriptions for medicines for my use are authorized to collect and use the Medical Information for that purpose. This consent may be revoked at any time in writing. I understand that if this consent to collect, use and disclose Medical Information is revoked it will probably not be possible for me to obtain medicine from or through Prescriptnet. A copy of this consent sent by fax or otherwise shall be as effective and valid as the original.
- I acknowledge that Prescriptnet has relied on the information and documentation provided by me, and I confirm that I have disclosed on the Health Questionnaire all pertinent information. I will notify Prescriptnet of any changes to my physical or medical condition by providing an updated Health Questionnaire.
- I agree not to sue or make any claim against Prescriptnet connected in any way with any medicine provided to or ordered by me from or through Prescriptnet, and I release Prescriptnet from any liability, claims and causes of action regarding any medicine ordered by me or provided to me by or on behalf of Prescriptnet including, without limiting the generality of the foregoing, any liability, claims and causes of action related to the appropriateness, suitability, strength, dosage, fitness for any purpose or effectiveness of such medicine, any negligence, any side effects or ill effects from such medicine, and any late delivery, non-delivery or misdelivery of any medicine.
- Any electronic mail (e-mail) communication is not confidential and is subject to possible interception, loss and alteration. Prescriptnet is not responsible for and will not be liable to me for any damages in connection with any interception, loss or alteration of any e-mail sent to or from Prescriptnet.
- Medical Information and other personal information that I provide to Prescriptnet is subject to the privacy laws applicable in British Columbia and any other applicable privacy laws.
- I acknowledge that Prescriptnet Inc. is not located in the United States, the physicians, nurses, pharmacists and technicians involved in my order for medicines from Prescriptnet are located and/or licensed in the United States or Canada, and any consultation and advice received by me from them is deemed to be received at the place of business of the persons providing that consultation or advice.

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10. Orders are not binding upon Prescriptnet unless and until accepted by Prescriptnet and are subject to the availability of the medicine ordered. Prescriptnet reserves the right to refuse to accept any order. Prices shall be as posted on the Prescriptnet Web site as at the time of acceptance of my order. Posted prices are subject to change without prior notice. Payment shall be made at the time of acceptance of each order, and shall be made by a credit card acceptable to Prescriptnet. I authorize Prescriptnet to bill my credit card for all products purchased by me, plus any applicable taxes and handling and shipping charges as indicated on each Order Form or on the Prescriptnet web site. All prices and charges are in U.S. dollars unless otherwise stated.

11. Prescriptnet shall be entitled to substitute a generic medicine in place of any prescription medicine where a generic medicine is available and applicable under the Bylaws of the Council of the College of the Pharmacists of B.C. or other applicable laws and regulations unless my doctor has expressly indicated on my prescription that there must be no such substitution.

12. Title to and ownership of any medicine purchased from or through Prescriptnet shall pass to me at the time the medicine is packaged for shipment. I shall be responsible for any loss or damage that occurs during shipping and for compliance with any federal, state, local or other law governing the importation or shipment of the medicine to the place identified by me on the Customer Order Form.

13. Shipping and arrival dates are estimates only, and Prescriptnet is not liable for any loss or damage caused by failure to ship by the estimated ship date or by delays in shipment or arrival of medicines or failure of any shipment to arrive for any reason. In the event that Prescriptnet does not ship any medicine ordered by me or any shipment is not received by me due to the negligence or other fault of Prescriptnet, Prescriptnet Inc. will refund the price paid for that medicine and any taxes and handling and shipping charges, and Prescriptnet will have no further obligation or liability to me. If any medicine ordered is not received by me for any reason other than the negligence or other fault of Prescriptnet, Prescriptnet will not be responsible to me and I may claim against the persons at fault. I understand that I should make arrangements to ensure that I have a sufficient supply of medicines that I may need in case any shipment of medicine ordered from Prescriptnet is delayed or is not received by me for any reason.

14. I understand that after medicine is shipped it cannot be returned and all sales are final, except only that if medicine provided to me by or through Prescriptnet does not either correspond with the prescription provided by me or constitute a permissible generic medication under paragraph 11, I may contact Prescriptnet and, provided that my refund claim is

approved, I may return the medicine for replacement or a refund of the price and any taxes and handling and shipping charges.

15. These terms and conditions, the Customer Order Form, the Health Questionnaire and the prices and terms on the Prescriptnet Web site constitute the entire agreement between Prescriptnet and me. The agreement is severable, and if any provision is determined by a court to be invalid or unenforceable, the remaining parts of the agreement shall remain valid and enforceable.

16. The agreement between Prescriptnet and me is deemed to have been made in British Columbia. The relationship, and the resolution of any disputes arising, between Prescriptnet and me shall be governed by the laws of British Columbia and the laws of Canada applicable therein. Prescriptnet is not responsible for compliance with any local, state, federal or other laws that may apply where I reside. The courts of British Columbia shall have exclusive jurisdiction to hear, determine and adjudicate upon any complaints, demands, claims or causes of action of any kind between Prescriptnet and me.

17. I am of the age of majority or older where I reside, am able to make my own medical decisions, and have had the opportunity to obtain professional medical and other advice about the matters set out or referred to above. If I am placing an order for medicine on behalf of someone else, I represent and warrant to Prescriptnet that I have all legally necessary consent, permission and authority to do so, and that the person on whose behalf I am placing the order or his or her administrators, committees and other legal representatives have had the opportunity to obtain professional medical and other advice about the matters set out or referred to above and understand and agree to those them.

I UNDERSTAND AND AGREE TO THE TERMS SET OUT ABOVE.

Customer's Signature: _____

Print Name: _____

Date: _____, 20____

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Page 5 (of 5) Prescription & Customer ID Form

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PLEASE PRINT A COPY OF THIS FORM, AND ATTACH ALL NECESSARY DOCUMENTATION FOR EACH ORDER SUBMITTED TO PRESCRIPTNET.

- A prescription is required for all medication ordered.
- A copy of primary identification (i.e., birth certificate, passport, driver's license, state ID card) is required for each individual's first order of prescription medication from Prescriptnet.

**Attach your
prescription
in this box.**

**Attach a copy of
your primary ID
in this box.**

**ONLY REQUIRED FOR
YOUR FIRST ORDER.**