

## Order Form Instructions

Thank you for ordering with NorthWestPharmacy.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 your 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 ordering. As well, please indicate whether you have taken this medication before.

### Step 3 - Payment Information

We accept payment by a personal check. (Note: Check must be made payable to NorthWestPharmacy.com and can be sent to us by fax, email or mail).

By providing NorthWestPharmacy.com a check, you hereby authorize the debit of your account using an eCheck21 or ACH process for your purchase through NorthWestPharmacy.com.

### 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 pharmacists 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 acknowledgement of the Customer Agreement. You may then submit your order form and any required documents by:

1. Toll-Free Fax from USA: **1-866-539-5331**,  
Local Fax from outside USA: **1-604-539-5331**
2. Email: CustomerService@NorthWestPharmacy.com
3. Mail to: NorthWestPharmacy.com's Call Center  
Langley Mall (Canada Post)  
PO Box 56056  
Langley, BC, Canada V3A 5N8

We also offer convenient online ordering and our call center is open 7 days a week should you wish to place your order over the phone by calling toll-free from the USA 1-866-539-5330 or our local telephone number 1-604-539-5330 if calling from outside the USA.

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                                                                                        |        | * Primary Phone Number |            | Alternate Phone Number |  |
| * 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 Name                                                                                                                                                                                                                                                                                                                                         | * Strength | * Quantity | * New Medication (Y/N) | * Price |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------------------|---------|
|                                                                                                                                                                                                                                                                                                                                                           |            |            |                        |         |
|                                                                                                                                                                                                                                                                                                                                                           |            |            |                        |         |
|                                                                                                                                                                                                                                                                                                                                                           |            |            |                        |         |
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|                                                                                                                                                                                                                                                                                                                                                           |            |            |                        |         |
|                                                                                                                                                                                                                                                                                                                                                           |            |            |                        |         |
| <i>Prescriptions required for all customers ordering prescription items, unless refills on file.</i><br><b>\$9.99 FLAT RATE SHIPPING</b> (Unless product is specified free shipping on website.)<br>Approximate delivery time is 8 to 18 business days from date order is shipped.<br>Tariff Charge will be entered by us and customer will be contacted. |            |            | * Tariff Charge:       |         |
|                                                                                                                                                                                                                                                                                                                                                           |            |            | Shipping:              | \$ 9.99 |
|                                                                                                                                                                                                                                                                                                                                                           |            |            | * Total:               |         |

### Step 3 - Payment Information

|                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Check on File ending in _____ ( Last 4 digits of your checking account )<br><input type="checkbox"/> Other Check ( International Money Order / Cashier's Check )<br><input type="checkbox"/> Please save my check account information on file. | <p>Make your checks payable to: <b>NorthWestPharmacy.com.</b><br/>         Personal checks can be sent to us by fax, email or mail.</p> <p>By providing NorthWestPharmacy.com a check, you hereby authorize the debit of your account using an electronic check process for your purchase at NorthWestPharmacy.com.</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Step 4 - Medical Questionnaire

(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 a returning customer with no updates to your health status.

|                                                                           |                            |                               |                       |                                                                                 |
|---------------------------------------------------------------------------|----------------------------|-------------------------------|-----------------------|---------------------------------------------------------------------------------|
| * Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female | * Date of Birth (MM/DD/YY) | * Height<br>_____ ft _____ in | * Weight<br>_____ lbs | * Are you Pregnant?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------------------------------------------------------------|----------------------------|-------------------------------|-----------------------|---------------------------------------------------------------------------------|

\* 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 you are allergic to | Allergic reaction |
|---------------------------|-------------------|
|                           |                   |
|                           |                   |
|                           |                   |

Please list all prescription and non-prescription medications you are currently taking:

| * Medication | * Date Started (MM/DD/YY) |
|--------------|---------------------------|
|              |                           |
|              |                           |
|              |                           |

Primary doctor's information:

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

## Step 5 - Customer Agreement

\* I, \_\_\_\_\_, have read, acknowledged and agree to the NorthWestPharmacy.com Customer Agreement & Terms of Sale and Conditions (made available online at [www.NorthWestPharmacy.com](http://www.NorthWestPharmacy.com)).

\* Customer Name (please print): \_\_\_\_\_ \* City/Town where signed: \_\_\_\_\_

\* Customer Signature: \_\_\_\_\_ \* Date signed: \_\_\_\_\_

**IMPORTANT INFORMATION:** Please note that not all products ordered are shipped by our affiliate Canadian pharmacy. We affiliate with facilities in the UK, Mauritius, Turkey, Canada and other countries which may fulfill your order. The items in your order may be shipped from any one of the above jurisdictions based on availability and cost. The products are sourced from various other countries as well as those listed above. Rest assured that we only affiliate with our authorized pharmacies and fulfillment centers that procure products through reputable sources and which meet the Canadian International Pharmacy Association's stringent safety protocols. For more information, please visit our About Us, Drug Safety & Authenticity and FAQ sections. If you should have any questions, please contact us.

### Submit Order Forms and Any Required Documents By:

USA Toll-Free Fax: 1-866-539-5331, Local Fax (Outside USA): 1-604-539-5331

Email: [CustomerService@NorthWestPharmacy.com](mailto:CustomerService@NorthWestPharmacy.com)

Mail: NorthWestPharmacy.com's Call Center, Langley Mall (Canada Post), PO Box 56056, Langley, BC, Canada V3A 5N8