

## **Order Form Instructions**

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Thank you for ordering with Offshoredrugmart.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, check or you can choose to pay with bank transfer. Please send email at [admin@offshoredrugmart.com](mailto:admin@offshoredrugmart.com) to request for bank details.

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

1. Toll Free & Fax : 1-855-297-4528
2. Fax : +1-888-534-6477
3. Email : [admin@offshoredrugmart.com](mailto:admin@offshoredrugmart.com)

We also offer convenient online ordering and our call centre is open 7 days a week should you wish to place your order over the phone by calling toll-free from the USA 1-1-855-297-4528 or our local telephone number +1-1-855-297-4528

\* Denotes required field

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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
<b>*Subtotal:</b>				
<b>Shipping:</b>				
<b>*Total:</b>				

**Prescription Requirements:**  
**Rx(s) required for all customers ordering prescription items, unless refills on file.**  
 \$12 Standard Shipping- Delivery time is 7 to 21 business days from date order is shipped.  
 Shipping is free, If order value above 400 USD.

**Step 3 – Payment Information**

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover	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 or 4 digits printed on the signature strip on the back of your hand	
<input type="checkbox"/> E-Check	Bank A/C No. Routing No.	

\* Denotes required field

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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: <input type="checkbox"/> Male <input type="checkbox"/> Female	* 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, acknowledgement and agree to the Offshoredrugmart.com Customer Agreement & Terms of Sale and Conditions (made available online at Offshoredrugmart.com

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

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

**Submit Order Forms and any required documents By:**

**USA Toll Free Fax : 1-855-297-4528 Fax (outside USA): +1-888-534-6477**

**Email: admin@offshoredrugmart.com**