



Canada Cloud Pharmacy

Order Form

PHONE: 1-800-901-0041 FAX: 1-888-258-7962 INTERNET: www.canadacloudpharmacy.com
email: orders@canadacloudpharmacy.com
MAILING ADDRESS: 4918 Victoria Dr, Vancouver, BC, Canada, V5P 3T6

Step 1 - Personal Information

Form fields for personal information including First Name, Middle Name, Last Name, Birthdate, Street Address, City, State, Country, Zip Code, Phone (Mobile), Phone (Home), Email, and checkboxes for Male, Female, Cat, Dog, and Other.

Step 2 - Order Details

Table with 6 columns: Generic OK?, Medication, Strength, Quantity, Have you used this medication before? (Y/N), Price (USD). Includes shipping options and a summary row for shipping and total.

Step 3 - Medical Information

Form for medical information including questions about drug allergies, current medications, and checkboxes for pregnancy, breastfeeding, and pharmacist contact.

Step 4 - Payment Information

Form for payment information including checkboxes for VOID Check, Visa, Amex, Discover, and fields for credit card number, cardholder name, expiry, and billing address.

Patient Authorization (Please Check One)
Canada Cloud Pharmacy operates as Cloud Pharmacy pharmacy in Vancouver, British Columbia, Canada. The following terms and conditions govern the sales between Cloud Pharmacy (The "Pharmacy") and the individual (the patient) regarding the products and services offered by the Pharmacy. The Patient represents to the pharmacy that,
I am over the age of majority and: 1) I have disclosed my personal and health information accurately and fully and consent to its use by the Pharmacy. I have had a physical examination by a medical doctor in the last 12 months and do not require a physical examination. 2) I understand that all the products sold and dispensed operate within a unique international jurisdiction in a manner consistent with the laws. OR
I am the parent/legal guardian/power of attorney for the patient disclosed. I am over the age of majority and have full authority to sign and provide the above information to the pharmacy on the patient's behalf.

Signature and date fields with a blue arrow pointing to the signature line.