CANDRUG.COM

202A, 8322-130th Street, Surrey, BC V3W8J9, Canada

Tel: 1-877-303-3784 Fax: 1-866-364-9985

Instructions for completing this form and getting your medications:

1. Please complete the <u>PATIENT INFORMATION FORM</u> below. 2. Read and *sign* the <u>AUTHORIZATION & RELEASE FORM</u>. 3. Get your PRESCRIPTIONS from your doctor(s). 4. Fax the PATIENT INFORMATION FORM, AUTHORIZATION & RELEASE FORM SIGNATURE PAGE and your PRESCRIPTIONS to our toll free fax number listed on the bottom of this page. You can also mail it to CanDrug USA PO Box 29077, Bellingham, WA 98228.

Please be advised to contact CanDrug at 2-3 weeks prior to requirement of refill prescriptions. Tel: 1-877-303-3784 Fax: 1-866-364-9985

Patient Information Form

* Fields must be filled to be valid

*Last Name:	*First Name:	
*Telephone: ()	*Alternate Phone: ()	
*E-Mail Address:	*Sex male female	
*Height: ft. inches	*Weight: lbs.	
*Date of Birth (MM/DD/YY): / Age:	*Mailing Address: Apt #/Street:	
*City:	*State/Zip Code:	
* How did you find CanDrug.com ?		
☐ Internet	☐ Print Ad	
Relative	Doctor	
Friend	Other	
* Have you previously filled out this form? * (Please check one appropriate field)		
Yes	□ No	
If yes please describe any changes to your health, medications, or exercise routine since the last time you gave information:		

*Are you receiving any medications from a * (Please check one appropriate field)	another physician?
□ Yes	□ No
If yes, please describe:	
*List known drug allergies:	*Other medications in use (include non- prescription
1	1
2	2
3	3
*Patient Signature:	*Date: (MM/DD/YY)
*HOW WILL YOU BE PAYING?	
	y Order Certified Check
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	y Order Gertined Grieck
Mone	y Order Gertined Check
Billing Address (if different from ab	ove) Suite #:

Authorization & Release Form

*Patient Signature:	*Witness Signature:
*Patient Printed Name:	*Witness Printed Name:
*Date:	*City/Town where signed:

Note: All prices are in \$US dollars and there is a \$14 shipping fee per order.

By signing above, each time you place an order with us, you acknowledge and agree to the following:

I agree to all of the following terms and conditions on behalf of myself, my heirs, assigns and successors. I further represent that I understand all of the following terms and conditions and that I have had adequate opportunity to consult any advisors necessary, whether medical, legal or otherwise. In the event that I am placing the order on behalf of someone else, I also represent that I have all necessary consent, permission and authorization to do so on behalf of that person and their heirs, assigns and successors.

LEGAL STATEMENT AND TERMS OF SERVICE

- The Sale of Products are governed by the laws of the jurisdiction from which the products are shipped to me (unless CANDRUG.COM elects otherwise at its sole discretion), without regard to conflict of laws principles.
- 2. By using the website, CANDRUG.COM, I acknowledge and accept that products purchased from the website are dispensed from the following countries by the corresponding dispensaries which are partnered with CANDRUG.COM:

CANADA

Dispensary: Candrug, #202-8322 130th Street, Surrey, BC V3W 8J9, Canada.

Regulatory Authority: College of Pharmacists of British Columbia

INDIA

Dispensary: Moirae Generics Pvt. Ltd. B-710, Sagar Tech Plaza, Sakinaka Junction,

Andheri (E), Mumbai - 400 072, India

Licensing Authority: Assistant Commissioner, Food and Drug Administration, Mumbai Maharashtra

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Dispensary: Lawrance Walter, 3rd Floor Plot No. 3, 4 & 5 LSC, "J" block, Ashok Vihar Phase I, New Delhi – 110052, India

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Licensing Authority: Assistant Commissioner, Food and Drug Administration, Delhi MAURITIUS

Dispensary: Zapatero International, Mer Rouge, Port Louis, Mauritius

Regulatory Authority: Ministry of Health & Quality of Life Mauritius

NEW ZEALAND

Dispensary: Guys Pharmacy (2001) Limited, c/- Markhams MRI Auckland Limited, Level 10,

Q and V Building, 203 Queen St. Auckand 1010

Regulatory Authority: Ministry of Health, New Zealand

SINGAPORE

Dispensary: Alps Pharmacy, Alps Avenue, #03-01 Lian Soon Amenity Centre Singapore

498787

Regulatory Authority: Health Sciences Authority, Singapore

TURKEY

Dispensary: CAN Pharmacy, Kosuyolu Cad., No:150, Kadikoy, Istanbul, Turkey

Regulatory Authority: Provincial Health Administration, Republic of Turkey, Governorship of Istanbul

UNITED KINGDOM

Dispensary: London Pharmacy Unit 13 Derby Rd. IND EST. Hounslow TW3 3UH.

Regulatory Authority: Royal Pharmaceutical Society of Great Britain

UNITED KINGDOM

Dipensary: Cedarwood Pharmacy, 2 Peterwood Way, Croydon, Surrey CR0-4UQ, UK Dispensary: Cedarwood Pharmacy 5 Peterwood Park, Croydon, Surrey, CR0 5UQ, UK Regulatory Authority: Royal Pharmaceutical Society of Great Britain

- 3. Products sold by CANDRUG.COM from its Partnered Dispensaries are predominantly purchased from outside the USA. This means that the packaging may be different to that available in stores in USA. You agree to accept the products 'as is' and will not object to this.
- 4. CANDRUG.COM accepts no liability for the contents for the website or any of the products sold. CANDRUG.COM's liability for any product which is defective or causes loss or damage of any kind is limited to the cost of the product or the provision of a replacement.
- It is your responsibility to ensure that your use of CANDRUG.COM and the purchase of any products from CANDRUG.COM comply with the law where you are.
 CANDRUG.COM makes no representation or warranty in this regard.
- 6. Prescription products cannot be returned or replaced.
- By using CANDRUG.COM and purchasing products from CANDRUG.COM, you agree
 that you are not doing so for the purposes of taking legal action against
 CANDRUG.COM.
- 8. Prices are subject to change without notice.

AUTHORIZATION AND CONSENT

I hereby appoint CANDRUG.COM as my agent and attorney for the limited purpose of taking all steps and signing all documents on my behalf necessary to obtain a prescription in the country where the dispensary is located that is the equivalent of the prescription that I sent to CANDRUG.COM (the 'Equivalent Prescription') to the same extent as I could do personally if I were present taking those steps and signing those documents myself. This authorization shall include, but not be limited to, collecting personal health information about me, collecting similar information from my prescribing physician or pharmacist, and disclosing that personal health information to CANDRUG.COM, its employees, agents, affiliates and service providers, including without limitation any authorized physician licensed in the country where the dispensary is located and any dispensary or pharmacist being retained by CANDRUG.COM on my behalf (collectively the 'CANDRUG.COM Agents'), as required for the limited purpose of obtaining the Equivalent Prescription and filling my Order.

DISCLOSURE AND REPRESENTATIONS

I represent that all of the following statements are true and understand that CANDRUG.COM, it's Partnered Dispensaries, their employees and contractors (physicians and nurses, pharmacists and pharmacy technicians) are relying on the following representations:

- 1. I am of the age of majority or older according to the laws of the state in which I reside ("My Place of Residence").
- I can make my own medical decisions according to the laws of My Place of Residence.
- 3. A duly qualified medical practitioner in My Place of Residence ("My Medical Practitioner") prescribed the pharmaceutical product(s) ("the Ordered Product") that I am requesting CANDRUG.COM to assist me in obtaining.
- 4. The pharmaceuticals requiring a prescription must be prescribed by a physician licensed to practice in the jurisdiction where the patient resides or sought treatment.
- 5. The prescription that I am requesting CANDRUG.COM to assist me in obtaining has not been altered in any way nor has it been filled prior to submission to CANDRUG.COM. I agree to immediately destroy all copies of my prescription once it has been filled.
- 6. I will use any medication obtained for me by CANDRUG.COM strictly in accordance with the instructions provided by My Medical Practitioner.
- 7. I place this order for medication for my sole use and I will not provide any of this medication to another person. I am not seeking or relying on any medical information from CANDRUG.COM.
- 8. I will immediately contact My Medical Practitioner in the event I suffer any unexpected side effects from any medication(s) provided to me by CANDRUG.COM's partnered dispensaries. CANDRUG.COM has made no representations or warranties to me, including, without limitation, representations or warranties regarding the use or fitness for any particular purpose of the medication(s) delivered (including, without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease, or its potential or actual side or adverse effects whether previously known or unknown).

PURCHASE AND SALE TERMS

- 1. If I choose to pay for my order by credit card, CANDRUG.COM will charge my credit card the following amounts (all prices in US funds):
- a. The medication price as posted on CANDRUG.COM's website on the day CANDRUG.COM receives my order,
- b. A \$14.00 Shipping/Insurance Fee for each package CANDRUG.COM ships; and
- c. Any applicable taxes
- 2. In the event my payment is not authorized by my credit card company, CANDRUG.COM has the right to cancel my order and attempt in good faith to promptly notify me of such cancellation.
- 3. CANDRUG.COM reserves the right, in its sole discretion, to refuse to process any order, in which event I will be entitled to a prompt refund of all monies paid for such order, if any.
- 4. CANDRUG.COM does not fill any orders using child protection packaging.
- 5. CANDRUG.COM is not providing its services as agent or limited power of attorney as a substitute for health care or the advice of a licensed medical practitioner.
- 6. CANDRUG.COM will not exchange medication or return any monies paid once an order is filled, unless the medication provided to me by the supplying dispensary does not correspond with my prescription.
- 7. I appoint a courier or postal service to act as my agent for the purposes of taking possession of the products on order and having them delivered to my address.
- 8. I am solely responsible and take full possession of my order at the time of shipment (or point of origin) from CANDRUG.COM and its Partnered Dispensary(s).
- 9. I acknowledge that the entire consultation with any pharmacist or dispensary or contracted physician takes place in the jurisdiction where those services are being performed, and that all treatment that I receive from each of the pharmacists, dispensary and physicians is being received in the jurisdiction in which each of those pharmacists, dispensary or physicians is licensed or operates.

RELEASE AND WAIVER

I hereby release and hold harmless CANDRUG.COM, its Partnered Dispensaries, the authorized physician licensed in the country where the dispensary is located, their officers and directors, agents, employees and contractors (including physicians and nurses, pharmacists and pharmacy technicians) from any and all suits, demands, liabilities, claims, actions, expenses, losses and damages of any kind or nature whatsoever, including, without limitation, general, direct, special, indirect and consequential damages and costs of litigation (including reasonable attorney fees)arising from:

- 1. My use of the medication(s) provided to me by CANDRUG.COM's Partnered Dispensary(s) including, without limitation, any and all side effects whether previously known or unknown;
- 2. The manner or timeliness of completion by CANDRUG.COM or its Partnered Dispensary(s) of any of the actions I have authorized; and
- 3. My breach of any terms, conditions or representations or warranties in this agreement.

GOVERNING LAW

This agreement, along with any disputes that may arise, shall be governed by and construed in accordance with the laws of jurisdiction from which the product(s) are shipped to me (unless CANDRUG.COM elects otherwise at its sole discretion), without regard to conflict of laws principles. I have read and understand all of the foregoing.