



## ORDER FORM

### 1. Contact information

First name(s)

Last name

Street address

Unit Number

Country

State

City

Zip Code

Phone

Email

### 2. Health Information

Date of birth

Sex:

Female

Male

Height (feet or inches)

Weight (pounds or kg)

List all medical condition(s) you currently suffer from (if any)

List all medication and nutritional supplements you are currently taking (if any)

List your drug allergies (if any)

### 3. Prescribing Doctor Information

First name(s)

Last name

Name of the clinic or medical institution

Address

Country

State

City

Zip Code

Phone

Email

Referred by  
(optional)

Coupon code  
(optional)

### 4. What product(s) are you ordering?

Do you have prescription?  
(for prescription drugs only)

Name of the product (if applicable, indicate pack size)

Quantity

Yes

No

Name of the product

Quantity

Yes

No

Name of the product

Quantity

Yes

No

Name of the product

Quantity

Yes

No

Note: Totals for your order will be confirmed before payment transaction.

- Yes, please include easy-open caps
- Yes, please have a pharmacist counsel me on my prescriptions
- I agree to the Terms and Conditions set out in the Fertility Drugs Online Customer Agreement

Your Signature \_\_\_\_\_

Date \_\_\_\_\_

### 5. Submitting instructions

After signing your order form, scan this form and email it to: [order@fertilitydrugsonline.com](mailto:order@fertilitydrugsonline.com), or fax it to: 1-888-331-6510. Mail originals of all prescriptions to: 208 Provencher Blvd, PO Box 61 St. Boniface, Winnipeg, Manitoba, R2H 3B4.