

PharmStore Medical Order Form

US toll-free phone: 1-800-281-8347

US toll-free fax: 1-866-454-2734

US local fax: 1-832-603-4377

Mail: Pharmstore.com

14781 Memorial Dr, Suite 819

Houston, TX 77079 USA

Name: _____

Date: _____

Date of birth (dd/mm/yy): _____

Phone no: (____) _____

Mailing address: _____

Apt: _____

City: _____

State: _____ Zipcode: _____

Height: _____ Weight: _____

Gender (tick): Male Female

Email address (if available): _____

Is this your first order with PharmStore (tick)? Yes No

Requested medication	Dosage / quantity	Condition	New medication? (Y/N)	Price
			Shipping:	FREE
			Total enclosed:	

Prescribing physician's name: _____

Prescribing physician's address: _____

Prescribing physician's phone no: _____ Prescribing physician's fax no: _____

Known drug allergies: _____

List any other medications you are currently taking and the medical condition they are for:

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Payment method (tick): Mastercard Visa

Name on card: _____ Credit card no: _____

Expiry (mm/yy): _____ CVV2 code* : _____

By signing this form I agree that I have read and agree to the terms and conditions of sale posted on the PharmStore website.

Signature : _____ Date(dd/mm/yy): _____

*The CVV2 code is the last 3 digits printed on the signature strip on the back of your card.

PharmStore Medical Order Form Instructions

If you are not already a customer of PharmStore, welcome. If you are already a customer, thank you for your continued support.

Please follow these simple steps to place your order. Once complete, fax the medical order form along with a valid prescription.

Step One – Download and print form

Download and print this medical order form.

Step Two – Complete personal information

Complete the top portion of the medical order form, making sure to print clearly. This information is required by our doctors and will remain confidential. Your information is not distributed to any third parties.

Step Three – Complete medications you are ordering

To complete the medication section on the order form, visit www.pharmstore.com. Search for the medications you wish to buy with the search box located on the page. You may also browse by letter.

Please be sure to include the dosage and quantity of each medication, along with the medical condition the medication is for. Calculate the total amount of the order.

Please also include the name, address, phone and fax number of your prescribing physician.

Step Four – Complete your medical background

Please indicate any drug allergies that you have. Next, complete details of all other medications you are taking and the condition they are for. This section is important as our doctors review your medical background to confirm that the medications dispensed will not conflict with any existing medical conditions.

Step Five – Complete payment details

Choose either Visa or Mastercard, and provide your credit card number, the name on your credit card, the expiry date, and the CVV2 code. Please remember to sign and date the form.

The CVV2 number is the last 3 digits printed on the signature strip on the back of your Visa or Mastercard credit card. We do not accept other credit cards or any other form of payment except personal checks, however these must clear your bank before the medication can be shipped, thus delaying the arrival of your order.

Step Six – Fax form to us

Please be sure that you have filled out all the information on the form, before faxing the form along with a copy of your valid U.S. prescription to 1-866-454-2734 or 1-832-603-4377. If this form is incomplete it may delay your order.

Step Seven – You are done!

After we receive your fax, your order will be processed by our staff and shipped. If you have any further questions, please view our frequently asked questions (FAQ) section of the website, or call one of our customer service representatives on 1-800-281-8347.

Thank you for choosing PharmStore.