

STEP 1: Print and sign the Order & Waiver forms below.

STEP 2: Fax completed forms along with a copy of your **ORIGINAL PRESCRIPTION** including **PHOTO IDENTIFICATION** to **Toll Free Fax 1-866-352-4988**.
If sending by mail, please send to:

For Internal Use Only

Buy Low Drugs

#9 31205 Old Yale Road
 Abbotsford BC Canada V2T 5E5
 Toll Free Phone 1-866-596-4364
 email: info@buylowdrugs.com

Affiliate ID CODE:

STEP 3: Your prescription will be reviewed and verified by a licensed Canadian physician.

NOTE: Canadian pharmacies cannot dispense drugs to patients without a valid prescription. Please allow approximately 10-14 business days from the time we receive your order to final delivery, to account for order processing, verification, and delivery time.

A) PATIENT INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____

Country: _____ Zip: _____

Telephone: _____ Alternate Telephone: _____

Fax: _____ Email: _____

Birth date: _____ Gender: _____
 (dd/mm/yy)

B) PRIMARY PHYSICIAN INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____

Country: _____ Zip: _____

Telephone: _____ Fax: _____

C) PAYMENT INFORMATION (VISA or MasterCard #)

VISA MASTERCARD

Card Holder Name _____

Credit Card # _____

Expiry Date
 (mm/yy):
 _____ / _____

Card Verification Number _____

