



Fax Order Form : 1-800-420-8226

Customer Details

Name Ph.....

Email Fax.....

Delivery Details

Address

City State

Zip Code Country

Billing Address Details (if different from above)

Address

City..... State

Zip Code..... Country.....

Order your Medications:

Medication Ordered	Strength	Quantity	Price
Total Goods US\$			
Add Freight US\$			9.50
Total Payable US\$			

Credit Card Details:

Type of Card

Visa
 Mastercard

Credit Card Number.....

Expiry Date.....

Card Holder Name.....

Security Code (Optional)

Signature _____

MEDICAL INFORMATION

Doctor's Name:

City:

State:

Telephone Number:

Do you have any known food or drug allergies? (Please tick one)

Yes No

If yes, please supply details:

.....

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Please list any medications being taken, including those not purchased from
MedstoreInternational.com

Medication Taken	Dosage	Frequency		Illness/Diagnosis
			for	
			for	
			for	
			for	
			for	

Please fax the completed order form and your prescription to: **1-800-420-8226**.

When we receive your fax, your order will be processed.

Thank you for ordering through MedstoreInternational

www.medstoreinternational.com