



# Canadian Drug Services

## To Register, Carefully Follow These 3 Easy Steps!

### 1. Registration Form

Fill out the attached Registration Form in Full. This **must** include: your Physicians name, complete contact Information, your preferred method of payment and current shipping address. Don't forget to sign the patient disclaimer!

### 2. Disclaimer

Sign and Date. Don't forget to send registration form and Disclaimer by fax to 1-888-700-5517 or by email to [inquiries@healthywayrx.com](mailto:inquiries@healthywayrx.com).

### 3. Prescriptions

Maximize your savings, ask your Doctor to write you a 3 month supply with 3 refills. To speed up the processing of your order, you can fax prescriptions to **1-888-700-5517** or email a clear scanned copy [inquiries@healthywayrx.com](mailto:inquiries@healthywayrx.com).

Alternatively, you may also request for your doctor to fax or email to the same contact info mentioned above.

## Registration Checklist

To ensure there are no delays in processing your order, please ensure that **all** of the following necessary paperwork is sent together.

- Registration Form - Completed
- Patient Disclaimer - Signed
- Medical Information - Completed (See Registration Form)
- 3 months Prescription From Your Doctor

Orders that do not contain all of the above paper work will experience a delay in processing until all paperwork is complete

## Additional Ordering Information

- Shipping plus insurance ranges from \$17.50 - \$30.00 dependant upon the value of your order
- If you are using our E-cheque debit service , please fill-out the Authorization for E-cheque Debit Forms
- Certain medications are not available from Canada or unsuitable for shipping across borders

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## Registration Form

### Registration Form

<b>Personal Information:</b>				
Last Name	First Name	Group	Birth date	Gender
		GLC	dd/mm/yyyy	<input type="checkbox"/> M <input type="checkbox"/> F
<b>Contact Information:</b>				
Address		City	State/Prov	Zip
Home Phone	Fax	E-mail		
<b>Medical Information:</b>				
Medications Currently Taking				
Allergies:    No, Known Allergies                      Yes, Please Specify:				
Medical Conditions (Please Check)				
Pregnancy	Asthma	Cholesterol	Diabetes	Bleeding Disorder
Glaucoma	Heart Condition	Hypertension		Hysterectomy
Other Medical Conditions, Please Specify:				
<b>Rx Refill Options:</b> <input type="checkbox"/> Refill by E-mail                      Refill by Phone				
<b>Accept Generic Substitute:</b> <input type="checkbox"/> Yes                      No				
<b>Your Doctor Information:</b>				
Doctor Last Name	First Name	Phone	Fax	
Doctor Address		City	State/Prov	Zip
<b>Shipping Information (If not the same as contact information above)</b>				
Shipping Address		City	State/Prov	Zip
Shipping insurance is mandatory for orders above \$100 Dollars.				
<b>Credit Card Information:</b>				
Card Holder Name (on card)		Card Number		
<b>Method of Payment (check only one):</b>			Expiration (MM/YY)	CVD
Visa	MasterCard	AMEX	Discover	Wire

By signing below, I authorize HealthyWayRx to check the accuracy of the personal information I have provided. I understand that in order to verify my personal information, HealthyWayRx may disclose my personal information to the third parties and such third parties may provide verification of such personal information to HealthyWayRx from information they have previously collected about me. I also, authorize HealthyWayRx to transfer any of my prescriptions to my local pharmacy or a pharmacy of their choice, I also acknowledge that due to the nature of this business, all orders received are considered Final and no medications can be returned once shipped.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## Patient Disclaimer

I hereby release HealthyWayRx operated by 2018820 Ontario Ltd, including all of its employees, agents, representatives and contractors including physicians, pharmacists, pharmacy technicians, nurses, and receptionists, hereby referred to ("HealthyWayRx") from any and all liability whatsoever associated with or connected to my use of this website, including consultation, the late delivery, non-delivery or missed delivery, and the use of any or all the medications dispensed to me or services provided by HealthyWayRx and any adverse effects I may suffer from these medications dispensed by HealthyWayRx referred pharmacies. I hereby state that I am at least eighteen (18) years old and am fully competent to make my own health care decisions. I am aware of the potential side effects and/or problems associated with prescription medications, including the medications being dispensed by HealthyWayRx referred pharmacies. I agree to truthfully and to the best of my knowledge enter all of the information on my medical registration. I understand and acknowledge that because medical diagnoses, treatments, and opinions differ among the very best, well trained, and respected pharmacists, there is no implied warranty that treatments may benefit me. I also acknowledge that medical and pharmaceutical opinions may differ from time to time depending upon many factors such as medical research, conventions, literature, etc. Any and all questions that I have about my prescription medications and their attendant risks have been answered to my satisfaction. I understand all of the material risks and/or complications that may occur. I also fully understand and agree that by signing this document, I give the licensed Canadian physician who reviews my prescription(s) the right to contact my US prescribing physician(s) with any questions regarding my prescription(s), and/or my medical history. I also agree that if I become aware of any changes in my physical or medical condition in the future and I fail to notify HealthyWayRx of such changes, then I agree that I am solely responsible for any adverse effects I may suffer from taking or continuing to take these prescribed medications or from participating in this prescription service. I also state that I have had a physical examination by the physician whose care I am under within the last twelve months. By signing each of these pages of this waiver, or clicking "I AGREE" if being submitted electronically, I agree to release from liability and hold harmless HealthyWayRx and their referred pharmacies from all claims, actions, causes of action, suits, penalties, liens, judgments, liabilities, obligations, losses, and actual, claimed or consequential damages which may arise at any time by reason of or relating to, arising directly or indirectly out of any matter whatsoever related to the dispensing of my prescription medications or other use of this website. I understand that it is my responsibility to have regular physical examinations by the physician whose care I am under including all suggested testing by said physician to ensure I have no medical problems, which could constitute a contraindication to me taking the medications being prescribed and dispensed for me. I agree that should I suffer any adverse effects while taking these prescribed medications that I will immediately contact the physician whose care I am under. Should I come under the care of another physician, I will inform him or her of any and all medications I am taking. I hereby give permission to my physician to release my medical files and medical reports to HealthyWayRx and their referred pharmacies as needed to obtain sufficient information for the purpose of dispensing my medications. I acknowledge and agree that I initiated this contract with HealthyWayRx. I acknowledge that the pharmacists working with HealthyWayRx referred pharmacies are licensed to practice pharmacy in Canada. I hereby authorize HealthyWayRx to redirect my prescription for fulfillment of any medications that are temporarily unavailable in Canada and for all controlled medications that cannot be mailed from Canada, to either a fully licensed US or Global mail order pharmacy partner. I understand and acknowledge that HealthyWayRx recommends regular physical examinations and doctor's office visits with my physician. I further understand that HealthyWayRx will only verify and dispense medications that my physician whose care I am under has already prescribed for me. I also understand that no controlled medications, narcotics, tranquilizers, or other medication the Canadian physician decides is inappropriate will be dispensed. I understand that this service is not in any way intended to diagnose a medical condition. I will direct all questions to my own health care provider. I will consult my own physician before taking any new drug or changing my daily health regimen. I understand that any opinions, advice, statements, services, offers, or other information expressed or made available by third parties (including merchants and licensors) are those of the respective authors or distributors of such content. HealthyWayRx reserves the right to change this disclaimer and the medical registration form at any time, including the terms of consultations. You should read this disclaimer every time you place a new prescription order. Liability in regards to Deception or other Misuse: In rendering the undersigned patient any administrative or other services relating in any way to this agreement, or disclosing information or methods of treatment to the patient (either deemed to be sufficient consideration for this agreement) then, in the event any court determines that the undersigned patient sought medical treatment or prescriptions for the possible or apparent purpose of deception, or any other misuse, directly or indirectly, the undersigned patient knowingly and expressly consents to a judgment of liquidated damages, against the undersigned patient, in the amount of Five Million Dollars (\$5,000,000.00 (U.S.)), which amount is hereby accepted by the undersigned as a reasonable amount for engaging in such acts of deception. If the undersigned patient engages in any of the above-described acts, he/she agrees to pay all reasonable attorney's fees and costs incurred by any legal person seeking to enforce this agreement. This agreement represents the complete and entire agreement between HealthyWayRx their referred pharmacies and myself. I have read and understood the above-referenced "Patient Disclaimer". I declare that I understand this Disclaimer. I also consent to receive electronic communications from HealthyWayRx by phone, e-mail, SMS, fax or any communication means.

**Signature:** \_\_\_\_\_

**Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_