



# Canadian Drug Sales, Inc.

Your Source For International Orders

## Form 2

### PRIMARY PHYSICIAN INFORMATION

Doctor's Name:			
Address:	City:	State:	Zip Code:
Phone:		Fax:	

### PRESCRIPTION ORDER LIST

Medication	Strength (mg)	Quantity
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

*Shipping: There will be a charge of \$15.95 per household order to United States and \$34.95 to most other countries.*

*Shipping time: 15 business days*

*Return: The customer acknowledges that the ordered product can not be returned or exchanged.*

*Prescription: Please fax or mail your prescription along with your completed and signed forms.*

*Minimum order \$45.00*


Customer Name:	Signature:	Date:
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### PAYMENT INFORMATION

Type of card: Visa \* MasterCard \* Debit Card

Cardholder's First Name:	Last Name:
Credit Card Number:	Expiration Date: /
Cardholder's Signature:	Date:

2010/05

 Toll Free: 1-888-988-1-988  
FAX Toll Free 1-866-566-6-566

E-mail: [info@cdrsrx.com](mailto:info@cdrsrx.com)  
URL: <http://www.cdrsrx.com>

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## Form 3

### PHARMACY / C.D.S. AUT HORIZATION & RELEASE FORM

#### Canadian Drug Sales Inc. (CDS) / All Providers, Agents and Suppliers

*This form is required by Canadian, European and other countries pharmacies and providers to be signed and kept on file in order to export prescription medications to the United States. It simply confirms that all U.S. residents are complying with provincial and federal pharmaceutical regulations.*

#### The undersigned (hereinafter the "Client") confirms that:

1. The Client is of the age of majority in the jurisdiction in which the Client ordinarily resides ("Place of Residence").
2. The Client is not restricted from making his or her own medical decisions under the laws of the Place of Residence of the Client.
3. The Client confirms to Canadian Drug Sales Inc. (CDS) /All Providers, Agents and Suppliers (hereinafter "Provider") that the pharmaceutical(s) ordered by the Client ("Ordered Product") were prescribed by a duly qualified medical practitioner in the Place of Residence of the Client after a personal examination by the prescribing physician necessitating the need for the Ordered Product(s) for the Client's specific diagnosed medical condition.
4. The Client has not violated any laws in the Place of Residence of the Client in obtaining the prescription for the Ordered Product.
5. The Client confirms that the Ordered Product will not be used in any way whatsoever, except as prescribed by the duly qualified medical practitioner who originally issued the prescription to the Client ("Client's Doctor") and that the duty of care is the responsibility of the Client's Doctor.
6. The Client confirms that no other person other than the Client will use the Ordered Product.
7. The Client confirms that he or she did not seek or request a medical opinion of the pharmacy, co-signing physician regarding the strength, dosage, usefulness or qualities of the Ordered Product or the duration of use, frequency of use or appropriateness for there particular medical condition, or do they seek any medical advice in any way from the pharmacy, co-signing physician.
8. The Client releases and discharges the Providers and all of their officers and directors, agents and employees from any and all liability, claims or causes of action with respect to the use or application of the Ordered Product by the Client including, but not limited to undesired side effects.
9. The Client confirms the release in the preceding paragraph also benefits and protects any physician retained to lawfully issue the prescription in the dispensing country as directed by the Client's Doctor.
10. The Client confirms that Canadian Drug Sales Inc. is strictly the administration office and is not staffed with medical or technical practitioners. All medications are dispensed at licensed retail pharmacies by licensed pharmacists.
11. The Client agrees that child protective packaging may not be used by the Providers, and the Client releases and discharges the Providers and all of their officers and directors, agents and employees from any and all causes of action with respect to errors or omissions by the company or agency responsible for transporting the Ordered Product to the Client.
12. The client grants Limited Power of Attorney to the providers and purchasing agents, for the limited purpose of signing any documents As required by the laws of the dispensing country which are necessary to permit the delivery of the ordered product.
13. The client attorns to the jurisdiction of the dispensing country and agrees that any dispute that arises between the client and the providers shall be heard by the courts in the dispensing country. The provider and client hereby submit to the jurisdiction of the dispensing country and agree that any dispute shall be heard by the Courts in the dispensing country, including, but not limited to, any claims of negligence and/or malpractice. Further, the client agrees that the laws of the dispensing country shall apply in such a proceeding, agrees to these provisions on the basis that the Client understands that he/she is actively doing business in the dispensing country pursuant to the laws, policies and privileges of the dispensing country laws,
14. The client acknowledges that the ordered product may not be returned for a refund or an exchange.
15. The client authorizing the providers to accept refill orders and any changes to the order by phone or email.

**BY SIGNING THIS DOCUMENT THE CLIENT CONFIRMS THAT HE/SHE HAS READ AND UNDERSTOOD THESE TERMS AND THAT THEY ARE TRUE AND CORRECT AND THE CLIENT AGREES THAT THE TERMS HEREIN ARE BINDING ON THE CLIENT AND THEIR HEIRS, ASSIGNS, SUCCESSORS AND PERSONAL REPRESENTATIVES**

**Print name:**

**Signature:**

**Date:**

2010/05



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