

International Drug Mart

Over 70 Millions Prescription since 1914

Quality Drugs at Affordable Prices...

Toll Free 1-866-419-7475

Fax Free 1-888-726-8418

Order Form

Customer Details

First Name _____ Last Name _____ Male Female
Address 1 _____ Address 2 _____ D.O.B (MM/DD/YYYY) _____
City _____ State _____ Zip _____
Phone _____ E-Mail _____ To Fax Free: 1-888-726-8418

Shipping Address (If different than the address above)

First Name _____ Last Name _____ Male Female
Address 1 _____ Address 2 _____ D.O.B (MM/DD/YYYY) _____
City _____ State _____ Zip _____
Phone _____ E-Mail _____ To Fax Free: 1-888-726-8418

Credit Card Details

Credit Card Type _____ Credit Card Number _____
Name on Card _____ CVV NO: _____ Credit Card Expiry Date (MM/YYYY) _____

Order Details

Drug Name 1 _____ Quantity _____
Drug Name 2 _____ Quantity _____
Drug Name 3 _____ Quantity _____
Drug Name 4 _____ Quantity _____
Drug Name 5 _____ Quantity _____

Health Profile

Physician First Name _____ Physician Last Name _____
Phone Number _____ Fax Number _____
Street Address _____ Suite _____
City _____ State _____
Zip Code _____ Country _____

Have you had a physical examination in the past 12 months? YES NO

Medical Information

By providing a complete health profile, you will ensure our doctors and pharmacists the essential information they need to serve you safely and responsibly.

Are you pregnant? YES NO

Are you a smoker? YES NO

Do you have any known drug or other allergies? YES NO

Would you like to be contacted by a pharmacist for counseling on your new medication order? YES NO

Please list all your medication/s that you are using:

Be sure to include strength, frequency and medical condition being treated.
Example: Lipitor, 10mg, 1/Day, high cholesterol

Please list all over-the counter, natural, or herbal medication/s you are currently taking and what you are using them for.

Terms and Conditions

I acknowledge that based on my own medical decisions, I am ordering these drugs from outside the United States, and agree & accept to all of the following as listed below.

DISCLOSURES AND REPRESENTATIONS

I am over the age of 21 and according to the laws of the state where I reside, I can make my own medical decisions and I am not breaking any of the laws of our state by ordering these medications.

A doctor licensed to practice medicine in the state where I reside prescribed the prescriptions ordered by me. I have lawfully obtained the prescription from my doctor and have not altered them in any way.

I am aware that I am ordering GENERIC medications that come from international pharmaceutical companies from such countries as India, Israel, Chile and/or other international markets.

I will use the medication I am ordering strictly according to the instructions provided by my physician who prescribed my medications and only the person whom they were prescribed for will use these medications. Since these medications have not been packed in the United States, it is my responsibility after receiving these medications to make sure they are the proper medications before taking them. They should only be taken according to the instructions of your own doctor as prescribed.

I agree that I am not relying on any information obtained from <http://www.www.internationaldrugmart.com> and any of its employees and / or its affiliates in making my decision to order any of the medications requested.

I will immediately contact the physician who provided my prescription included with this order in the event I suffer any side effects from any medications that i bought from <http://www.www.internationaldrugmart.com>.

I agree that it is my responsibility to have regular examinations by my primary physician to insure that I have no medical problems, which could constitute a contradiction to me taking the medications I requested. I agree that is my responsibility that if I see more than one doctor to inform each of those doctors of all medications that I am taking.

I agree to release and discharge <http://www.www.internationaldrugmart.com> and all of their officers, directors, agents, employees and affiliates from any or all liabilities, claims or causes of actions with respect to the use or application of all ordered medications by myself including but not limited to any undesired side effects.

I agree and acknowledge that these medications are being shipped from a foreign country and I understand that these medications have not been manufactured in the United States.

I understand that packaging laws are different in foreign countries then in the US and therefore it is my responsibility to check with my doctor for the proper procedures and the risks that could occur from the use of this medication. If there is any change in my health, it is my responsibility to notify my doctor and determine if I should continue use of this medication.

I understand that it is my responsibility to check my order when I receive it to make sure it is the proper medication and dosage that I ordered.

I acknowledge that <http://www.www.internationaldrugmart.com> does not use childproof bottles.

I authorize and appoint <http://www.www.internationaldrugmart.com> as my agent and attorney for the purpose of packaging or repackaging my medications in order to have them delivered to me as if I were personally present to take such steps.

I authorize and appoint <http://www.www.internationaldrugmart.com> as my agent and attorney for the purpose of signing all documents on my behalf necessary for shipping my medication to my own address as if I had been present to do so myself.

I agree that all agreements and contracts made between myself, <http://www.www.internationaldrugmart.com> and /or its affiliates shall be deemed to have been made in the City of Chennai, India and accordingly shall be governed by the laws of India.

I agree that if any dispute arises between <http://www.www.internationaldrugmart.com> and / or its affiliates and myself that the laws of India shall govern it and that the courts of India shall have sole and exclusive jurisdiction over any such dispute.

I acknowledge that once an order is filled, <http://www.www.internationaldrugmart.com> does not accept any return of any medication unless the medication provided does not correspond to the prescription ordered. It is always my responsibility to make sure the proper medication was received before using any medication received.

I agree that I have ordered my medications according to my own free will and by my own decision and have not relied on any information received my medications according to my own decision and have not relied on any information received from <http://www.internationaldrugmart.com>, its employees and / or its affiliates in making such decisions to order.

I have read and understand the terms and conditions of this agreement and agree on behalf of myself, my heirs, successors, administrators and assigners to be bound by these terms and conditions.

SEND THIS ORDER FORM TO FOLLOWING FAX TOLL FREE NUMBER

1-888-726-8418

INCASE YOU WANT ANY HELP, PLEASE CALL OUR TOLL FREE NUMBER

1-866-419-7475