Getting Started

PolarMeds.com

Thank you for your interest in our prescription service! Since 2002, PolarMeds.com has helped American patients fill over 100,000 prescriptions while saving 30-80% on the cost of their medications by getting their prescriptions filled through our Canadian and International Pharmacies. Our prescription service allows American patients to access the same medications that are available in the U.S., but at much lower prices.

If you need any information regarding the price of your prescription(s) or have any questions please contact us toll-free at **1-800-784-2309** or visit our website at **www.polarmeds.com**

How To Order Your Medications

Step 1: Please complete and sign the 2 forms attached (ie. Patient Order Form and Prescription Request Form). You will only have to fill out these forms the first time you order from us. Any information you provide will be kept strictly confidential.

Step 2: Simply mail the 2 forms back to us along with your original prescriptions (if applicable), OR to save mailing time (7-10 business days to Canada), fax it toll-free to 1-888-875-0946.

Mailing Address:

PolarMeds.com
PO Box 2557
STN Main 266 Graham
Winnipeg, Manitoba
R3C 4B3 Canada

Charges

1. Drug cost as quoted on our website or by our staff. (Prices subject to change)
2. Shipping fee is a flat rate of $9.99 per package. (Not per drug, but per shipment)

Payment

We accept Personal Checks, Certified Checks, Bank Money Orders and International Postal Money Orders made out to PolarMeds.com. *For Postal Money Orders please make sure they are an **International (Pink) Money Order** and not Domestic (Green)*.

Shipping And Processing

Once we receive your completed order, we require up to 3 weeks for processing and shipping. All orders are shipped via Canada Post and the U.S. Postal Service.

Refill policy

When obtaining your new prescription please make sure that it has refills on it. Having refills on a prescription makes re-ordering your medications easier and quicker. No questionnaire needs to be filled out for refills unless your medical condition has changed. After your refills are completed, a new prescription from your physician is required.

Please Be Advised

The U.S. FDA limits the quantity of medication that you can order to a maximum of a 3-month supply. If your prescription allows refills, you can simply call us to order your refill.

Our contracted pharmacies are not allowed to ship controlled substances such as amphetamines, benzodiazepines (e.g. Valium), or narcotics such as codeine and morphine.

Most American insurance companies will accept receipts issued from a Canadian pharmacy, however, patients with drug insurance plans should contact their insurance company first before ordering.

Our service is open to anyone. Please feel free to give our toll-free number or website address to friends and family, or make copies of these forms as you require. Thank you.

Please keep this page for your records. You do not need to fax or mail this page.

PolarMeds.com

Toll Free Phone
1-800-784-2309

Toll Free Fax
1-888-875-0946

Internet
www.polarmeds.com
Email: info@polarmeds.com

Mailing Address: PO Box 2557, STN Main, Winnipeg MB, R3C 4B3 Canada

Patient Order Form

Personal Information

Full Name ◯ Male ◯ Female

Street Address

City State Country Zip code

( ) ( )

Phone (home) Phone (work /cell)

Birthdate (mm/dd/yy) Email Address

Best time to be contacted by a Pharmacist

Would you like to receive a call to remind you of future refills? ◯ Yes ◯ No

First Time Patients (please fill out this section if you are a first time patient)

Secondary Contact

Full Name

( )

Relationship to You Phone Number

Physician Information

Full Name

Address

( ) ( )

Phone Number Fax Number

Known Allergies

Do you have any drug allergies? ◯ Yes ◯ No If yes please specify:

Current Medications (please list only the medications that you are NOT ordering)

MEDICATION	STRENGTH	FREQUENCY

Referral Program (complete to earn credits for yourself and the person who referred you)

( )

Full Name of person who referred you Phone Number

Medication Order

For Medication(s) that you wish to order please enter the quantity and listed price as obtained through our website or customer service agent. An original prescription from your doctor's office is required (mailed, faxed or emailed) PRICING IN $US DOLLARS

GENERIC OK?	MEDICATION	STRENGTH	QTY	PRICE
			SHIPPING	$9.99
			TOTAL ((U.S. Funds)	

Patient Authorization Agreement

PolarMeds.com operates as a prescription service provider that specializes in connecting customers with pharmacies in Canada as well as Internationally. The following terms and conditions shall govern all sales of medication and product ("Product") facilitated by Polarmeds.com ("Provider") between you ("Customer") and the authorized dispensary ("Pharmacy"). The Customer herein represents to the Provider that:

"I am the age of majority in the jurisdiction that I reside; and

1). I have fully and accurately disclosed my personal and medical information and consent to its use by the Provider. I have seen a physician within the last 12 months, and do not require a physical examination.

2). I understand that all Product shall be dispensed and sold by a Pharmacy operating Internationally and in accordance with the laws of the jurisdiction in which the Pharmacy is located.

3). I authorize the Provider, as my attorney and agent, to take all steps, sign all documents and to act on my behalf as if I were personally present and acting myself for the limited purposes of (a) obtaining a valid prescription for any and all product, if necessary; and (b) packaging my Product and having them delivered to me. This authorization shall include, but not limited to: collecting and using my personal health information for the purpose of fulfilling all prescription orders and disclosure to a licensed physician if required to issue a new valid prescription in the jurisdiction of the Pharmacy. This authorization may be revoked at any time and shall continue until I revoke it.

4). I understand that the Pharmacy is authorized by law to carry on the business of pharmacy and that I am purchasing medications that are licensed or approved for sale by the Pharmacy. Title to my medications passes from the Pharmacy to me in the jurisdiction of the Pharmacy when my medications leave the Pharmacy. All agreements reached or contracts formed shall be deemed to be made in the jurisdiction of the Pharmacy and governed by the laws of the jurisdiction of the Pharmacy applicable to such contracts, agreements and transactions. I attorn to the courts of the jurisdiction of the Pharmacy, which shall have sole and exclusive jurisdiction over any and all disputes that may arise between me and the Pharmacy, its officers and directors.

I HAVE READ AND UNDERSTAND THESE TERMS AND AGREE THAT THEY SHALL BE BINDING UPON ME AND MY HEIRS, ASSIGNS, SUCCESSORS AND PERSONAL REPRESENTATIVES."

OR

"I am the parent/legal guardian/power of attorney for the Customer disclosed herein, am over the age of majority, and have full authority to sign for and provide the above representations to the Pharmacy on the Customer's behalf."

X

Patient Signature

Date (mm/dd/yy)

Affiliate Box

WEB

Enter Affiliate Code, if applicable

Payment Options

◯ Personal Check (Recommended) ◯ Certified Check ◯ Bank Money Order ◯ International (Pink color) Postal Money Order

***Please make check payable to*: PolarMeds.com**

PolarMeds.com

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1-800-784-2309

Toll Free Fax
1-888-875-0946

Internet
www.polarmeds.com
Email: info@polarmeds.com

Mailing Address: PO Box 2557, STN Main, Winnipeg MB, R3C 4B3 Canada

Prescription Request Form

Please use this form to submit your prescription(s), and send it back to us to complete your order.

Full Name

( )
Phone Number

Order Number (if available)

⬭ Option #1: Contact My Doctor

Physician Name

Street Address

City State Country Zip code

( )
Phone Number Ext. ( ) Fax Number

⬭ Option #2: Transfer From Another Pharmacy

Pharmacy Name

Street Address

City State Country Zip code

( ) ( )
Phone Number Ext. Fax Number

Please list the medications you would like us to call your doctor for, or to transfer from another pharmacy.

Drug Name	Strength	Directions	Rx Number

⬭ Option #3: Mail Your Prescription

Please mail your prescription and this form to:

PolarMeds.com
PO Box 2557
STN Main 266 Graham
Winnipeg, MB
R3C 4B3 Canada