

MAILING ADDRESS 7 Main Street E Elie, Manitoba R0H 0H0	EMAIL info@eliepharmacy.com	PHONE (TOLL-FREE) 1 (833) 861-5325	FAX (TOLL-FREE) 1 (833) 861-5327
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To place an order, complete this Getting Started Package and return it by fax or mail with your Original Prescription(s)*
**Prescriptions are Void if altered*

PATIENT CONTACT INFORMATION

PATIENT NAME _____

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____

PHONE (DAY) _____ PH. (EVENING) _____

EMAIL _____

CONTACT AVAILABILITY *Our pharmacy offers counselling on all medications dispensed.
When is the best time for a pharmacist to contact you?*

DURING THE DAY EVENING

BILLING INFORMATION

NAME ON CREDIT CARD _____

CREDIT CARD # _____

EXPIRATION _____ CVV CODE _____

ADDRESS _____

CITY _____ STATE _____

I authorize Elie Pharmacy to bill my credit card for orders:

CARD HOLDER'S SIGNATURE _____ DATE _____

PAYMENT TYPE

VISA
 AMEX
 MASTERCARD
 PAY PAL
 CHECK PAY
 MONEY ORDER

"Elie Pharmacy" may appear on your credit card statement.

PLEASE CHECK APPLICABLE BOXES

	BRAND ONLY	GENERIC PREFERRED	IS THIS A NEW MEDICATION?	MEDICATION NAME	STRENGTH	QUANTITY	PRICE
1							
2							
3							
4							
5							
6							
7							
8							

Product Total	
Shipping	
Total U.S. Funds	

**Safeguarding confidentiality of your personal information is a primary concern at Elie Pharmacy. We will not release any personal, medical or financial information to anyone other than the health professionals responsible for filling your prescriptions, without your written consent.*