



# NEW PATIENT SIGN-UP FORM

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(833) 861-5327

## PATIENT DETAILS

PATIENT NAME \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
SEX    MALE            FEMALE            WEIGHT (POUNDS) \_\_\_\_\_

## PRESCRIBING PHYSICIAN INFORMATION

DOCTOR NAME \_\_\_\_\_  
PHONE \_\_\_\_\_  
FAX \_\_\_\_\_

## HEALTH INFORMATION IDENTIFY ALL CURRENT MEDICAL CONDITIONS

Alzheimer's	Depression	High Cholesterol	Hysterectomy	Osteoporosis	Thyroid Disorders
Anxiety	Epilepsy	High Blood Pressure	Kidney/Renal Disease	Parkinson's Disease	
Arthritis (Rheumatoid, Osteoarthritis & Lupus)	Cancer (Please describe below)	COPD - Bronchitis & Emphysema	Diabetes (please describe below)	Heart Disease (please describe below)	
Asthma	Glaucoma	HIV/ AIDS	Liver Disease	Schizophrenia	

Other medical conditions not listed above: \_\_\_\_\_

Known drug allergies: \_\_\_\_\_

PRODUCT NAME	STRENGTH (I.E. 10 MG)	HOW OFTEN? (I.E. TIMES/ DAY)	TAKEN SINCE? (I.E. SINCE 2005)

## CUSTOMER AGREEMENT (PLEASE CHECK ONE BOX BELOW)

Elie Pharmacy operates within the provision of distance based International Prescription Service (IPS) partnering with an authorized dispensing pharmacy "The Pharmacy" and mail order delivery of products and services "Products" from our head office located in Elie, Manitoba Canada. In addition, the following specific representations terms and conditions govern all sales between Elie Pharmacy and the patient individual ("the" "patient"). The patient herein represents to the Pharmacy that:

**The patient is of the age of majority and legally entitled to purchase and receive the medications requested of Elie Pharmacy and:**

- The patient has been examined and has received a lawfully prescribed prescription from a physician licensed to practice medicine within the patient's home jurisdiction, and will remain within the care of their physician throughout the course of taking any medicine requested of Elie Pharmacy.
- The patient has fully and accurately disclosed its personal and health information and authorizes Elie Pharmacy to collect and use information as necessary for the fulfillment and delivery of medications.
- The patient grants Elie Pharmacy power of attorney to take all steps, sign all documents and act on the patient's behalf for the purposes of obtaining a prescription recognized and valid within the dispensing pharmacy's home jurisdiction, and packaging and shipping the medications to the patient.
- The patient agrees that the medications are sold, dispensed and delivered within the jurisdiction of where the dispensing pharmacy operates. In the case of Elie Pharmacy, this jurisdiction is Elie, Manitoba Canada.
- The patient attorns to the jurisdiction of the dispensing pharmacy's operations. All agreements reached or contracts formed will be made in the jurisdiction of the pharmacy, the laws of the jurisdiction shall govern all transactions, and the courts in the jurisdiction of the pharmacy shall be the sole and exclusive authority regarding any dispute arising between the patient and dispensing pharmacy.
- The patient releases and discharges Elie Pharmacy, directors, officers, agents and employees from any and all liability, claims actions or causes of action with respect to the sale and delivery of pharmacy medicine or other services.
- The patient has reviewed the foregoing specific terms, as well as the detailed terms and conditions set out on the Elie Pharmacy website, and by signing below agrees that they will apply and govern all sales and delivery of pharmacy medicine or other services from Elie Pharmacy. The authorizations within this customer agreement shall continue until revoked.

**OR**

**"I am the parent/legal guardian/power of attorney for the Patient 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 Patient's behalf.**

SIGN \_\_\_\_\_

DATE \_\_\_\_\_