

Authorization and Release

I, as the undersigned, being over the age of 21, hereby:

Disclosure and Representations

Represent and confirm to Canadian Prescription Drugs, Inc., their affiliates, related companies, subsidiaries and parent company (hereinafter collectively referred to as "CPD") that:

1. The pharmaceutical(s) to be delivered to me were prescribed by a doctor licensed to practice medicine in the country, state or other applicable jurisdiction in which I reside or where I sought treatment.
2. The prescription(s) for the pharmaceutical(s) were lawfully obtained from that physician.
3. I will use any medication obtained for me by CPD strictly according to the instructions provided by the physician who prescribed the medication.
4. The pharmaceutical(s) will only be used as directed and only by the person for whom the pharmaceutical(s) were prescribed.
5. I can make my own medical decisions according to the law of the place where I reside.
6. The prescription(s) I am requesting CPD to assist me in obtaining has not been altered in any way nor has it been filled prior to submission to CPD. I agree to immediately destroy all copies of my prescription(s) once it has been filled.
7. I have consulted a qualified physician where I obtained the prescription within the last year upon whose advice I am relying.
8. I will immediately contact the physician who provided my prescription included with this order in the event I suffer any unexpected side effects from any medication obtained for me by CPD.
9. I hereby authorize the Canadian physician reviewing my prescription to contact my physician if necessary for clarification or confirmation of any details concerning my medical history or the prescriptions requested.
10. I understand that it is my responsibility to have regular physical examinations by my primary US licensed physician that is responsible for my care including all suggested testing to ensure that I have no medical problems which would constitute a contradiction to me taking the medications being prescribed.
11. I acknowledge that CPD's employees and agents have relied on the information and documentation that I am providing (including the Patient Profile) and I represent and confirm that I have fully disclosed all pertinent information and documentation to CPD. I agree to notify CPD of any changes to my physical or medical condition by providing an updated Patient Profile.

Authorization and Consent

12. I hereby appoint Canadian Prescription Drugs Inc. and its delegates or contractors as my agent and representative for the purpose of obtaining a prescription from Canada that corresponds to the prescription(s) included in this order. The acts authorized may include directly contacting my primary physician, and purchasing and arranging the delivery of the medications prescribed to me substantially on the terms set forth below, and all to the same extent that I could if I personally took such steps.
13. I hereby consent to and authorize Canadian Prescription Drugs Inc. to collect my personal medical information and to maintain on file the information necessary to verify and process future orders, including but not limited to my full name, address, phone number, complete medical history and payment information. I understand that my personal information will be handled only by Canadian Prescription Drugs Inc. and the Canadian pharmacy's processing employees and contractors (including physicians and nurses, pharmacists and pharmacy technicians), who may be required to review my health record for the purposes of being in a position to evaluate the prescription.
14. If I was directed to services through an affiliate or intermediary (for example Pharmacy Benefit Manager, Health Management Organization, or other healthcare service provider), I hereby authorize CPD to release the following data to such an intermediary:
 - a. a numerical identifier indicating that I was a patient referred from that source;

b. financial information that will permit the processing of any claims on my behalf;
It is my understanding that all such intermediaries will enter into Confidentiality Agreements where they agree to abide by the privacy policies of CPD relating to the protection of my personal health information. I specifically consent to the transmission of the forgoing information by electronic means.

15. I authorize and appoint CPD as my agent and attorney for the purpose of taking all steps and signing all documents on my behalf necessary to package or re package the pharmaceutical(s) and to deliver them to me, to the same extent as I could do if I were personally present taking those steps and signing those documents myself.
16. I authorize and appoint CPD as my agent and my attorney for the purpose of taking all steps and signing all documents on my behalf necessary for shipping my prescribed pharmaceutical(s) to me as if I had shipped the prescribed pharmaceutical(s) to my own address.
17. I acknowledge and agree that I initiated a consultation with CPD and that CPD is not located in the United States. I also acknowledge that the pharmacists working for CPD and the physicians contracted by CPD on my behalf are located and licensed to practice medicine or pharmacy in Canada and that all services that I receive from the Canadian physician and the pharmacist are being received in Canada.
18. I further agree that any and all agreements reached or contracts formed throughout the course of the relationship between me and CPD shall be deemed to be made in the Province of Ontario, Canada and accordingly shall be governed by the laws of the Province of Ontario and the laws of Canada applicable to such contracts and agreements.
19. I agree that any dispute that arises between me and CPD, its affiliates, related companies, subsidiaries, parent company, officers, directors, employees, agents and contractors shall be governed by the laws of the Province of Ontario and the laws of Canada applicable to contracts formed in Ontario, and I agree that the courts of the Province of Ontario shall have sole and exclusive jurisdiction over any such dispute.

Purchase and Sale Terms

20. CPD will charge my credit card the following amounts:
 - a. the medication price and shipping (in US dollars) as posted on the CPD web site on the day CPD receives my order; and
 - b. in the event my payment is not authorized, CPD has the right to cancel my order and attempt to provide me with notice of such cancellation.
21. The pharmaceutical(s) will be packaged in child resistant closures unless I decline.
22. CPD shall be entitled to substitute a brand name prescription drug with a generic prescription drug, where available in accordance with the Manitoba Drug Standards and Therapeutic Formulary, unless the physician has indicated that there be "no substitution". That once purchased and shipped, no pharmaceutical product may be returned or exchanged.
23. CPD reserves the right to refuse to assist me in obtaining any order in its sole discretion, in which event I will be entitled to a refund for monies paid for such order.
24. CPD does not provide its agency or attorney services as a substitute for the advice that the customer receives from his/her primary care physician.
25. CPD will not exchange medication or return any monies paid once an order is filled, unless the medication provided to me by the supplying pharmacy does not correspond with my prescription.

I have read and understood the terms and conditions set out in this Agreement and agree, on behalf of myself, my heirs, successors, administrators and assigns to be bound by these terms and conditions.

Signature _____ Date _____

Please Print Name _____