# Patient Order Form

## Personal Information

<table>
<thead>
<tr>
<th>Full Name (please print clearly)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Phone (Home)</td>
<td>Phone (Other)</td>
</tr>
<tr>
<td>Email</td>
<td>Birthdate (MM/DD/YY)</td>
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</table>

Please check if you are placing this order for a pet.

- Cat
- Dog
- Other (Please specify)

## Payment Option

**Pay by Credit or Debit Card**

- Cardholder's Name
- Cardholder's Address
- City | State | Zip
- Credit Card Number | Expiration Date (MM/YY)

**Payment by Check**

**USA Only**

- I will make a payment by check, and mail it to:
  - 7107 Industrial Rd, Florence, KY 41042
- Note: Paying by check can extend your processing time by 3-5 days.

## Patient Information

**Patient’s Full Name** | **Patient’s Birthdate (MM/DD/YY)**

**Patient’s SSN or Driver’s License Number (if ordering controlled substance)**

**Primary Physician's Name**

**Clinic Name, Street Address**

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<tr>
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- Male
- Female

**Allergies**

- Do you have any known drug allergies?  Yes  No
- If yes, please enter the drug(s) you are allergic to:

## Medical Conditions

- None Known
- Alzheimers
- Cancer
- Diabetes
- Heart Disease
- Influenza
- Kidney Disease
- Pneumonia
- Septicemia
- Carebrovascular Disease
- Chronic Lower Respiratory Disease
- Other:  

## Medications, OTC, Herbal Products You Are Currently Taking

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<th>MEDICATION</th>
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## Medication

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## Patient Authorization (Please Check One)

The following terms and conditions govern the sales between HealthWarehouse.com’s authorized dispensary (the “Pharmacy”) and the individual (the “Patient”) regarding the products and services (“the Products”) offered for sale by the Pharmacy. The patient herein represents to the Pharmacy that:

- I am over the age of majority, and:
  1. I have fully and accurately disclosed my personal information and personal health information and consent to its use by the Pharmacy. I have had a physical examination by a physician within the last 12 months and do not require a physical examination.
  2. I understand that all Products shall be sold and dispensed by a Pharmacy operating within the Kentucky Board of Pharmacy jurisdiction and in a manner consistent with the laws of the United States of America.
  3. I authorize and appoint the Pharmacy, 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 prescription which I have sent to the Pharmacy; and (b) packaging my prescriptions and delivering them to me. This authorization shall include, but not be limited to: collecting and using my personal and personal health information as reasonably necessary for the fulfillment of my order, including disclosure to a licensed physician if required for the issuance of a valid prescription in the jurisdiction of the Pharmacy. This authorization may be revoked at any time and shall continue until I revoke it.

- 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.

**OR**

- I have read and understand these terms and agree that they shall be binding upon me and my assigns, heirs and personal representatives.

**Please check if you are placing this order for a pet.**

- Cat
- Dog
- Other (Please specify)

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**Prescription Submission**

### How long does it take to process my prescription?

It depends on how quickly we receive your prescription from your doctor or pharmacy. Once a valid, legal prescription is received, you should expect 3-7 days of processing time though our average is around 24 hours.

### What are your shipping rates?

- **USPS Standard Ground Shipping**: $3 or FREE if you opt-in to our monthly newsletter - 2-8 business days
- **USPS/UPS Signature Confirmation**: $3.95 - 2-8 business days; STRONGLY RECOMMENDED
- **USPS Priority**: $10 - 1-3 business days
- **UPS Tracking**: $11.95 - 1-5 business days
- **UPS 2-Day**: $17.95 - 2 business days
- **UPS Next Day Air**: $29.95 - 1 business day

### Option 1: Doctor Will E-Scribe/Call/Fax *

Ask your doctor to send your prescription to HealthWarehouse.com:
- By E-Script
- By Phone: 1-800-748-7001
- By Fax: 1-888-870-2808

### Option 2: Transfer from Another Pharmacy *

Please list the medications that will be faxed from your doctor, or to be transferred from another pharmacy.

<table>
<thead>
<tr>
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<th>STRENGTH</th>
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<th>RX NUMBER</th>
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* A fax from your doctor, and transferring from another pharmacy is only available to residents of the United States.

### Option 3: I Will Mail My Prescription

Please mail your prescription and this form to:

HealthWarehouse.com  
7107 Industrial Rd  
Florence, KY 41042

### Your Next Steps

1. **Contact your doctor**
   - Have your doctor send us your prescription via e-script, phone, or fax. The sooner we receive your prescription, the sooner we'll ship your medication.

2. **Your order will process**
   - You should expect 3-7 business days of processing time, though this may be longer or shorter depending on how soon we hear from your doctor.

3. **You’ll receive your meds**
   - You’ll receive your package within 1-8 business days depending on the shipping method selected.