



MEDICATION ORDER FORM

To order medication, please print this form and have your physician fill it out and fax or mail it back to us at the address below.

GlobalRx

4024 Carrington Lane
Efland, NC 27243
Phone 919-304-4278
Toll Free (USA) 1-800-526-6447
Fax 919-304-4405
Email: info@globalrx.com

Patient Name: _____

Date of Birth: ____ / ____ / _____

Telephone: _____

Fax: _____

Email: _____

Address to which drugs will be sent:

Other medications currently taking:

Drug Allergies:

Body Weight: _____ lb. / kg

Drug Order				
Drug	Strength	Dose Schedule	Qty./Duration of Therapy	Refills

Physician Information

Name: _____

(Signature Required)

Date: ____ / ____ / ____

Practitioner License #: _____

DEA Number: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Delivery Method (circle one)	International	United States
Air Mail	\$25 (not guaranteed)	\$2.95
Priority Mail	\$25 (not available to every country, not guaranteed)	\$5.95
US Postal Express	\$50 (not guaranteed)	\$15 - \$30
DHL or Fed-Ex	\$60 - \$150	\$15 - \$30

Payment Method:

(circle payment method)

Credit Card

(circle one) Visa Mastercard Discover

Card Number: _____

Expiration Date: _____ / _____

Security Code (located on back of card): _____

Cardholder's Signature: _____

Cardholder's Address: _____

Money Order

(must be in USA funds)

IMPORTANT: Drugs cannot be shipped in advance of payment.