



## 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

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

### **Physician Information**

Name: \_\_\_\_\_

(Signature Required)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Practitioner License #: \_\_\_\_\_

DEA Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

<b>Delivery Method (circle one)</b>	<b>International</b>	<b>United States</b>
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.***