



# Canadian Med Service®

Canadian Med Service™ is a trademark of Fort Garry Pharmacy

**Fax to Fort Garry Pharmacy: 1-866-887-1388**

**Or mail to: Fort Garry Pharmacy P.O. Box 2656, 266 Graham Ave, Winnipeg, Manitoba, Canada, R3C 4B3**

---

## Order Form (Please allow 2 – 3 weeks for delivery, from the time we have all completed forms.)

Medication	Strength	Quantity	Is Generic Acceptable?	Canadian Med Service Price
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Sub-total	_____
Add \$12.00 for shipping & Handling	_____ \$12.00
<b>Total Enclosed</b>	_____ \$

### Payment Method:

- Cashier's Check (made payable to **Fort Garry Pharmacy**)
- International Money Order (made payable to **Fort Garry Pharmacy**)

Credit Card:     MasterCard     Visa

\_\_\_\_\_  
Name on the Card

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
Expiry Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Omitting any information needed could result in delays in the shipping of your medication.  
Fort Garry Pharmacy reserves the right to refuse service. All prices subject to change without notice.

Canadian Med Service™ is a trademark of Fort Garry Pharmacy

**Fax to Fort Garry Pharmacy: 1-866-887-1388**

**Or mail to: Fort Garry Pharmacy P.O. Box 2656, 266 Graham Ave, Winnipeg, Manitoba, Canada, R3C 4B3**

---

## LIMITED POWER OF ATTORNEY & RELEASE FORM

No prescription will be filled until a signed and dated copy of this document as well as a completed Medical history questionnaire has been received by TAGA Holdings Inc. doing business as Fort Garry Pharmacy. These documents can be sent by fax toll free to 1-866-887-1388.

IN CONSIDERATION of Fort Garry Pharmacy filling the undersigned's prescription or non-prescribed order, as the case may be, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged by the undersigned, THE UNDERSIGNED, BEING OVER THE AGE OF 21, HEREBY:

1. Represents and confirms to Fort Garry Pharmacy, its affiliates, related companies and subsidiaries, whether now existing or hereafter created (hereinafter "**Fort Garry Pharmacy**") that the pharmaceutical(s) to be delivered to the undersigned were prescribed by a doctor licensed to practice medicine in the country, state, or other applicable jurisdiction in which the undersigned resides, that the prescription(s) for the pharmaceutical(s) were lawfully obtained from that physician and that the pharmaceutical(s) will be used only as directed and only by the person for whom the pharmaceutical was prescribed.

2. Acknowledges that Fort Garry Pharmacy and Fort Garry Pharmacy's employees and agents have relied on the information and documentation provided by the undersigned (including the Patient Questionnaire) and the undersigned represents and confirms that the undersigned has, to the best of his/her knowledge, fully disclosed all pertinent requested information and documentation to Fort Garry Pharmacy. The undersigned undertakes to promptly notify Fort Garry Pharmacy of any changes to his/her physical or medical condition by providing an updated Patient Questionnaire.

3. Understands that it is the undersigned's responsibility to have regular physical examinations by the U.S. licensed physician whose care he/she is under, including all suggested testing by said physician to ensure the undersigned has no medical problems, which would constitute a contraindication to him/her taking the medications being prescribed.

4. Authorizes and appoints Fort Garry Pharmacy, as his/her agent and his/her attorney for the limited purposes of taking all steps and signing all documents on behalf of the undersigned necessary to obtain a prescription in Canada for the prescription sent by the undersigned to Fort Garry Pharmacy, to the same extent as the undersigned could do if he/she were personally present taking those steps and signing those documents himself/herself, including, but not limited to, collecting personal health information regarding the undersigned directly from his/her prescribing physician or pharmacist and disclosing personal health information to Fort Garry Pharmacy's employees, agents and service providers, as required, for the limited purpose set out above.

5. Authorizes and appoints Fort Garry Pharmacy as his/her agent and his/her attorney for the purpose of taking all steps and signing all documents on behalf of the undersigned necessary to package or repackage the pharmaceutical(s) and to deliver them to the undersigned, to the same extent as the undersigned could do if he/she were personally present taking those steps and signing those documents himself/herself.

6. Authorizes and appoints Fort Garry Pharmacy, as his/her agent and as his/her attorney for the purpose of taking all steps and signing all documents on behalf of the undersigned necessary for shipping his/her prescribed pharmaceutical(s) to the undersigned as if the undersigned had shipped the prescribed pharmaceutical(s) to himself/herself to the undersigned's address.

7. Acknowledges that the pharmaceutical(s) will be delivered to me in child resistant closures unless I specifically request that the pharmaceutical(s) not be delivered in child resistant closures on my Patient Questionnaire. I agree to release and discharge Fort Garry Pharmacy and all of its officers and directors, agents and employees from any and all causes of action with respect to errors or omissions by the company or agency responsible for transporting the pharmaceutical(s) to me.

8. Acknowledges and agrees that the undersigned initiated a consultation with Fort Garry Pharmacy and that Fort Garry Pharmacy is not located in the United States. The undersigned acknowledges that the pharmacists working for Fort Garry Pharmacy and the physicians contracted by Fort Garry Pharmacy on the undersigned's behalf are located and licensed to practice medicine or pharmacy, as the case may be, in Canada and that all treatment the undersigned is receiving from the said physician and pharmacist is being received in Canada.

9. Acknowledges and agrees that any and all agreements reached, or contracts formed, throughout the course of the relationship between the undersigned and Fort Garry Pharmacy shall be deemed to be made in Manitoba, and accordingly shall be governed by the laws of the Province of Manitoba and the laws of Canada as applicable to such contracts and agreements.

10. Agrees that any dispute that arises between him/her and Fort Garry Pharmacy, its affiliates, related companies, subsidiaries, parent company, officers, directors, employees or agents shall be governed by the laws of the Province of Manitoba and the laws of Canada applicable to contracts formed in Manitoba and the undersigned agrees that the Courts of the Province of Manitoba shall have sole and exclusive jurisdiction over any such dispute.

11. Understands that Fort Garry Pharmacy shall be entitled to substitute a prescription drug with a generic drug, where available in accordance with the Manitoba Drug Standards and Therapeutic Formulary, unless the physician has indicated that there be "no substitution".

12. Acknowledges and understands that once purchased and shipped, no pharmaceutical product may be returned or exchanged.

THE UNDERSIGNED HAS READ AND UNDERSTANDS THESE TERMS AND AGREES THAT THEY SHALL BE BINDING UPON THE UNDERSIGNED AND HIS/HER HEIRS, SUCCESSORS AND PERSONAL REPRESENTATIVES

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name Here

\_\_\_\_\_  
Date (Month / Day /Year)