

Liberty Care Rx Mail NY01-01 Refill Form v6

For refill orders simply fax this page with void check (if applicable) to 1-866-252-7137 or mail to: ADS Supply Inc., Suite 202, 6420 6A Street SE, Calgary, AB, T2H 2B7

First Name	Initial	Last Name

Mailing Address

City	State	Zip Code

Home Phone Number	Birthday (MM/DD/YYYY)
- -	/ /

Any medical changes since you filled out your Client Profile with ADS? YES NO.
 If you answered yes, please advise us of the changes on a separate sheet with this order.

Requested Refill Medications for this order

Medication Name	Dosage (mg)	Quantity	(Y/N)	Price (\$US)	Generic
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				.	
				.	
				.	
				.	
				.	
				.	

Would you like your order filled with Generic medications when available? YES NO Would you like a pharmacist to contact you regarding your medications? YES NO Would you like child proof bottles? YES NO	<u>Sub Total</u>	.
	<u>Shipping Fee per order</u>	1 5 . 0 0
	<u>Order Total</u>	.

Payment: VISA MASTERCARD OR CHECK MONEY ORDER

****PLEASE MAKE ALL CHEQUES AND MONEY ORDERS PAYABLE TO EXTENDED CARE PHARMACY****

Credit Information – VISA or MASTERCARD Card Number

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Name on Card	Expiry (MM/YY)
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I authorize ADS Supply Inc. to debit my account or credit card Date Signed (MM/DD/YYYY)

Sign Here	/ /
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