Order Guidelines

- Complete and sign this Refill and New Order Form
- Fax these 3 pages with your new original prescriptions and 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
- We will call you back to confirm your order details. Medications will arrive in approximately 20 days.

First Name | Initial | Last Name

Mailing Address

City | State | Zip Code

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

Your Doctor's Name

Your Doctor's Phone Number | Your Doctor's Fax Number

Please advice of any changes in your medical profile since you filled out your first Client Profile with ADS:

_____

_____

_____

Current Medications – Please list all current medications you are taking

Medication | Strength | Dose

Please continue on a separate sheet if more space is required.

Requested Refill and New Medications

Medication Name	Dosage (mg)	Quantity	Generic (Y / N)	Price ($US)
				.
				.
				.
				.
				.
				.
				.
				.
				.
Sub Total				.
Shipping Fee				15.00
Order Total				.

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 bottle**? YES NO**

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

Name on Card

Expiry (MM/YY)

I authorize ADS Supply Inc. to debit my account or credit card

Date Signed (MM/DD/YYYY)

Sign Here

- Complete your order by faxing these 2 pages along with your new original prescription(s) and voice check (if applicable) to 1-866-252-7137 or mail your order including prescriptions to: ADS Supply Inc., Suite 202, 6420 6A Street SE, Calgary, AB, T2H 2B7