



**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**

437 Dimmocks Mill Rd. Suite 17A  
Hillsborough, NC 27278  
Phone 919-245-8418  
Fax 919-245-8421 E-mail: [info@globalrx.com](mailto:info@globalrx.com)

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

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

Address to which drugs will be sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Medications currently taking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Gender: MALE FEMALE

Drug Allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Body Weight: \_\_\_\_\_ lb / kg

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

**Physician Information**

Typed Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 \_\_\_\_\_ Mo Day Year

Signature

Practitioner License #: \_\_\_\_\_ Country of License \_\_\_\_\_

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

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

<b>Delivery Method (circle one):</b>	<b>International</b>
Air Mail	\$30 (not guaranteed)
US Postal Express	\$50 (not guaranteed)
DHL or FedEx	\$60 - \$150

**Payment Method:**

**1. Credit Card**

(circle one) Visa, American Express, Discover

Card Number: \_\_\_\_\_

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

Security Code (located on back of card): \_\_\_\_\_

\_\_\_\_\_  
Name on card

\_\_\_\_\_  
Cardholder's Signature:

\_\_\_\_\_  
Cardholder's Address:

**2. Money Order**

Must be in USA funds.

***IMPORTANT: Drugs cannot be shipped in advance of payment.***

**3. Bank Transfer**

Information provided upon completion of this form and receipt of Proforma Invoice.