

PHONE: 1-800-828-4889

FAX: 1-800-416-8019

EMAIL: care@90daymeds.com

## Personal Information

\_\_\_\_\_  Male  Female  
Your Full Name (please print clearly)

\_\_\_\_\_ Street Address

\_\_\_\_\_ City State ZIP Code

\_\_\_\_\_ Phone (Home) Phone (Cell)

\_\_\_\_\_ Email

\_\_\_\_\_ Birthdate (MM/DD/YY) Height Weight (Pounds)

Smoke  Pregnant  Nursing

## Order Information

For medication(s) that you wish to order, please enter the quantity

MEDICATION	STRENGTH	QTY	PRICE
TOTAL			

## Payment Information

Make Personal Checks and Money Orders payable to LIONTEL TELESERVICES

Check  Direct Bank Withdrawal\*  Money Order  Use Bank info on file

I will send my Check by:

Mail: Suite 338 7360 137th St  
Surrey, BC V3W 1A3  
Canada  Fax: 1-800-416-8019  Email: care@90daymeds.com

## Allergies

Do you have any known drug allergies

Yes  No

If yes, what are they

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

## Medications

Please list all prescription medications you are currently taking.

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

## Doctor Information

\_\_\_\_\_  
Doctors Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

## Authorization

I have read and understand the Authorization Agreement below for Direct Payments

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date (MM/DD/YY)