

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: 290 Main St- Box 208
Niverville, MB, R0A1E0
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)