



2333 Wycroft Road, Unit 8, Oakville, Ontario L6L 6L4  
 Telephone 905-847-8224 /1-800-663-8637  
 Fax 905-847-8271/1-800-263-8746  
 www.pharmexdirect.com

### Your Privacy

In order to provide you with the highest level of professional care we need to collect personal information from you. Protecting that information is of paramount importance to us. For our privacy policy please visit our website at [www.pharmexdirect.com](http://www.pharmexdirect.com) or call our Privacy Officer at 1-800-663-8637 Extension 250 to request a copy. Also, please read privacy information on the reverse of this form.

Employer Name (if applicable)		Drug card provider	Drug Card number
Last Name		First Name	E-mail Address
Home Address		Town/City	Postal Code
/ / 19	( )	( )	
Date of Birth (dd/mm/yyyy)	Home Phone Number	Business Phone Number	
		( )	
Doctor's Name		Doctor's Telephone Number	

Drug Allergies

Current medications including non-prescription and herbal medications

**A signature is required upon delivery**

Delivery address  Work  Home  
 Delivery - see note 5 on other side

### FAMILY MEMBER(S) INFORMATION

Name	Date of Birth dd / mm / yy	Sex M / F	Drug Allergies	Current Medication Inc. herbal medications	Doctor's Name	Doctor's Number

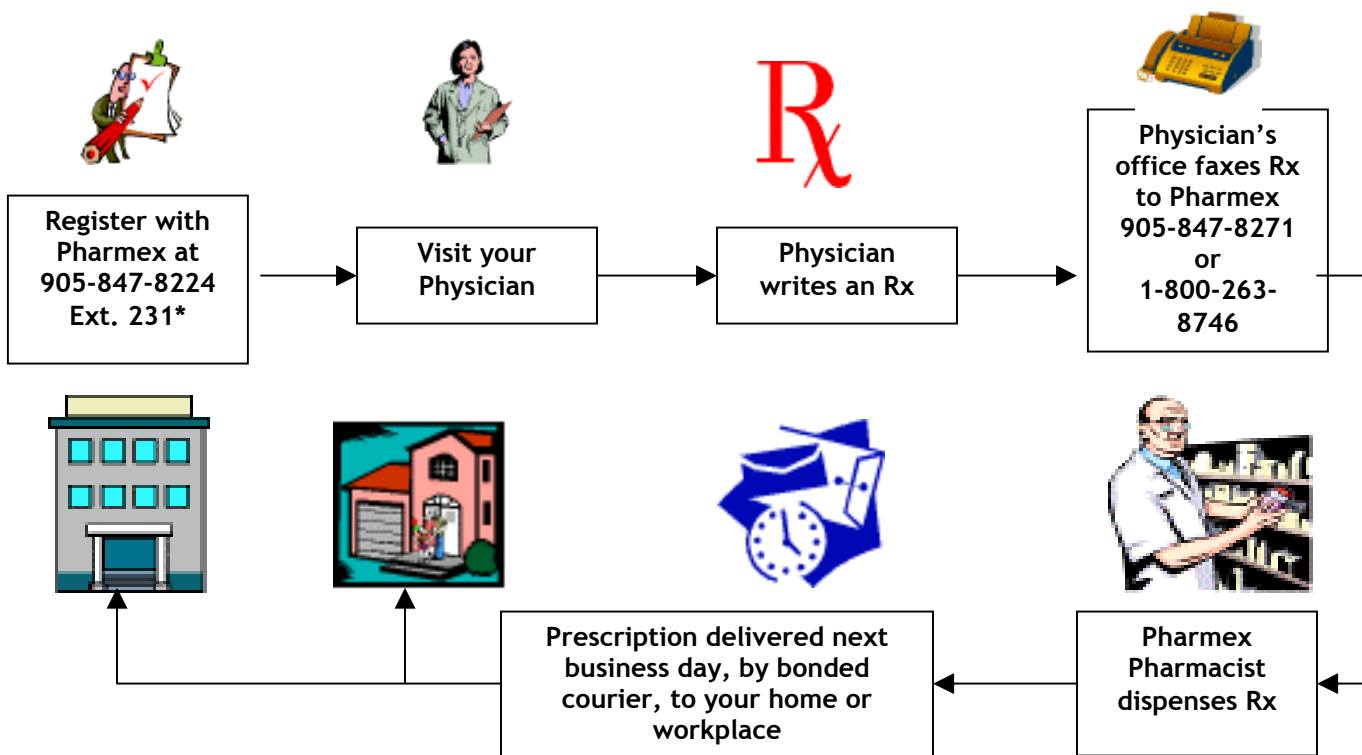
### REQUEST FOR PRESCRIPTION TRANSFER - see note 4 on other side

Pharmacy Name	City	( )	Pharmacy Telephone Number
Prescription(s) you wish transferred (Drug name and quantity)		Prescription Number	
<input type="checkbox"/> Fill prescription immediately		<input type="checkbox"/> Hold on file	

I, the undersigned, hereby acknowledge that I have requested Pharmex Direct Inc. to have my medication records transferred from the above pharmacy.

Signature	Date
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# How do I use Pharmex?



## Privacy Information

*Please note that when you, or your agent, provides us with your health information, you are deemed to give us consent to contact the prescribing healthcare professional to discuss your dosage, condition and allergies given and recorded on our patient information system; to communicate with your drug payment program; to discuss your prescription with you, your caregiver; to provide information and other services of interest to you.*

### 1. \* Register with Pharmex Direct

To register, simply call Pharmex at 905-847-8224 or 1-800-663-8637 Extension 231. Alternatively, complete this enrollment form and fax or mail it to Pharmex Direct. You can also enroll by visiting [www.pharmexdirect.com](http://www.pharmexdirect.com) and clicking on "Forms". All information is totally confidential

### 2. Your Doctor: Ordering New Prescriptions

When your doctor writes a prescription for a "maintenance drug", ask him or her to indicate the number of refills allowed. For fastest service have your Doctor call-in or fax your new prescription directly to Pharmex.

### 3. Patient Ordering Refill/Repeat Prescriptions

You can request **repeat** prescriptions by using the Repeat Prescription Form at [www.pharmexdirect.com](http://www.pharmexdirect.com) or by faxing Pharmex Direct on our Toll-Free fax line. You can also call the Pharmex Direct Customer Service. The numbers are on the other side at the top of the page.

### 4. Transferring Prescriptions

You can transfer prescriptions filled by another pharmacy. Simply fill in the **Request for Prescription Transfer** section on the other side of this form or call us with the prescription number and the pharmacy name and phone number, or complete the back of this form and fax it to us and we'll do the rest.

### 5. Prescription Delivery

Your prescriptions are processed and delivered within 24-48 hours of receipt. Bonded Courier delivers prescriptions to your home or workplace. A signature is required upon delivery.