

## Planet Drugs Direct Medical Order Form

**Fax Toll Free 1-800-858-2895**  
**Fax (International): 1-702-995-6152**  
**Mail: www.planetdrugsdirect.com**  
**14781 Memorial Dr, Suite 819**  
**Houston, TX 77079 USA**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Date of birth: Day:** \_\_\_\_\_ **Month:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Phone no: ( )** \_\_\_\_\_  
**Mailing address:** \_\_\_\_\_ **Apt:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_  
**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Gender (tick):**  Male  Female  
**Email address (if available):** \_\_\_\_\_ **Referring friend's ID (optional):** \_\_\_\_\_  
**Is this your first order with us (tick)?**  Yes  No **Coupon code (optional):** \_\_\_\_\_

Requested medication	Dosage / quantity	Condition	New medication? (Y/N)	Price
			<b>Shipping:</b>	<b>FREE</b>
			<b>Total enclosed:</b>	

**Prescribing physician's name (1):** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Prescribing physician's name (2):** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Known drug allergies:** \_\_\_\_\_  
 \_\_\_\_\_

**Are you a smoker (tick)?**  Yes  No

**List any other medications you are currently taking (including strength and dosage) and the medical condition they are for:**

**Medication:** \_\_\_\_\_ **Reason:** \_\_\_\_\_  
**Medication:** \_\_\_\_\_ **Reason:** \_\_\_\_\_  
**Medication:** \_\_\_\_\_ **Reason:** \_\_\_\_\_  
**Medication:** \_\_\_\_\_ **Reason:** \_\_\_\_\_

**Payment method (tick):**  Mastercard  Visa

**Name on card:** \_\_\_\_\_ **Credit card no:** \_\_\_\_\_

**Expiry (mm/yy):** \_\_\_\_\_ **CVV2 code :** \_\_\_\_\_ \*The CVV2 code is the last 3 digits printed on the signature strip on the back of your card.

By signing this form I agree that I have read and agree to the terms and conditions of sale posted on the planetdrugsdirect website.

**Signature :** \_\_\_\_\_ **Date(dd/mm/yy):** \_\_\_\_\_

## **Planet Drugs Direct Medical Order Form Instructions**

If you are not already a customer of Planet Drugs Direct, welcome. If you are already a customer, thank you for your continued support.

Please follow these simple steps to place your order. Once complete, fax the medical order form along with a valid prescription.

### **Step One – Download and print form**

Download and print this medical order form.

### **Step Two – Complete personal information**

Complete the top portion of the medical order form, making sure to print clearly. This information is required by our doctors and will remain confidential. Your information is not distributed to any third parties.

### **Step Three – Complete medications you are ordering**

To complete the medication section on the order form, visit [www.PlanetDrugsDirect.com](http://www.PlanetDrugsDirect.com). Search for the medications you wish to buy with the search box located on the page. You may also browse by letter.

Please be sure to include the dosage and quantity of each medication, along with the medical condition the medication is for. Calculate the total amount of the order.

Please also include the name, address, phone and fax number of your prescribing physician.

### **Step Four – Complete your medical background**

Please indicate any drug allergies that you have. Next, complete details of all other medications you are taking and the condition they are for. This section is important as our doctors review your medical background to confirm that the medications dispensed will not conflict with any existing medical conditions.

### **Step Five – Complete payment details**

Choose either Visa or Mastercard, and provide your credit card number, the name on your credit card, the expiry date, and the CVV2 code. Please remember to sign and date the form.

The CVV2 number is the last 3 digits printed on the signature strip on the back of your Visa or Mastercard credit card. We do not accept other credit cards or any other form of payment except personal checks, however these must clear your bank before the medication can be shipped, thus delaying the arrival of your order.

### **Step Six – Fax form to us**

Please be sure that you have filled out all the information on the form, before faxing the form along with a copy of your valid U.S. prescription to 1-800-858-2895. If this form is incomplete it may delay your order.

### **Step Seven – You are done!**

After we receive your fax, your order will be processed by our staff and shipped. If you have any further questions, please view our frequently asked questions (FAQ) section of the website, or call one of our customer service representatives on 1-888-791-3784.

**Thank you for choosing Planet Drugs Direct.**