



FOR FUTURE ORDERS
(Be safe – call us 4 weeks before you run out)

Refills can be filled as they come due by contacting us, as follows:

By Mail: Route 3, Box 276K
P. O. Box 125
Doniphan,,63935,US

By Phone: 573-996-3600

By Email: Cindy@CindyRandolph.com

By Fax: 573-996-5566

Name: _____

Address: _____

Phone: _____

Date: _____

Please refill the following medication(s):

(Information is found on prescription label)

Name of Medication(s)	Strength	Quantity
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

New Prescription Order(s)::

(Information is found on prescription label)

Name of Medication(s)	Strength	Quantity
_____	_____	_____
_____	_____	_____

I have attached new prescription(s): Yes _____ No _____

Please indicate whether there have been any changes with respect to your:

Health Profile: _____

Shipping Address: _____

Credit Card information (please check expiry date on your card): _____



Phone: 573-996-3600

Fax: 573-996-5566

ABOUT YOUR PRESCRIPTION:

1. You will notice that your prescription label lists the name of the Canadian Pharmacy contracted to fill your prescription, First Line Pharmacy Ltd.
2. Your American doctor's name does not appear on the prescription label. To ensure that the filling process is legal in Canada, a licensed Canadian physician reviews your prescription and health profile. The Canadian doctor then re-authorizes your prescription with his or her name appearing on your prescription label.
3. Need a refill? Please contact us **3 – 4 weeks** prior to running out to ensure timely delivery of your medications (refill form included for your convenience).
4. Your Canadian medication may have a different name, colour, size or shape. Please consult your medication label for the drug and strength provided.

Patient Notes:

Thank you for your order.