



1901 S. Tamiami Trail Unit D Venice, FL 34293
1-877-488-0638 Toll Free- (941) 488 0638 Local- (941) 488 8065 fax

PATIENT INFORMATION/ ENROLLMENT FORM

Full Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Birth Date (mm/dd/yyyy): _____ **Sex:** ___ F ___ M

Phone _____ **Email** _____

How did you hear about us? _____

Current Medications

Drug Allergies

**Payment by Cash, Check or E-Check only.
Checking information**

Routing Number: _____

Account number: _____

Please note: Once purchased, medications may not be exchanged or returned. All sales are final.
I acknowledge Discount Meds of Canada to represent duly licensed pharmacies located in Canada and other countries. As required by law, any and all records are confidential and cannot be disclosed without my prior written authorization, except as provided by law

Client's Name: (please print) _____

Client's Signature: _____ Date: _____