

Getting Started



Thank you for your interest in our prescription service! Since 2002, PolarMeds.com has helped American patients fill over 100,000 prescriptions while saving 30-80% on the cost of their medications by getting their prescriptions filled through our Canadian and International Pharmacies. Our prescription service allows American patients to access the same medications that are available in the U.S., but at much lower prices.

If you need any information regarding the price of your prescription(s) or have any questions please contact us toll-free at **1-800-784-2309** or visit our website at **www.polarmeds.com**

HOW TO ORDER YOUR MEDICATIONS

Step 1: Please complete and sign the 2 forms attached (ie. Patient Order Form and Prescription Request Form). You will only have to fill out these forms the first time you order from us. Any information you provide will be kept strictly confidential.

Step 2: Simply mail the 2 forms back to us along with your original prescriptions (if applicable), OR to save mailing time (7-10 business days to Canada), fax it toll-free to 1-888-875-0946.

Mailing Address:

PolarMeds.com
PO Box 2557
STN Main 266 Graham
Winnipeg, Manitoba
R3C 4B3 Canada

CHARGES

1. Drug cost as quoted on our website or by our staff. (Prices subject to change)
2. Shipping fee is a flat rate of \$15.00 per package. (Not per drug, but per shipment)

PAYMENT

We accept Personal Checks, Certified Checks, Bank Money Orders and International Postal Money Orders made out to PolarMeds.com. *For Postal Money Orders please make sure they are an **International (Pink) Money Order** and not Domestic (Green).*

SHIPPING AND PROCESSING

Once we receive your completed order, we require up to 3 weeks for processing and shipping. All orders are shipped via Canada Post and the U.S. Postal Service.

REFILL POLICY

When obtaining your new prescription please make sure that it has refills on it. Having refills on a prescription makes re-ordering your medications easier and quicker. No questionnaire needs to be filled out for refills unless your medical condition has changed. After your refills are completed, a new prescription from your physician is required.

PLEASE BE ADVISED

The U.S. FDA limits the quantity of medication that you can order to a maximum of a 3-month supply. If your prescription allows refills, you can simply call us to order your refill.

Our contracted pharmacies are not allowed to ship controlled substances such as amphetamines, benzodiazepines (e.g. Valium), or narcotics such as codeine and morphine.

Most American insurance companies will accept receipts issued from a Canadian pharmacy, however, patients with drug insurance plans should contact their insurance company first before ordering.

Our service is open to anyone. Please feel free to give our toll-free number or website address to friends and family, or make copies of these forms as you require. Thank you.

Please keep this page for your records. You do not need to fax or mail this page.

Prescription Request Form

Please use this form to submit your prescription(s), and send it back to us to complete your order.

Full Name _____
 () _____
 Phone Number _____ Order Number (if available) _____

 Option #1: Contact My Doctor

Physician Name _____
 Street Address _____
 City _____ State _____ Country _____ Zip code _____
 () _____ () _____
 Phone Number _____ Ext. _____ Fax Number _____

 Option #2: Transfer From Another Pharmacy

Pharmacy Name _____
 Street Address _____
 City _____ State _____ Country _____ Zip code _____
 () _____ () _____
 Phone Number _____ Ext. _____ Fax Number _____

Please list the medications you would like us to call your doctor for, or to transfer from another pharmacy.

Drug Name	Strength	Directions	Rx Number

 Option #3: Mail Your Prescription

Please mail your prescription and this form to:

PolarMeds.com
 PO Box 2557
 STN Main 266 Graham
 Winnipeg, MB
 R3C 4B3 Canada