



**AFFORDABLEMEDSCARE**  
NO.1 TRUSTED AND RELIABLE PHARMACY

Toll Free No.USA: -+1-855-976-1616

Toll Free No.UK: -+44-772-772-4139

Working day: - Monday to Sunday  
(7 Days a Week: 24/7 Hours)

## Patient Order Form

Email Completely filled scanned copy of the ORDER FORM at  
[info@affordablemedscape.com](mailto:info@affordablemedscape.com)

### Personal Information

Patients First Name: \_\_\_\_\_  
Patients Last Name: \_\_\_\_\_  
Gender: \_\_\_\_\_

### Address Information

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip Postal Code: \_\_\_\_\_  
Patients State / Province: \_\_\_\_\_  
Country: \_\_\_\_\_

### Contact Information

Phone No.: \_\_\_\_\_  
Best Time to be contacted: \_\_\_\_\_  
\_\_\_\_\_

### Medical Information

S.No.	Medication Name	Strength	Quantity	Price

## Payment Options-

1. **Pay Via Bank/Wire Transfer (Swift Account)**   
Customer Support team will share the **Bank Transfer Details** after submitting the order form
2. **Pay Via Bank/Wire Transfer (USA Account Bank details)**   
Customer Support team will share the **Bank Transfer Details** after submitting the order form
3. **Pay Via Wise Transfer**   
Customer Support team will share the **Wise Bank Transfer details** with instructions after submitting the order form
4. **Pay Via Cryptocurrencies (Any wallet like Bitcoin, ETH etc.)**   
Customer Support team will share the Wallet id of particular **Crypto** after submitting the order form
5. **Pay Via Bank/Wire Transfer (UK Account Bank details)**   
Customer Support team will share the **Bank Transfer Details** after submitting the order form
6. **Pay Via western union**   
Customer Support team will share the Bank Transfer Details for **WU** after submitting the order form
7. **Pay Via Rimetly**   
Customer Support team will share the Bank Transfer Details for **RIMETLY** after submitting the order form
8. **Pay Via Money Gram**   
Customer Support team will share the Bank Transfer Details for **Money Gram** after submitting the order form

## Patient authorization:

The foregoing terms and conditions regulate sales as between [affordablemedscare.com](https://affordablemedscare.com) (the "Pharmacy") and the customer (**the "Patient"**) in respect of the goods and services (**the "Medicine Product"**) provided by the Pharmacy for sale.

1- I provided complete and accurate health information and consented to the Pharmacy's use of it. I have had a medical test from a specialist within the previous 12 months and will not require a physical exam.

2- I agree that a pharmacy located within a particular foreign jurisdiction and in a manner compliant with the laws of that jurisdiction shall market and dispense all Goods.

3- I approve and assign the pharmacy as my solicitor and representative to follow all action, sign all paperwork and work on my behalf as though I were present and working for the specific purposes of (a) receiving a legitimate prescription for every medication I have submitted to the pharmacy; and (b) packing and distributing my medications to me. Such authorization shall involve, but not limited to: gathering and utilizing my identity and mental health records as fairly required for the execution of my request, including submission to a licensed practitioner if appropriate to obtain a legitimate prescription in the Pharmacy's jurisdiction. This authorization will at any point be withdrawn and will proceed until I revoke it.

4- It appears that the Pharmacy is legally formed and properly licenced to conduct business. within the pharmacy's authority, and that I obtain medication that are approved

**For sale in Pharmacy jurisdiction.**

As my medication leave the Pharmacy, the description of them is transferred to me in the Pharmacy authority. All corresponds or provisions made with the Pharmacy are deemed to have been made within the Pharmacy's jurisdiction, sales are subject to by Pharmacy regulations, and I attorn to the Pharmacy's jurisdictional courts, which have sole and sole authority over any disputes between me or the Pharmacy, its affiliates, officers, and directors.

I have carefully reviewed and agreed to the rules and regulations outlined in this document, and I agree to be bound by specific terms and conditions on my behalf by my successors, descendants, administrators, and assigns.

I am the Patient's parent / legal guardian / procurator listed herein, am over the age of majority, and have absolute power to register on behalf of the patient and to make the following statements to the Pharmacy.

Patients Signature: \_\_\_\_\_  
Date (DD/MM/YY): \_\_\_\_\_

**For Queries – [info@affordablemedscare.com](mailto:info@affordablemedscare.com)**

**Order Form Instructions**

Thank you for ordering with [affordablemedscare.com](https://affordablemedscare.com). We value your business. To complete your order, simply follow the procedures outlined above, making sure you fill out all needed sections completely.

**Step 1 – Personal Contact Information**

We make use of your data to set up a unique account for you. Because we follow strict privacy guidelines and guarantee that personal information won't be shared with any other parties aside from what's necessary to process and fulfil your order, all personal information is kept private.

**Step 2 – Order Details**

Please make sure you have specified the medicine you are buying, along with its strength, quantity, and cost. Additionally, kindly state if you have already used this medicine.

### Step 3 – Payment Information

Please choose a payment option. Customer care will contact as per your convenient payment method. Please send email at [info@affordablemedscare.com](mailto:info@affordablemedscare.com) to request for bank details or as per payment method.

### Step 4 – Medical Information

To complete any prescription (Rx) medicine order, this information is necessary. You may be sure that the information you give will be kept completely private and used only by doctors and chemists to assist patients. This step can be skipped by returning customers or consumers buying non-prescription (OTC) medicine only if they have updated health status information.

### Step 5 – Customer Agreement and submitting Order

Kindly check, sign and date the Customer Agreement acknowledgment. After that, you may send in your order form and any other documents by:

1. **Toll Free USA** : **+1-855-976-1616**
2. **Toll Free UK** : **+44-7727724139**
3. **WhatsApp UK** : **+44-7727724139**
4. **WhatsApp/Signal/Telegram/Snapchat:** **+91-9560708364**
5. **Email** : [:info@affordablemedscare.com](mailto:info@affordablemedscare.com)

We also offer convenient online ordering and our call center is open 7 days a week should you wish to place your order over the phone by calling toll-free 1-855-976-1616.

**Toll Free Tel. USA:** 1-855-976-1616

**Toll Free Tel, UK:** 44-7727724139

**Support:** 24/7 Live Chat and support

**Contact Person:**

Michael (Registered Pharmacist)

**Email:**

[medsenquiry@affordablemedscare.com](mailto:medsenquiry@affordablemedscare.com)

[salesmeds@affordablemedscare.com](mailto:salesmeds@affordablemedscare.com)

