



**Fax:** 1-323-310-0390  
**Address:** 340 s Lemon Ave #2643  
Walnut, CA 91789  
United States

## Order Form Instructions

Thank you for ordering with [IUPharmacy.com](http://IUPharmacy.com). We value your business.

To complete your order, simply follow 4 easy steps ensuring that all required fields are completed in full.

### Step 1 - Personal Contact Information

We use this information to create a customized account for you. All personal information remains confidential as we adhere to strict privacy standards and assure that your personal information will not be distributed to any third parties other than for the purposes of completing and shipping your order.

### Step 2 - Order Details

Please ensure that you have indicated the medication, strength, quantity and price of the medication you are ordering. As well, please indicate whether you have taken this medication before.

### Step 3 - Medical Information

This information is required to process any prescription (Rx) medication order. Rest assured, the information you provide is strictly confidential and is used solely by physicians and pharmacists for patient care purposes only. Customers ordering non-prescription (OTC) items only or returning customers who do not have updates to their health status can skip this step.

### Step 4 - Customer Agreement and Submitting Order

Please review, sign and date the acknowledgement of the Customer Agreement. You may then submit your order form and any required documents by:

**Fax:** 1-323-310-0390

**Email:** [CustomerService@iupharmacy.com](mailto:CustomerService@iupharmacy.com)

**Address:** 340 s Lemon Ave #2643 Walnut, CA 91789 United States

We also offer convenient online ordering and our call center is open 5 days a week (11:00 AM – 05:00 PM) should you wish to place your order over the phone by calling from the USA 1-323-900-0476

Please note: If ordering for more than one patient, a separate set of forms must be completed and signed by each patient.

Step 1 - Personal Contact Information				
* Are you a: <input type="checkbox"/> Returning Customer <input type="checkbox"/> New Customer		* First Name		* Last Name
* Email		* Primary Phone Number		Alternate Phone Number
* Shipping Address	* City	* State	* Zip Code	* Country
Billing Address (if different)	* City	* State	* Zip Code	* Country
Step 2 - Order Details <small>Please list all prescription and non-prescription medications you are ordering</small>				
* Medication Name	* Strength	* Quantity	* New Medication (Y/N)	* Price
<i>Prescriptions required for all customers ordering prescription items, unless refills on file.</i> <b>\$49.99 FLAT RATE SHIPPING (FREE SHIPPING ON ORDERS OVER \$1000)</b> Approximate delivery time is 8 to 18 business days from date order is shipped			* Subtotal:	
			Shipping:	\$ 49.99
			* Total:	

### Step 3 - Medical Questionnaire

(New customers must complete. Returning customer complete only if there are updates.)

You may skip this step if you are ordering non-prescription items only or if you are a returning customer with no updates to your health status.

* Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	* Date of Birth (MM/DD/YY)	* Height _____ ft _____ in	* Weight _____ lbs	* Are you Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No
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\* Do you have any known drug allergies  
 Yes  No If yes, please list the drugs you are allergic to and the type of reaction(s) you have had:

Drugs you are allergic to	Allergic reaction

Please list all prescription and non-prescription medications you are currently taking:

* Medication	* Date Started (MM/DD/YY)

Primary doctor's information:

* First Name	* Last Name	* Phone Number	* Fax Number
* Address	* City	* State	* Zip Code
* Country			

### Step 4 - Customer Agreement

\* I, \_\_\_\_\_, have read, acknowledged and agree to the [IUPharmacy.com](http://IUPharmacy.com) Customer Agreement & Terms of Sale and Conditions (made available online at [IUPharmacy.com](http://IUPharmacy.com)).

\* Customer Name (please print): \_\_\_\_\_ \* City/Town where signed: \_\_\_\_\_

\* Customer Signature: \_\_\_\_\_ \* Date signed: \_\_\_\_\_

Please note that not all products ordered are shipped by our affiliate IU Pharmacy. We affiliate with facilities in the UK, Mauritius, Turkey, Canada and other countries which may fulfill your order. The items in your order may be shipped from any one of the above jurisdictions based on availability and cost. The products are sourced from various other countries as well as those listed above. For more information, please visit our About Us, Drug Safety & Authenticity and FAQ sections. If you should have any questions, please contact us.

**Submit Order Forms and Any Required Documents By:**  
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