



Order Form

PHONE: 1-866-4-INSULIN (866-446-7854)	FAX: 1-844-9820311 FAX US TOLL FREE	INTERNET: www.insulinhub.com Email: service@insulinhub.com
MAILING ADDRESS: InsulinHub, 28 Chipstead Valley Road, Coudson, United Kingdom CR5 2RA		

PLEASE SEND THIS FORM ALONG WITH COPIES OF YOUR PRESCRIPTIONS TO SERVICE@INSULINHUB.COM OR FAX TO 1-844-982-0311

Personal Information

_____ Male Female
 Your Full Name (PRINT IN BLOCK LETTERS)

 Street Address

 City State/Province Zip/Postal Code

 Phone (Home) Phone (Other)

 Email Birthdate (MM/DD/YY)

 Special Contact Instructions (Via Email, Phone, Time of Day)

Medicine Order
 For medication(s) that you wish to order, please enter the quantity, and listed price, as obtained through our website or customer service center. An original prescription from your doctor's office is required (mailed, emailed or called in from your Doctor). **PRICING IN \$US DOLLARS.**

GENERIC OK?	MEDICATION	STRENGTH	QTY	PRICE
FREE SHIPPING ON ORDERS OVER \$49			SHIPPING:	
(\$15 SHIPPING FOR SMALLER ORDERS)			TOTAL:	

Medical Questions

 My Physician's Name (Primary or Endocrinologist)

 Clinic Name, Street Address

 City State/Province Country Zip/Postal Code

 Phone Number Ext. Fax Number

 Email

 My Allergies (If Any)

 Other Medicines I Take (Please List Below):

Billing Information (Please Select One)

CREDIT CARD Visa Mastercard

 Cardholder's Name

 Cardholder's Address

 City State/Province Zip/Postal Code

 Credit Card Number Expiry (MM/YY) CVV Code

PATIENT AUTHORIZATION AGREEMENT

INSULINHUB.com which includes its officers, directors, affiliates, representatives, agents, contractors and sub-contractors (collectively, "INSULINHUB.com") is an international prescription referral service committed to helping ensure that I, the undersigned patient ("I" or "Me"), am able to obtain medication, products and /or services ("Product") from licensed pharmacies.

This Patient Authorization Agreement ("Agreement") shall govern all sales of Product facilitated by INSULINHUB.com between me and any of INSULINHUB.com's authorized pharmacies located the United Kingdom (collectively, the "Pharmacy"). I acknowledge and agree to the following:

- I am the age of majority, am fully competent to make my own health care decisions and have obtained any prescription(s) for the Product in a lawful manner.
- I have been taking the prescribed medication for a minimum period of thirty (30) days immediately prior to the date that I submit my prescription to INSULINHUB.com for filling.
- I understand that it is my responsibility to have my prescribing physician ("My Own Physician") conduct regular physical examinations, including any and all suggested testing to ensure that I have no medical problems which would constitute a contraindication to me taking the Product.
- I agree that if I suffer any adverse effects while taking any prescription medication that I will immediately contact My Own Physician and that in the event that I come under the care of another physician, I will inform him or her of any and all medications that I have been prescribed.
- I agree to truthfully, and to the best of my knowledge, answer all of the questions on the Order Form. I further agree and understand that I will be solely responsible for any adverse effects that I may suffer from taking or continuing to take the Product in the event that I have failed to fully furnish my complete and accurate medical history.
- I further understand that INSULINHUB.com will only verify and provide Product that My Own Physician has already prescribed to me. No new prescription medications will be provided.
- I appoint INSULINHUB.com to act as my agent and attorney in order to take all steps that it deems necessary to have the Product dispensed by the Pharmacy, to the same extent as I could do if I were personally present at the Pharmacy, including:
 - (a) collecting personal health information about me; (b) disclosing that information to and having a licensed physician perform a medical review to obtain a valid prescription for the Product; (c) packaging the Product and delivering it to me. I hereby waive any requirement of the physician to conduct a physical examination.
 This authorization may be revoked by me at any time and shall continue until such revocation has been provided to INSULINHUB.com, in writing.
- There will be no additional fees charged to me in the event that an independent medical review is required to obtain a valid prescription for the Product.
- I initiated contact with and understand that INSULINHUB.com is not located in the United States.

- The Product is sold and dispensed by the Pharmacy in accordance with the laws of the United Kingdom. Title to the Product passes from the Pharmacy to me when the Product leaves the Pharmacy. The Pharmacy delivers the medication to my agent in the United Kingdom. As this agent is a delivery service, I give the Pharmacy or its agent authority to select the agent on my behalf.
- Any and all physicians and/or pharmacists ("Providers") retained by INSULINHUB.com in order to obtain the Product from the Pharmacy are located and licensed to practice in the United Kingdom. Any treatment that I receive from the Providers shall be deemed to be received by me in the jurisdiction in which the Providers are located.
- I understand and agree that the review of my medical information by a physician is in no way intended as a means to diagnose any medical condition and does not substitute the requirement for me to obtain my own professional medical advice from My Own Physician. I agree to consult and direct all questions to My Own Physician before taking any new drug or changing therapy.
- Any and all agreements reached or contracts formed and transactions undertaken with or involving the Pharmacy are and shall be deemed to be made in the United Kingdom and shall be governed by those laws applicable to such contracts, agreements and transactions (unless INSULINHUB.com elects otherwise in its sole discretion). The Courts of that jurisdiction shall have sole and exclusive jurisdiction over any dispute that may arise between me and the Pharmacy and I agree to atorn to the Courts of that jurisdiction for any and all such dispute or disputes.
- INSULINHUB.com may communicate with me via email or telephone to discuss my order or pending refill order for the Product.
- Your credit card company may charge you a foreign transaction fee at their discretion which is in addition to the amount charged by INSULINHUB.com. These are not by INSULINHUB.com charges.
- I acknowledge that the terms and conditions as found in this Agreement are readily available to me on a 24-hour basis from INSULINHUB.com's website and acknowledge having had every opportunity to obtain independent legal advice with respect to this Agreement.

I HAVE READ AND UNDERSTAND THE FORGOING TERMS AND I AGREE THAT THEY SHALL BE BINDING UPON ME AND MY HEIRS, ASSIGNS, SUCCESSORS AND PERSONAL REPRESENTATIVES.

OR

I am the parent/legal guardian/power of attorney for the customer disclosed herein, am over the age of majority, and have full authority to sign on the customer's behalf.

 Customer Signature Date (MM/DD/YY)

