

Order Form Instructions

Thank you for ordering with AffordableRxMeds.com. We value your business.

To complete your order, simply follow 5 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 purchasing. As well, please indicate whether you have taken this medication before.

Step 3 - Payment Information

We accept payment by a personal check. (Note: Check must be made payable to AffordableRxMeds.com and can be sent to us by fax, email or mail).

By providing AffordableRxMeds.com a check, you hereby authorize the debit of your account using the eCheck process for your purchase at AffordableRxMeds.com.

Step 4 - 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 5 - 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:

1. Fax : 1-800-520-6472,
2. Email: info@affordablerxmeds.com
3. Mail to: Affordable Rx Meds
1117 Sawgrass
Corporate Parkway,
Sunrise, Florida 33323
United States

We also have our 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 from the USA 1-800-786-1237.

* Denotes Required Field

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

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* Are you a: <input checked="" 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

Step 2 - Order Details Please list all prescription and non-prescription medications you are ordering

[illegible]

Prescriptions required for all customers ordering prescription items, unless refills on file.

\$18 FLAT RATE SHIPPING

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Approximately delivery time is 8 to 18 business days from date order is shipped.

* Subtotal

Shipping

\$18

* Total

Step 3 - Payment Information

<input type="checkbox"/> Personal Check	<p>Make your checks payable to: AffordableRxMeds.com. Personal checks can be sent to us by fax, email or mail.</p> <p>By providing AffordableRxMeds.com a check, you hereby authorize the debit of your account using the eCheck process for your purchase at AffordableRxMeds.com.</p>
	<input type="checkbox"/> Please save my check account information online

* Denotes Required Field

Step 4 - 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
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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

Step 5 - Customer Agreement

* I _____ have read, acknowledged and agree to the AffordableRxMeds.com Customer Agreement & Terms of Sale and Conditions (made available online at www.AffordableRxMeds.com).

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

* Customer Signature: _____ * Date signed: _____

IMPORTANT INFORMATION: Please note that all products ordered are shipped by our licensed and independently verified pharmacy partner from India.
For more information, please visit our FAQ section. If you should have any questions, please contact us.

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