

**Introduction:**

**SLCMeds** is an optional international mail order program designed for Employees, Retirees and their Dependents of St. Lawrence County, New York. For your convenience, a listing of eligible medications can be found on the reverse of this form.

**Copayments:**

All member copayments have been waived for this program only.

<b>SLCMeds</b>		<b>Vs.</b>	<b>Current local purchase plan</b>			
<b>Annual Cost No Copays!</b>			<b>Monthly Copays</b>		<b>Refills</b>	<b>Annual Savings</b>
<b>\$0</b>	<b>Vs.</b>		<b>\$15</b>	<b>x</b>	<b>12</b>	<b>= \$180 / script</b>
<b>\$0</b>	<b>Vs.</b>		<b>\$30</b>	<b>x</b>	<b>12</b>	<b>= \$360 / script</b>

**Ordering Instructions:**

To place your first order simply complete the enrollment form and include a new prescription for each medication. Please allow 4 weeks for delivery.

Ask your doctor for a prescription for a **3 month supply** with **3 refills**. We will call you prior to each renewal to ensure that you have a continuous supply.

Medications must be taken for 30 days before ordering through **SLCMeds**.

**RETURN YOUR COMPLETED AND SIGNED ENROLLMENT FORM AND ORIGINAL PRESCRIPTION(S):**



**By Faxing to: 1-866-715-(MEDS) 6337 toll free**

*Faxed prescriptions are only accepted if sent directly from the physician's office.*

**OR**



**By Mailing to: SLCMeds**

**P.O. Box 44650**

**Detroit, Michigan 48244-0650**

**More forms are available:**

Additional forms may be obtained at the Personnel Office, Payroll Office, printing them from the [www.SLCMeds.com](http://www.SLCMeds.com) website or by calling our Customer Service Representatives toll free at **1-866-893-(MEDS) 6337**.

<p>ABILIFY 2MG            ABILIFY 5MG            ABILIFY 10MG            ABILIFY 15MG            ABILIFY 20MG            ABILIFY 30MG            ABILIFY DISCMELT 10MG            ABILIFY DISCMELT 15MG            ABILIFY SOLUTION 1MG/ML  <b>ACCOLATE (G) 20MG</b>            ACTONEL 5MG            ACTONEL 30MG            ACTONEL 35MG            ACTONEL 150MG  <b>ACTOPLUS (G) 15MG-850MG</b>  <b>ACULAR LS SOL (G) 0.4%</b>            ACZONE 5%  <b>ADALAT CC (G) 30MG</b>            ADCIRCA 20MG            ADVAIR DISKUS 100MCG            ADVAIR DISKUS 250MCG            ADVAIR DISKUS 500MCG            ADVAIR HFA 45/21MCG            ADVAIR HFA 115/21 MCG            ADVAIR HFA 230/21MCG            AFINITOR 2.5MG            AFINITOR 5MG            AFINITOR 10MG            AGGRENOX 200/25MG            ALOCRIL OPHTH 2%            ALOMIDE 0.1%  <b>ALPHAGAN-P OPHTH SOL (G) 0.15%</b>            ALREX 0.2%            ALVESCO 80MCG 100MCG            ALVESCO 160MCG 200MCG            AMITIZA 24MCG  <b>ANAPROX D.S. (G) 550MG</b>            ANORO ELLIPTA 62.5/25MCG            ANZEMET 100MG            ARCAPTA NEOHALER 75MCG  <b>AROMASIN (G) 25MG</b>  <b>ARTHROTEC (G) 50MG</b>  <b>ARTHROTEC (G) 75MG</b>            ASACOL HD 800MG            ASMANEX TWISTHALER 220MCG  <b>ATACAND (G) 4MG</b>  <b>ATACAND (G) 8MG</b>  <b>ATACAND (G) 16MG</b>  <b>ATACAND (G) 32MG</b>  <b>ATACAND HCT (G) 16MG/12.5MG</b>  <b>ATACAND HCT (G) 32MG/12.5MG</b>            ATELVIA DR 35MG            ATRIPLA 600-200-300MG            ATROVENT HFA 20UG            AUBAGIO 14MG            AVANDAMET 2MG/500MG            AVANDAMET 2MG/1000MG            AVANDAMET 4MG/500MG            AVANDAMET 4MG/1000MG            AVANDIA 2MG            AVANDIA 4MG            AVANDIA 8MG            AVODART 0.5MG            AXERT 6.25MG            AXERT 12.5MG            AZILECT 0.5MG            AZILECT 1MG            AZOPT OPHTH DROPS 1%            AZOR 20/5MG            AZOR 40/5MG            AZOR 40/10MG  <b>BACTROBAN CREAM (G) 2%</b>            BACTROBAN NASAL OINT 2%            BANZEL 200MG            BANZEL 400MG            BARACLUDE 0.5MG            BARACLUDE 1MG            BECONASE AQ 0.04%            BENICAR 20MG            BENICAR 40MG            BENICAR HCT 20MG/12.5MG            BENICAR HCT 40MG/12.5MG            BENICAR HCT 40MG/25MG            BENZACLIN PUMP            BETIMOL 0.25%            BETIMOL 0.5%            BETOPTIC S OPHTH 0.25%            BREO ELLIPTA 100/25MCG            BRILINTA 90MG            BRINTELLIX 5MG            BRINTELLIX 10MG            BRINTELLIX 20MG            BYSTOLIC 2.5MG            BYSTOLIC 5MG            BYSTOLIC 10MG            BYSTOLIC 20MG  <b>CADUET (G) 5/10MG</b>  <b>CADUET (G) 5/20MG</b>  <b>CADUET (G) 5/40MG</b>  <b>CADUET (G) 10/10MG</b>  <b>CADUET (G) 10/20MG</b>            CAMBIA 50MG</p>	<p><b>CARBATROL (G) 200MG</b>  <b>CARDIZEM CD (G) 360MG</b>  <b>CARDIZEM LA (G) 180MG</b>  <b>CARDIZEM LA (G) 240MG</b>  <b>CARDIZEM LA (G) 360MG</b>            CARDURA XL 4MG            CARDURA XL 8MG            CELEBREX 100MG            CELEBREX 200MG  <b>CLIMARA PATCH (G) 25MCG</b>  <b>CLIMARA PATCH (G) 50MCG</b>  <b>CLIMARA PATCH (G) 75MCG</b>            CLIMARA PRO 0.045/0.015MCG            COMBIGAN 0.2-0.5%            COMBIVENT RESPIMAT            20MCG/100MCG            COMPLERA 200/25/300MG  <b>COMTAN (G) 200MG</b>  <b>CORGARD (G) 80MG</b>            COSOPT PF DROPS 2%/0.5%            COVERA-HS 240MG            CRESTOR 5MG            CRESTOR 10MG            CRESTOR 20MG            CRESTOR 40MG  <b>CUTIVATE OINT (G) 0.005%</b>  <b>CYMBALTA (G) 30MG</b>  <b>CYMBALTA (G) 60MG</b>  <b>CYTOTEC (G) 200MCG</b>            DALIRESP 500MCG            DERMOTIC OIL 0.01%  <b>DETROL (G) 1MG</b>  <b>DETROL (G) 2MG</b>  <b>DETROL LA (G) 2MG</b>  <b>DETROL LA (G) 4MG</b>            DEXILANT DR 30MG            DEXILANT DR 60MG  <b>DIFFERIN CREAM (G) 0.1%</b>            DIFFERIN GEL 0.3%  <b>DIFFERIN GEL (G) 0.1%</b>            DIPENTOL 250MG  <b>DIPROLENE LOTION (G) 0.05%</b>  <b>DIPROLENE OINT (G) 0.05%</b>            DIVIGEL 0.5MG            DIVIGEL 1MG  <b>DOVONEX CREAM (G) 50MCG</b>            DULERA 100MCG/5MCG            DULERA 200MCG/5MCG            DYMISTA NASAL SPRAY 137/50MCG            EDARBI 40MG            EDARBI 80MG            EDARBYCLOR 40MG/12.5MG            EDARBYCLOR 40MG/25MG            EDECRIN 25MG            EDURANT 25MG            EFFIENT 5MG            EFFIENT 10MG            ELIDEL 1%            ELIQUIS 2.5MG            ELIQUIS 5MG            ELMIRON 100MG            EMADINE 0.05%            EMTRIVA 200MG            ENABLEX 7.5MG            ENABLEX 15MG  <b>ENTOCORT (G) 3MG</b>            EPIDUO GEL PUMP 0.1%/2.5%            EPIPEN 0.3MG            EPIPEN JR 0.15MG  <b>EPIVIR (G) 150MG</b>  <b>EPIVIR / HBV (G) 100MG</b>            EPZICOM            ESTROGEL GEL 0.06%            EVISTA 60MG            EXELON 3MG            EXELON 6MG            EXELON 4.8 MG/24HR            EXELON 9.5MG/24HR            EXELON 13.3MG/24HR            EXFORGE HCT 160/12.5/5MG            EXFORGE HCT 160/12.5/10MG            EXFORGE HCT 160/25/5MG            EXFORGE HCT 160/25/10MG            EXFORGE HCT 320/25/10MG            EXJADE 125MG            EXJADE 250MG            EXJADE 500MG            FARESTON 60MG            FARXIGA 5MG            FARXIGA 10MG            FELDENE 10MG            FELDENE 20MG            FINACEA 15%            FLAREX 0.1%            FLOVENT 44MCG 50MCG            FLOVENT 110MCG 125MCG            FLOVENT 220MCG 250MCG            FLOVENT DISKUS 100MCG            FLOVENT DISKUS 250MCG            FORADIL + AEROLIZER 12MCG            FOSAMAX-D 70/2800MG            FOSRENOL CHEW 500MG</p>	<p>FOSRENOL CHEW 750MG            FOSRENOL CHEW 1000MG            FROVA 2.5MG            GELNIQUE 10%            GILENYA 0.5MG            GLEEVEEC 100MG            GLEEVEEC 400MG            GLUCAGEN HYPOKIT 1MG            GLUMETZA ER 1000MG  <b>IMITREX AUTOINJECTOR STATDOSE (G) 6MG/0.5ML</b>  <b>IMITREX NASAL SPRAY (G) 5MG-2DOSE</b>  <b>IMITREX NASAL SPRAY (G) 20MG-2DOSE</b>  <b>IMURAN (G) 50MG</b>  <b>INDERAL LA (G) 60MG</b>  <b>INDERAL LA (G) 80MG</b>  <b>INDERAL LA (G) 120MG</b>  <b>INDERAL LA (G) 160MG</b>            INLYTA 1MG            INLYTA 5MG  <b>INSPIRA (G) 25MG</b>  <b>INSPIRA (G) 50MG</b>            INTELENCE 200MG            INVEGA 3MG            INVEGA 6MG            INVEGA 9MG            INVIRASE 500MG            INVOKANA 100MG            INVOKANA 300MG            ISENTRESS 400MG            ISOPTO CARPINE 1%            ISOPTO CARPINE 2%            ISOPTO CARPINE 4%            JALYN 0.5MG/0.4MG            JANUMET 50/500MG            JANUMET 50/1000MG            JANUMET XR 50MG/1000MG            JANUVIA 25MG            JANUVIA 50MG            JANUVIA 100MG            JARDIANCE 10MG            JARDIANCE 25MG            JENTADUETO 2.5MG/850MG            JENTADUETO 2.5MG/1000MG            KAZANO 12.5/1000MG  <b>LAMICTAL (G) 5MG</b>            LATUDA 20MG            LATUDA 40MG            LATUDA 60MG            LATUDA 80MG            LATUDA 120MG  <b>LESCOL (G) 20MG</b>  <b>LESCOL (G) 40MG</b>            LESCOL XL 80MG            LEXIVA 700MG            LIALDA 1.2GM            LINZESS 145MCG            LINZESS 290MCG            LOCID LIPOCREAM 0.1%  <b>LOCOID OINTMENT (G) 0.1%</b>            LOTEMAX 0.5%  <b>LOTIRISONE CREAM (G)</b>  <b>LOVENOX (G) 40MG</b>  <b>LOVENOX (G) 60MG</b>  <b>LOVENOX (G) 80MG</b>  <b>LOVENOX (G) 100MG</b>  <b>LOVENOX (G) 120MG</b>  <b>LOVENOX (G) 150MG</b>            LUMIGAN OPHTH 0.01%            MESTINON TS 180MG  <b>METRO CREAM (G) 0.75%</b>            METROGEL 1%  <b>MICARDIS (G) 40MG</b>  <b>MICARDIS HCT (G) 40/12.5MG</b>  <b>MICARDIS HCT (G) 80/12.5MG</b>  <b>MICARDIS HCT (G) 80/25MG</b>            MIGRANAL NASAL SPRAY 4MG/ML  <b>MINIPRESS (G) 1MG</b>  <b>MINIPRESS (G) 2MG</b>  <b>MINIPRESS (G) 5MG</b>            MIRAPEX ER 0.375MG            MIRAPEX ER 0.75MG            MIRAPEX ER 1.5MG            MIRAPEX ER 2.25MG            MIRAPEX ER 3MG            MIRAPEX ER 3.75MG            MIRAPEX ER 4.5MG            MIRVASO 0.33%            MULTAQ 400MG            MYRBETRIQ 25MG            MYRBETRIQ 50MG            NASONEX 50MCG            NESINA 6.25MG            NESINA 12.5MG            NESINA 25MG            NEUPRO 1MG            NEUPRO 2MG            NEUPRO 3MG            NEUPRO 4MG            NEUPRO 6MG</p>	<p>NEUPRO 8MG            NEXAVAR 200MG            NEXIUM 20MG            NEXIUM 40MG            NEXIUM DR 10MG  <b>NIASPAN (G) 500MG</b>  <b>NIASPAN (G) 750MG</b>  <b>NIASPAN (G) 1000MG</b>            NORITATE CREAM 1%            NORVIR TABLET 100MG            OLYSIO 150MG            OMNARIS NASAL SPRAY 50MCG            ONGLYZA 2.5MG            ONGLYZA 5MG            ORACEA 40MG  <b>ORTHO-EVRA (G)</b>            ORTHO-TRI-CYCLLEN LO            PATADAY 0.2%            PATANOL OPHTH SOL 0.1%  <b>PAXIL CR (G) 12.5MG</b>  <b>PAXIL CR (G) 25MG</b>            PENNSAID 1.5%            PENTASA 500MG  <b>PLAQUENIL (G) 200MG</b>            PRADAXA 75MG            PRADAXA 150MG  <b>PRANDIN (G) 1MG</b>  <b>PRANDIN (G) 2MG</b>  <b>PRED FORTE (G) 1%</b>            PREMARIN 0.3MG            PREMARIN 0.625MG            PREMARIN 1.25MG            PREMARIN VAG 0.625MG/2.5MG            PREMPRO 0.3/1.5MG            PREMPRO 0.625MG/2.5MG            PREMPRO 0.625MG/5MG            PREVACID SOLUTAB 15MG            PREVACID SOLUTAB 30MG            PREZCOBIX 800MG/150MG            PREZISTA 800MG            PRISTIQ 50MG            PRISTIQ 100MG  <b>PROMETRIUM (G) 100MG</b>            PROTOPIC OINT 0.03%            PROTOPIC OINT 0.1%            QVAR 40 MCG 50MCG            QVAR 80 MCG 100MCG            RANEXA 500MG            RAPAFLU 4MG            RAPAFLU 8MG  <b>RAPAMUNE (G) 1MG</b>  <b>RAPAMUNE (G) 2MG</b>            RELPAX 20MG            RELPAX 40MG            RENAGEL 800MG            RENVELA 800MG            RESTASIS 0.05%  <b>RETIN A CREAM (G) 0.05%</b>  <b>RETIN A MICRO GEL (G) 0.04%</b>  <b>RETIN A MICRO GEL (G) 0.1%</b>  <b>RETIN-A MICRO GEL PUMP (G) 0.1%</b>  <b>RHEUMATREX (G) 2.5MG</b>            RHINOCORT AQ 32MCG  <b>SALAGEN 5MG</b>  <b>SANCTURA XR (G) 60MG</b>            SAPHRIS 5MG            SAPHRIS 10MG  <b>SEASONIQUE (G) 0.15-0.03-0.01</b>            SENSIPAR 30MG            SENSIPAR 60MG            SENSIPAR 90MG            SEREVENT DISKUS 50MCG            SEROQUEL XR 50MG            SEROQUEL XR 150MG            SEROQUEL XR 200MG            SEROQUEL XR 300MG            SEROQUEL XR 400MG  <b>SINGULAIR GRANULES (G) 4MG</b>  <b>SOLARAZE (G) 3%</b>  <b>SORIATANE (G) 10MG</b>  <b>SORIATANE (G) 25MG</b>            SPIRIVA 18MCG            SPIRIVA RESPIMAT 2.5MCG 4ML            SPRYCEL 20MG            SPRYCEL 50MG            SPRYCEL 70MG            SPRYCEL 100MG  <b>STALEVO (G) 50MG</b>  <b>STALEVO (G) 100MG</b>  <b>STALEVO (G) 125MG</b>  <b>STARLIX (G) 120MG</b>            STIVARGA 40MG            STRATTERA 10MG            STRATTERA 18MG            STRATTERA 25MG            STRATTERA 40MG            STRATTERA 60MG            STRATTERA 80MG            STRATTERA 100MG            STRIBILD            SUSTIVA 50MG            SUSTIVA 200MG</p>	<p>SUSTIVA 600MG            SYNAREL NASAL            TABLOID 40MG            TARKA 2/180MG            TARKA 4/240MG            TASIGNA 150MG            TASIGNA 200MG            TASMAR 100MG            TAZORAC CREAM 0.05%            TAZORAC CREAM 0.1%            TAZORAC GEL 0.05%            TAZORAC GEL 0.1%            TECFIDERA 120MG            TECFIDERA 240MG  <b>TEGRETOL (G) 200MG</b>  <b>TEGRETOL XR (G) 200MG</b>  <b>TEGRETOL XR (G) 400MG</b>            TEKTURNA 150MG            TEKTURNA 300MG            TEKTURNA HCT 150-12.5MG            TEKTURNA HCT 300-12.5MG            TEKTURNA HCT 300-25MG  <b>TEMOVATE OINT (G) 0.05%</b>            TEVETEN HCT 600/12.5MG            TIVICAY 50MG            TOBREX OINT 0.3%  <b>TOPROL XL (G) 200MG</b>            TOVIAZ 4MG            TOVIAZ 8MG            TRACLEER 62.5MG            TRACLEER 125MG            TRADJENTA 5MG            TRAVATAN Z OPHTH SOL 0.004%            TRIBENZOR 20/5/12.5MG            TRIBENZOR 40/5/12.5MG            TRIBENZOR 40/5/25MG            TRIBENZOR 40/10/12.5MG            TRIBENZOR 40/10/25MG  <b>TRICOR (G) 48MG</b>  <b>TRICOR (G) 145MG</b>            TRIUMEQ TABLET            TRUVADA 200-300MG            TUDORZA PRESSAIR 400MCG            TWYNSTA 40/5MG            TWYNSTA 40/10MG            TWYNSTA 80/5MG            TWYNSTA 80/10MG            TYZEKA 600MG            ULORIC 80MG  <b>UROIC-K (G) 10MEQ</b>  <b>URSO (G) 250MG</b>            VAGIFEM 10MCG            VALCYTE 450MG  <b>VECTICAL (G) 3MCG/GM</b>            VENTOLIN HFA 90MCG            VERAMYST 27.5MCG            VESICARE 5MG            VESICARE 10MG            VIMOVO 375/20MG            VIMOVO 500/20MG            VIRAMUNE XR 400MG            VIREAD 300MG            VIVELLE-DOT 25MCG            VIVELLE-DOT 37.5MCG            VIVELLE-DOT 50MCG            VIVELLE-DOT 75MCG            VIVELLE-DOT 100MCG            VOLTAREN GEL            VOSPIRE ER 4MG            VYTORIN 10/10MG            VYTORIN 10/20MG            VYTORIN 10/40MG            VYTORIN 10/80MG            WELCHOL 625MG            XALKORI 200MG            XALKORI 250MG            XARELTO 10MG            XARELTO 15MG            XARELTO 20MG            XELJANZ 5MG  <b>XELODA (G) 150MG</b>  <b>XELODA (G) 500MG</b>            XENICAL 120MG            XTANDI 40MG  <b>YASMIN 28 (G)</b>  <b>YAZ (G) 3-0.02MG</b>  <b>ZANAFLEX (G) 2MG</b>            ZARONTIN SYRUP 250MG/5ML            ZELAPAR 1.25MG            ZETIA 10MG            ZIAGEN 300MG  <b>ZOMIG (G) 2.5MG</b>            ZOMIG NASAL SPRAY 5MG  <b>ZOMIG ZMT (G) 2.5MG (1X6)</b>            ZORTRESS 0.25MG            ZORTRESS 0.5MG            ZORTRESS 0.75MG            ZOVIRAX CREAM 5%            ZYCLARA 3.75%            ZYTIGA 250MG</p>
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**NOTE:** Medication names appearing with **(G)** are available in a Generic version from your local or U.S. mail order pharmacy. For a greater savings to your healthcare plan, ask your physician about taking a Generic equivalent of your medication.

This list is subject to change. Please call 1-866-893-6337 toll free to verify the availability of your medication through this program.

September 2015



## CONFIRMATION AND REPRESENTATIONS

*I enter into this agreement with CanaRx Group Inc. ("CanaRx") so that I may obtain access to medically-necessary and lawfully prescribed drugs at low costs. I represent:*

1. I am of the age of majority in the jurisdiction in which I ordinarily reside.
2. I am not restricted from making my own medical decisions under the laws of the jurisdiction in which I ordinarily reside.
3. I certify that I am a resident of the United States and not a resident of any other country.
4. I am under the care of a duly qualified and licensed physician in the United States (my "U.S. physician") and the medicine that I ask CanaRx to assist me in obtaining was prescribed for me by my U.S. physician.
5. My U.S. physician has examined me within the last 12 months and will examine me at least once every 12 months while I am taking medicine.
6. Any medicine that I ask CanaRx to assist me in obtaining is medicine that I have already taken, under my U.S. physician's orders and supervision, for at least 30 days prior to placing an order for the medicine through CanaRx.
7. My care by my U.S. physician is ongoing and I do not seek and will not rely on any medical information from CanaRx or any CanaRx contracted physician.
8. I have not violated any laws in the jurisdiction in which I ordinarily reside (or, if different, in the jurisdiction in which the prescription was issued) in obtaining the prescription for the ordered product.
9. The prescription issued by my U.S. physician has not been altered in any way nor has it been filled previously.
10. I will use any medications obtained for me through CanaRx strictly in accordance with the instructions provided by my U.S. physician.
11. The medicine dispensed in accordance with my prescription will not be used in any way whatsoever except as directed by my U.S. physician.
12. I will not permit anyone else to use the prescription or any medications which I receive.
13. In the event that I suffer any side effects from any medication obtained for me by CanaRx, I will immediately contact my U.S. physician.
14. All information that I give to CanaRx is true.

## AUTHORIZATION AND CONSENT

*I consent to, and authorize, the following:*

1. I hereby appoint CanaRx and its delegates and contractors (collectively referred to as "CanaRx") as my paid agents and attorneys-in-fact for the purposes of obtaining prescriptions which correspond to the prescriptions issued by my U.S. physician and of arranging for pharmacies to dispense to me medications as prescribed.
2. CanaRx may perform any act that I could myself perform in having my prescription reviewed by any physician, pharmacist, or pharmacy technician and in having the prescribed medication dispensed by a pharmacy and delivered to me.
3. CanaRx may arrange the purchase and delivery of the medications prescribed to me, on the terms set forth in this agreement, as if I personally took such actions.
4. CanaRx may receive and collect any and all information about me and my health, including but not limited to my full name, address, telephone number, e-mail address, personal medical information, and payment information, and may maintain such information on file as necessary to verify and process future orders and to obtain payment and reimbursement for them. CanaRx and CanaRx contracted physicians and pharmacists may share any and all information received from or about me with my U.S. physician, CanaRx contracted physicians and pharmacists, and my benefits plan administrator, and their respective assistants and agents, for the purposes of obtaining medicine as prescribed for me and of obtaining proper payments for the medicine and related services.
5. I authorize and instruct my U.S. physician to release to CanaRx (and any CanaRx contracted physician, pharmacist, and pharmacy technician) any and all personal medical information pertaining to me ("Personal Medical History"), including but not limited to all medical records, medical reports, progress notes, nurses' notes, reports on diagnostic tests, medical opinions, X-ray records, imaging records, laboratory reports, and/or any other knowledge or information which my U.S. physician may possess.
6. I agree to instruct my U.S. physician to issue my prescription on paper (if necessary for dispensing by a pharmacy located outside my U.S. physician's jurisdiction) and to send (by mail, by fax, via the internet or otherwise) to CanaRx from my U.S. physician's office the original signed copy of the prescription.
7. CanaRx and its contracted physicians, pharmacists, and pharmacy technicians may contact my U.S. physician to discuss my prescription if necessary.
8. CanaRx contracted physicians may issue prescriptions for medications I have ordered if they deem it advisable and appropriate.
9. CanaRx may make payments on my behalf to CanaRx contracted pharmacies for dispensing medicine in accordance with my prescriptions and to CanaRx contracted physicians for services rendered on my behalf.
10. I request and authorize my plan payor, as my appointed agent, to pay for all products and services relating to the prescription medicine that I obtain through CanaRx in such amounts as are found appropriate by plan payor in accordance with the benefits plan.

## ACKNOWLEDGEMENT AND RELEASE

*I hereby make the following acknowledgments and releases to CanaRx and all its employees, delegates, agents, and contractors, including physicians, pharmacists, pharmacy technicians, nurses, receptionists and staff:*

1. My U.S. physician is my primary physician. Any CanaRx contracted physician is being asked to review the information contained in my Personal Medical History only for the purpose of authorizing the medicine prescribed for me by my U.S. physician to be dispensed to me by a CanaRx contracted pharmacy.
2. CanaRx has made no representations or warranties to me, including, without limitation, representations or warranties regarding the use of fitness for any particular purpose of the medications delivered (including, without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease, or its potential or actual side or adverse effects whether previously known or unknown).
3. I wish to obtain a prescription from a CanaRx contracted physician and have enlisted the services of CanaRx to facilitate it. I understand that the CanaRx contracted physician will rely on the accuracy of the examination performed, and the prescription provided, by my U.S. physician.
4. I am aware that CanaRx may transmit my personal information by electronic means (for example fax, or via the internet) to its agents, contracted physicians and pharmacies. I understand that the use of electronic means will enhance the efficiency and timeliness of processing my order. I also understand that CanaRx, as a custodian of my personal information, will take all appropriate precautions to protect my personal information from improper disclosure or use. I hereby consent to CanaRx's transmission of my personal information by electronic means to its delegates, employees, contracted physicians and pharmacies.
5. I release CanaRx and all of its officers and directors, agents, delegates, employees and contractors from any and all liability, claims, and causes of action with respect to errors or omissions by the company or agency responsible for transporting my order.
6. I acknowledge that I have purchased my medications internationally for personal use and I specifically confirm, acknowledge and agree that title to my medications passes to me when my medications are shipped from the CanaRx contracted pharmacy.

## FURTHER ACKNOWLEDGEMENT & RELEASE

*I hereby make the following further acknowledgement and release the plan holder, its employees, officers, agents, heirs and assigns:*

1. I acknowledge that the plan holder has made no representations or warranties to me, including without limitation, representations or warranties regarding the use for any particular purpose the medication(s) delivered, including without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease or its potential or actual side or adverse effects whether previously known or unknown.
2. I acknowledge that child protective packaging may not be used in filling my prescription. I promise that upon my receipt of the medicine I will take all steps necessary to prevent any child from having unauthorized access to the medicine. I hereby release CanaRx and all its officers, directors, agents, delegates, employees, and contractors, including the pharmacy that fills my prescription, from any and all claims arising from or relating to the use of, or failure to use, child protective packaging.
3. I release the plan holder its officers, employees, agents, heirs and assigns from (i) any and all causes of actions with respect to errors or omissions by the company or agency responsible for transporting my order; (ii) any and all causes of actions with respect to errors or omissions by CanaRx in obtaining the prescription medications to fill my order; (iii) any and all causes of actions regarding the use for any purpose whatsoever of any medications delivered through this program.