



PRESCRIPTION DRUG EXCHANGE

PATIENT PROFILE - PLEASE PRINT CLEARLY

3 Easy steps to sign up for the drug card:

Group# 80

1/ Complete this 2-page patient profile. Sign your name at Xs.

2/ Include copy of prescriptions if you are ready to order

3/ **Fax 1-225-291-3969** or **mail** this form to:

Mail: Prescription Drug Exchange
ATTENTION: PRESCRIPTION NEEDS
110 Boggs Lane, Suite 241
Cincinnati, Ohio 45246

YOUR PROFILE

Mr Mrs Ms Dr Male Female

First Name _____ Last Name _____

Street _____

City _____ State _____ Zip Code _____

() _____ () _____
Day Phone Evening Phone

Email Address (optional) _____

_____/_____/_____/_____
Birth Date (MM/DD/YYYY) Age Height Weight

PAYMENT METHOD FOR MEDICATIONS

Choose how to pay for your prescriptions:

Discover Master card VISA Personal check International money order



_____/_____/_____/_____
Credit Card Number Expiry Date (MM/YY)

Cardholder's Name (as it appears on credit card) _____

Cardholder's Street Address _____

Cardholder's City _____ State _____ Zip Code _____

YOUR Primary Physician _____

Physician's Full Name _____

Address _____

City _____ State _____ Zip Code _____

() _____ () _____
Phone Fax

CHILD-PROOF CAPS? No
All pill bottles will have child -proof caps unless you check "No".

DRUG ALLERGIES? Yes No
Do you have any drug allergies?
If yes, please list the drug(s) and their allergic reaction:

YOUR MEDICAL CONDITIONS

Check all the medical conditions that you currently have:

- Alcoholism
- Asthma
- Breast Cancer
- Colon Cancer
- Emphysema
- Heart Disease
- Liver Disease
- Migraines
- Stroke
- Tobacco Use
- Alzheimer's Disease
- Bone/Joint Disorder
- Cholesterol Disorder
- Depression
- Fluid Retention
- High Blood Pressure
- Lung Cancer
- Ovarian Cancer
- Rheum. Arthritis
- Parkinson's Disease
- Anemia
- Blood Disorder
- Cervical Cancer
- Diabetes
- Glaucoma
- Kidney Disorder
- Lupus
- Prostate Cancer
- Skin Cancer
- Thyroid Disease

YOUR MEDICATIONS

List all the medications, dosages and frequency that you're currently using. For example: "Lipitor, 20mg, 1 per day"

MEDICATION	DOSAGE	FREQUENCY

Any Questions Call – 1-866-863-5497

Additional comments for pharmacist:



PRESCRIPTION DRUG EXCHANGE

IMPORTANT! CUSTOMER AGREEMENT

NO PRESCRIPTION(S) WILL BE FILLED UNTIL A SIGNED AND DATED COPY OF THIS DOCUMENT HAS BEEN RECEIVED BY PRESCRIPTION DRUG EXCHANGE (PDEXCH) and PRESCRIPTION NEEDS (PN).

I agree that PDEXCH and PN and it Affiliates may select the appropriate pharmacy to fill my prescription(s) based on product availability and price. I have read and understood the terms and conditions set out in this Agreement and agree, on behalf of myself, my heirs, successors, administrators and assigns to be bound by these terms and conditions.

Signed this _____ day of _____, 2006

Customer Name (Please Print) _____

X
Customer Signature _____

PDEXCH and PN and it Affiliates (as defined below) has established relationships with licensed pharmacies in Canada, England, Australia and New Zealand. All licensed pharmacies have licensing requirements that are comparable to the ones in Canada. PDEXCH and PN and it Affiliates will select the appropriate pharmacy to fill your prescription(s) based on product availability and price. I, as the undersigned, being over the age of 21, hereby enter into this agreement (the "Agreement") with PDEXCH and PN and it Affiliates intending to be legally bound.

Disclosure and Representations

I hereby represent and confirm to PDEXCH and PN and it Affiliates, and to each of its, related companies, subsidiaries and parent company and each of their respective directors, officers, shareholders, employees, contractors, successors and assigns (all such persons are hereafter collectively referred to as either "PDEXCH and PN and it Affiliates" or the "PDEXCH and PN and it Affiliates/Agents") (defined below) that: 1/ I am delivering this Agreement to PDEXCH and PN and it Affiliates because I wish to place an Order with PDEXCH and PN and it Affiliates for certain pharmaceuticals (the "Order"), on the terms and conditions set out herein; 2/ The pharmaceutical(s) to be delivered to me in connection with my Order (the "Pharmaceutical(s)") were prescribed by a doctor licensed to practice medicine in the country, state or other applicable jurisdiction in which I reside or where I sought treatment; 3/ The prescription(s) for the Pharmaceutical(s) (the "Prescription") was lawfully obtained by me from that physician; 4/ I expressly agree and acknowledge that I have sought treatment &/or medical advice from and am under the care (either solely or jointly with a physician or physicians elsewhere) of the physician who has provided the prescription for the pharmaceuticals & who is licensed to practice medicine in the jurisdiction in which the pharmaceuticals are being dispensed; 5/ I will use the Pharmaceutical(s) strictly according to the instructions provided by the physician who prescribed the pharmaceuticals, as the person for whom such pharmaceutical(s) were prescribed; 6/ I can make my own medical decisions according to the law of the place where I reside; 7/ The Prescription has not been altered in any way nor has it been filled prior to submission to PDEXCH and PN and it Affiliates. I agree to immediately destroy all copies of my Prescription once it has been filled; 8/ I have consulted a qualified physician where I obtained the prescription in the last year upon whose advice I am relying; 9/ I will immediately contact the physician who provided the Prescription in the event I suffer any unexpected side effects from any of the Pharmaceutical(s); 10/ I understand that it is my responsibility to have regular physical examinations by my primary licensed physician that is responsible for my care, including all suggested testing to ensure I have no medical conditions or problems that would constitute a contraindication to me taking the Pharmaceutical(s) being prescribed; and 11/ I acknowledge that PDEXCH and PN and it Affiliates, its employees and agents have relied on the information and documentation that I am providing (including the Order, the Prescription and the Patient Profile) and I represent and confirm that I have fully and accurately disclosed all pertinent information and documentation to PDEXCH and PN and it Affiliates. I agree to notify PDEXCH and PN and it Affiliates of any changes to my physical or medical condition by providing an updated Patient Profile.

Authorization and Consent

12/ The authorizations and consents that I am providing herein to PDEXCH and PN and it Affiliates commence on the date I sign this Agreement and will continue until I revoke them. I understand that I can revoke the consents and authorizations I have granted herein at any time. 13/ I hereby authorize and appoint PDEXCH and PN and it Affiliates as my agent and attorney for the limited purpose of taking all steps and signing all documents on my behalf necessary to obtain a prescription in the country where the dispensing pharmacy is located that is the equivalent of the prescription that I sent to PDEXCH and PN and it Affiliates (the "Equivalent Prescription") to the same extent that I could do personally if I were present taking those steps and signing those documents myself. This authorization shall include, but not be limited to, collecting personal health information about me, collecting similar information from my prescribing physician or pharmacist, and disclosing that personal health information to PDEXCH and PN and it Affiliates employees, agents, affiliates and service providers, including without limitation the physician licensed in the country where the dispensing pharmacy is located and any pharmacy or pharmacist being retained by PDEXCH and PN and it Affiliates on my behalf (collectively the "PDEXCH and PN and it Affiliates Agents"), as required for the limited purpose of obtaining the Equivalent Prescription and filling my Order. 14/ Without limiting anything else herein, I hereby provide my consent to allow any licensed physician retained by PDEXCH and PN and it Affiliates on my behalf to obtain my medical history, drug history,

contact information and other necessary documentation from my physician. I further consent to the physician retained by PDEXCH and PN and it Affiliates on my behalf and my physician being able to contact one another to discuss my medical condition, as it pertains to the prescribing of my Pharmaceutical(s). I understand that the reason for this consent is to provide the licensed physician retained on my behalf with the full opportunity to conduct an independent analysis of whether my Prescription is appropriate, and discuss any potential medical complications that might arise. I further understand that my medical information will not be used for any other purpose and will be kept in strict confidence. I further agree to regularly visit my physician and to promptly advise the physician retained by PDEXCH and PN and it Affiliates on my behalf of any change to my medical condition or prescriptions. 15/ I hereby specifically acknowledge that I am aware that PDEXCH and PN and it Affiliates will be transmitting my personal health information by electronic means (for example fax, secure internet) to its employees, agents, affiliates and service providers including the physician retained on my behalf. I understand that the use of electronic means will enhance the efficiency and timeliness of processing my Order. I also understand that PDEXCH and PN and it Affiliates, as a custodian of my personal health information, will take all appropriate precautions to protect my personal health information from improper disclosure or use. I hereby consent to PDEXCH and PN and it Affiliates' transmission of my personal health information by electronic means. 16/ I authorize and appoint PDEXCH and PN and it Affiliates and the PDEXCH and PN and it Affiliates Agents as my agents and attorneys for the purpose of taking all steps and signing all documents on my behalf necessary to package or repackaging my Pharmaceutical(s) and to deliver them to me, to the same extent as I could do if I were personally present taking those steps and signing those documents myself. 17/ I authorize and appoint PDEXCH and PN and it Affiliates and the PDEXCH and PN and it Affiliates Agents as my agents and attorneys for the purpose of taking all steps and signing all documents on my behalf necessary for shipping my Pharmaceutical(s) to me as if I had done so myself. 18/ I acknowledge and agree that I initiated a consultation with PDEXCH and PN and it Affiliates and that neither PDEXCH and PN and it Affiliates nor the PDEXCH and PN and it Affiliates Agents are located in the United States. I also acknowledge that the PDEXCH and PN and it Affiliates Agents contracted by PDEXCH and PN and it Affiliates on my behalf are located in Canada or other countries selected by PDEXCH and PN and it Affiliates and that all professional services that I receive from the physicians and pharmacists licensed in Canada or in the other countries, as the case may be, are being received in those jurisdictions.

Purchase and Sale Terms

19/ PDEXCH and PN and it Affiliates will charge my credit card the following amounts: (a) the pharmaceutical price and shipping charges as posted on the PDEXCH and PN and it Affiliates website on the day PDEXCH and PN and it Affiliates receives my Order and all other documentation (including the Equivalent Prescription as described in paragraph 13 herein) necessary for PDEXCH and PN and it Affiliates to fill my Prescription; and (b) in the event my payment is not authorized, PDEXCH and PN and it Affiliates has the right to cancel my Order and attempt to provide me with a notice of such cancellation. 20/ The Pharmaceutical(s) will be packaged in child protective packaging, unless otherwise requested by me on the Patient Profile. 21/ PDEXCH and PN and it Affiliates and the PDEXCH and PN and it Affiliates Agents shall be entitled to substitute a brand name prescription drug with a generic prescription drug, where available, unless either the physician or the physician retained by PDEXCH and PN and it Affiliates on my behalf has indicated that there be "no substitution". 22/ Title to my prescribed medications passes from the pharmacy that fills my prescription to me when my medications leave the pharmacy. 23/ PDEXCH and PN and it Affiliates reserves the right to refuse to assist me in obtaining my Order, or any other order, in its sole discretion, in which event I will be entitled to a refund for monies paid for such Order. 24/ Neither PDEXCH and PN and it Affiliates nor the PDEXCH and PN and it Affiliates Agents provide their agency or attorney services as a substitute for healthcare or the advice of the customer's primary care physician. 25/ PDEXCH and PN and it Affiliates will not exchange medication or return any monies paid once an order is filled, unless the pharmaceutical(s) provided to me by the supplying pharmacy does not correspond with my prescription. 26/ I specifically acknowledge and agree that each and every one of these terms and conditions will automatically and without further action by me or PDEXCH and PN and it Affiliates, apply to and govern any future orders by me of pharmaceutical(s) from PDEXCH and PN and it Affiliates unless I specifically indicate otherwise at the time of ordering such pharmaceutical(s). Without limiting the foregoing, each authorization and consent provided by me in this Agreement shall continue until I revoke such authorization or consent (which I can do at any time).

Governing Law

27/ I specifically acknowledge and agree that any and all agreements reached or contracts formed throughout the course of my purchase of the Pharmaceutical(s) shall be deemed to be made: (a) in respect of any pharmaceuticals that were dispensed in Canada, in the province and jurisdiction where the pharmaceuticals were dispensed and accordingly shall be governed by the laws of the province in which the pharmacy is located and the laws of Canada applicable to such contracts and agreements; and (b) in respect of any pharmaceuticals that are dispensed in a country other than Canada, in that jurisdiction and accordingly shall be governed by the laws of the jurisdiction where the pharmaceuticals were dispensed applicable to such contracts and agreements. 28/ I specifically acknowledge and agree that any dispute that arises between me and PDEXCH and PN and it Affiliates or any of the PDEXCH and PN and it Affiliates Agents shall: (a) insofar as such dispute related to PDEXCH and PN and it Affiliates or any of the PDEXCH and PN and it Affiliates Agents located in Cincinnati, be governed by the laws of the State of Ohio.