



04/2013

# International Practitioner Registration Packet

**Billing Information: Must Be Completed Prior To Filling A Prescription Order. Please Print Information Clearly.**

Fax To: (719) 262-0035 or Email To: info@collegepharmacy.com

## HEALTHCARE PRACTITIONER INFORMATION:

Registration Date: \_\_\_\_\_

Practitioner First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Professional Designation / Title: \_\_\_\_\_ Medical License #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Email (REQUIRED): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

## BILLING INFORMATION:

Please select a billing option. Your order could be delayed if we have problems processing payment.

- Wire Transfer: \$40 wire transfer fee will be assessed and a 10% - 20% international security deposit is required to be on file.
- Credit Card: a photocopy (front and back) of the credit card, and a photocopy of the cardholder's ID are required for processing. Any credit card declines could delay your order.

Name On Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code Number: \_\_\_\_\_

Mailing Address of Card Holder:  Same As Above Mailing Address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

You must check each box, and initial each line.

- I understand my order could be delayed if College Pharmacy is not able to process payment. (initial): \_\_\_\_\_
- I authorize College Pharmacy to process payments on the above credit card (if applicable). (initial): \_\_\_\_\_

Print Full Name	Signature	Date
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## International Shipping Disclaimer & Return Policy Acknowledgement

**Must Be Completed Prior To Filling A Prescription Order.**

**Failure To Respond Within 24 Hours Will Delay Your Order. Please Print Information Clearly.**

Fax To: (719) 262-0035 or Email To: info@collegepharmacy.com

### International Shipping Disclaimer

Due to international shipping regulations, I understand that any package sent by College Pharmacy to anywhere outside the United States might not pass through customs in the country to which it is being shipped. Knowing the risk, I wish to place an order with College Pharmacy, and agree to pay for my order, regardless of whether or not I receive the package. If I do not receive my order, I have the right to request proof of non-delivery, including any paperwork that accompanied the return of the order. If I would like another order re-shipped, I may request it at my own expense and risk. In addition, certain medications do not ship well overseas. College Pharmacy reserves the right to decline to send an order of a certain medication if we foresee problems with its transportation to the desired destination. **(initial):** \_\_\_\_\_

### Billing & Payment Policy

When you fill a prescription with College Pharmacy, you are both ordering and purchasing a preparation and service that requires payment in full. If you are ordering a compounded formula, your prescription is being compounded for you by a team of specially trained compounding technicians and pharmacists with specialized equipment, and is being processed by a specially trained staff of customer service operators. Our international services may include commercial products that we have specially stocked to fill your order. **(initial):** \_\_\_\_\_

### Return Policy

We regret that we cannot accept returns on any custom compounds, commercial prescription products, or over-the-counter nutritional supplements. State regulations prohibit the return and resale of such items. We encourage chemically sensitive patients to discuss any problems with their healthcare practitioners and thoroughly inquire about ingredients before filling a prescription with College Pharmacy. You also may request smaller quantities of new prescriptions until you are sure the medication can be tolerated. If there are any concerns, please call the Customer Service Department at (719) 262-0022 or (800) 888-9358 within 24 hours of receiving your order. **(initial):** \_\_\_\_\_

### Acknowledgement of Policies:

- I understand that any package sent by College Pharmacy to anywhere outside the United States might not pass through customs in the country to which it is being shipped. **(initial):** \_\_\_\_\_
- I understand the International Shipping Disclaimer and agree to pay for my order, regardless of whether or not I receive the package. **(initial):** \_\_\_\_\_
- I understand that I am responsible for the payment of my custom compound / order. **(initial):** \_\_\_\_\_
- I understand that College Pharmacy does not accept returns of custom compounded prescriptions, commercial prescription products, or over-the-counter nutritional supplements. **(initial):** \_\_\_\_\_

Print Full Name

Signature

Date



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## International Shipping Label Example

**Must Be Completed Prior To Filling A Prescription Order.  
Failure To Respond Within 24 Hours Will Delay Your Order. Please Print Information Clearly.**

Fax To: (719) 262-0035 or Email To: [info@collegepharmacy.com](mailto:info@collegepharmacy.com)

Please PRINT the complete shipping address EXACTLY as it should appear on the package.

### Shipping Label Example

Company (if applicable): \_\_\_\_\_

Recipients First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Email (REQUIRED): \_\_\_\_\_

Telephone (REQUIRED): \_\_\_\_\_

Fax: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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