



# New Patient Order Form

PHONE: 1 323-739-4559    E-MAIL : river.spring.6.0.6@gmail.com    INTERNET: www.riverspring606.com  
 1 541-362-1192



WhatsApp 1 347-579-0696

## PERSONAL INFORMATION

Full Names (clearly and bold)  F  M

Street Address

City State/province country Zip/Postal Code

Phone (Home) Phone (Other)

E-mail Date Of Birth(DD/MM/YY)

Height: (feet) (Inches) Weight: (Pounds)

Best Hour To Be Contacted

Smoking  Pregnant/Attempting to get Pregnant

Allergies?  Yes  No  
 If yes, what are they?

## MEDICATION

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

Would you like to receive a call to remind you of future refills?  Yes  No

Please check if you are placing this order for another person(s)  Yes  No

Person(s) Name:

GENERIC OK?	MEDICATION	STRENGTH	QTY	PRICE
*FREE shipping for the US (incl. Costa Rica), Canada, and UK. ALL OTHER COUNTRIES \$35				
<b>TOTAL:</b>				

## Secondary Contact

Full Name of Secondary Contact

Relationship to You Phone Number

**PAYMENT OPTIONS (Please select one). Either of the first two are compulsory for initial deposit.**

- 1. Money Wire (WU, MG, Ria)**
- 2. BitCoin** For details about payment addresses contact,

E-mail: river.spring.6.0.6@gmail.com

Call/Text : +1 323-739-4559

- 3. CREDIT CARD:**  Visa  MasterCard

Card Holder's Name

Card Holder's Address

City State/Province Country Zip/Postal Code

Credit Card Number Expiry (MM/YY) CVV

**NOTE:** Not all pharmacies are able to take Credit Cards for payment. You may call ahead to verify, or we will call you if alternate payment needs to be arranged.

**Patient Authorization (Select One)**

RiverSpring 606 Customer Care operates an online market specializing in the business of assisting pharmacies and research labs both within USA and internationally pursue international prescription service pharmacy. The following terms and conditions govern the sales as between the RiverSpring 606 authorized dispensary (the "Pharmacy") and the individual (the "Patient") regarding the products and services (the "Products") offered for sale by the Pharmacy. The Patient herein represents to the Pharmacy that,

**"I am over the age of majority, and:**

- 1. I have fully and accurately disclosed my personal information and personal health information and consent to its use by the Pharmacy. I have had a physical examination by a physician within the last 12 months, and do not require a physical examination.
- 2. I understand that all Products shall be sold & dispensed by a Pharmacy operating within a unique international jurisdiction and in a manner that may be consistent with the laws of that jurisdiction.
- 3. I authorize and appoint the Pharmacy, as my attorney and agent, to take all steps, sign all documents and to act on my behalf as if I were personally present and acting myself for the limited purposes of (a) obtaining a valid prescription for any prescription which I have sent the Pharmacy; and (b) packaging my prescriptions and delivering them to me. This authorization shall include, but not be limited to: collecting and using my personal and personal health information as reasonably necessary for the fulfillment of my order, including disclosure to a licensed physician if required for the issuance of a valid prescription in the jurisdiction of the Pharmacy. This authorization may be revoked at any time and shall continue until I revoke it.
- 4. I understand that the Pharmacy is legally incorporated and authorized by law to carry on business in the jurisdiction of the Pharmacy, and that I am purchasing medications that have been approved for sale in the jurisdiction of the Pharmacy. Title to my medications passes from the Pharmacy to me in the jurisdiction of the Pharmacy when my medications leave the Pharmacy. All agreements reached or contracts formed with the Pharmacy shall be deemed to be made in the jurisdiction of the Pharmacy, the laws of the jurisdiction of the Pharmacy shall govern all transactions, and I attorn to the courts of the jurisdiction of the Pharmacy, which shall have sole and exclusive jurisdiction over any dispute arising between me and the Pharmacy, its affiliates, officers and directors. **I HAVE READ AND UNDERSTAND THESE TERMS AND AGREE THAT THEY SHALL BE BINDING UPON ME AND MY ASSIGNS, HEIRS AND PERSONAL REPRESENTATIVES.**

**OR**

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



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Patient signature

Date (DD/MM/YY)

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## Prescription Submission Form



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Please use this form to submit your prescription(s), and send it back to us to complete your order.

Full Name \_\_\_\_\_ Patient ID:

Phone Number \_\_\_\_\_ Order ID:

### Your Physician

Primary Physician's Name

Clinic Name, Street address

City

State/Province

Country

Zip/postal Code

Phone Number

Ext

Fax Number

E-Mail

E-Mail Copy your prescription(s) (and the scanned copy of the prescription must be legally obtained)

Scan or use your camera (smartphone) to take a clear picture of your original prescriptions, then email them in full quality to:

To: prescriptions@riverspriing.com  
OR  
river.spriing.6.0.6@gmail.com

**Note:** The Store may process your order with the E-mail submission of your prescription; however there may be instances where the pharmacy may request the original copy of your prescription OR place a call directly to your physician either way you will be made aware of such instance(s)

**Subject:** Prescription(s) for (type your name)