



04/2018

International Patient Registration Packet

College Pharmacy is one of the few compounding pharmacies able to work directly with healthcare practitioners and patients throughout the world. From Egypt to Ireland, and Brazil to New Zealand, we are honored to offer services that know no global boundaries.

Working directly with International healthcare practitioners and patients for over a decade has allowed us to gain valuable experience in the compounding and delivery of sensitive formulations.

Our pharmacists, customer service representatives, and shipping specialists are experienced in the nuances of international shipping practices and help customers navigate changing international practices and procedures.

Before we can begin filling prescriptions there are a few things we need:

1. Billing and Payment Information: see attached form for details.
2. Copy of our international shipping disclaimer and acknowledgement of our return policy signed and returned to College Pharmacy: see attached for details.

Please let us know if you have any questions about filling your prescription with College Pharmacy. We will be happy to assist you.

Sincerely,

The College Pharmacy Staff



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Page 1 of 2 that needs to be completed, signed, and returned.

International Patient Registration Packet

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

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

PATIENT INFORMATION:

Registration Date: _____

First Name: _____ Last Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Allergies / Medical Conditions: _____

Patient Email (REQUIRED): _____

Telephone: _____ Fax: _____

Authorized Alternate Contact: _____ Relationship: _____

Alternate Contact Email (REQUIRED): _____ Alternate Contact Telephone: _____

BILLING INFORMATION:

College Pharmacy requires an active credit card on file to process orders. Your order could be delayed if we have problems processing payment or contacting you for payment clarifications.

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: _____ Exp.: _____

Mailing Address of Card Holder: Same As Above Mailing Address

Street Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Print Full Name

Signature

Date



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Page 2 of 2 that needs to be completed, signed, and returned.

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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 or be delayed by 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.

Ordering & 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. Services may also include commercial products that we have specially stocked to fill your order. Unless you choose "Wire Transfer" as your payment option, College Pharmacy requires an active credit card on file to process orders. Your order could be delayed if we have problems processing payment or contacting you for payment clarifications. You are responsible for notifying College Pharmacy of a change in credit card information AND completing a new "Ordering & Payment Agreement" when changing your credit card on file.

Chargeback Policy: If you have a question about a charge from College Pharmacy, we encourage you to contact us directly to research the issue. Chargebacks are costly and time-consuming for us to resolve. College Pharmacy reserves the right to refuse credit card payment from credit card decline and chargeback accounts on all future orders. Credit card decline and chargeback accounts will be required to pay in full via wire transfer (includes additional fees).

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.

Acknowledgement of Policies: *Initial each line.*

- I understand that any package sent by College Pharmacy to anywhere outside the United States might not pass through or be delayed by 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 have read, understand, and agree to College Pharmacy's Ordering & Payment Policy. I understand that I am responsible for the payment of my order through College Pharmacy. *(initial):* _____
- I authorize College Pharmacy to process payments on the credit card provided on page #1. *(initial):* _____
- I understand my order could be delayed if College Pharmacy is not able to process payment. *(initial):* _____
- I have read and understand College Pharmacy's shipping services and fees. I understand that additional charges, based on weight, will be added to the standard rate that I select for my order. *(initial):* _____
- I have read, understand, and agree to College Pharmacy's Chargeback Policy. I understand that College Pharmacy reserves the right to refuse future credit card payment options on chargeback accounts. *(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

3505 Austin Bluffs Pkwy., Ste. 101
Colorado Springs, Colorado 80918

www.collegepharmacy.com

Tel: 800-888-9358 / 719-262-0022
Fax: 800-556-5893 / 719-262-0035

customerservice@collegepharmacy.com



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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: customerservice@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: _____

