

RHS Medical Supplies Inc.  
203-8388 128<sup>th</sup> St  
Surrey B.C. Canada  
V3W 4G1

[www.greencrossremedies.com](http://www.greencrossremedies.com)

## Order Form

### Ship to Address:

Name: \_\_\_\_\_ Contact \_\_\_\_\_ Date \_\_\_\_\_

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

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

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email: \_\_\_\_\_

### Credit Card Information:

Name as it appears on Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_

*(Billing on your statement may appear as RHS Medical supplies)*

### Billing address on credit card if different then ship to address:

Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Product	Size	Quantity	Price –USD	Total

- **With all orders:** Include a prescription made out to your clinic or doctors office with the words “*For Clinic Use*” or “*For Office Use*” written on it.
- **Fax this form with prescription to 1-866-840-2729**
- **Or E-mail this form to [orders@greencrossremedies.com](mailto:orders@greencrossremedies.com)**