

PHARMACY LINDA FRAYNE  
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**ORDER FORM OR PRICE ESTIMATE**

Order

Price estimate

Name of the pharmacy / clinic: \_\_\_\_\_

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

Postal code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of the contact person: \_\_\_\_\_

**\* \* \* Minimum delay of 24 hours for any non emergency product \* \* \***

**WARNING: IF THE FORM IS NOT PROPERLY COMPLETED, YOUR ORDER MAY BE DELAYED**

Order details (please attach a copy of the prescription for each order or request):

Name of the product	Form	Concentration	Quantity

Product covered by:

RAMQ : \_\_\_\_\_  
(RAMQ number mandatory)

Other

Purolator delivery (24 – 48 hr)  
Rx #. mandatory: \_\_\_\_\_

Regular delivery on \_\_\_\_\_ from 6 – 9 pm

Urgent delivery (additional cost) on \_\_\_\_\_  
before \_\_\_\_\_ am / pm

Urgent delivery on \_\_\_\_\_  
before \_\_\_\_\_ am / pm

Our driver will pick-up on \_\_\_\_\_ at \_\_\_\_ hr.

Name of the health professional: \_\_\_\_\_

Licence number: \_\_\_\_\_

Order date: \_\_\_\_\_