



# www.IsraMeds.com<sup>ה"ב</sup>

A Division of Helen-Pharm, Ltd, Israel

The first and largest Israeli International pharmacy. 2 million purchases since 1981 can't be wrong!

**Toll Free Phone 1-866-ISRA-BUY(477-2289) or 1-877-247-4717, Toll Free Fax 1-888-ISRA-365**

## Orderform

**Email: [Orders@isrameds.com](mailto:Orders@isrameds.com)**

First name	Last Name	Home Tel.	Date

Address St.	City	State	ZIP

E-mail	Work Phone	Fax #

Other(members number)

Num.	Drug name	Dossage (Mg)	Quantity	Total	REMARKS
1				\$	
2				\$	
3				\$	
4				\$	
5				\$	
6				\$	
7				\$	
8				\$	
9				\$	
10				\$	
11				\$	
12				\$	

Total medication's price excluding shipping expenses :	
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Delivery by Priority 7 business days airmail including insurance	<b>\$24.95</b>	(Please circle preferred delivery method)
Delivery by 30 days airmail, does not include insurance	<b>\$14.95</b>	

Remarks :	<b>Total Price</b>

<b>Credit Card Number</b>	
Visa #	Expir. date / /200
Master Card. #	
AMX. # (%4 added comission)	
Verification. numbers #	(Your signature )

**Please fill the missing details and send TOLL FREE to fax number 1-888-ISRA-365(1-888-477-2365)**

**Please remember to also fax your prescription and other 3 forms. Thank you! Keep well!**

(This form should be filled by yourself; there is no need for your doctor to fill it)

(Personal Medical History: (Please Print Clearly

Condition	Yes	No	Please describe
Blood Disorders			
Cancer			
Immune disorders			
Poor wound healing			
Neurological disorders			
Diabetes, thyroid, or other endocrine disorders			
Nutritional deficiency			
Lipid or cholesterol disorder			
Heart disease			
Renal disease			
Liver disease			
Orthopedic or muscle disorders			
Emotional disorders			
Glaucoma			
Allergies (Please list Drugs)			

Please list below any prescription drugs or herbal medications you are currently taking but are (not ordering below: (Attach extra sheets if required

Drug Name	Dosage	?Used How Long	?For What Medical Condition
.1			
.2			
.3			
.4			
.5			
.6			

TO: Doctor

(Print name of your doctor)

TEL ADDRESS

Please be advised that the Israeli Government's equivalent to the US DEA, requires that all prescriptions be co-signed by an Israeli doctor. This is not a "rubber stamp" process; rather it requires that the US doctor's diagnosis shall be made available for review by an Israeli doctor, if he feels it necessary to assure that the proper medication is being prescribed for the patient. As such, and only should it be requested, I authorize you to release the medical diagnosis of my condition to the Israeli doctor listed below, which shall include the following information in brief summary only

1. Anamnesis (preliminary medical condition) of the patient's medical situation.
2. Any medical test done to prove diagnosis, including physical examination, laboratory test, and imaging techniques.
3. Final diagnosis.
4. Treatment given for the current diagnosis.
5. Any relevant medical history of other known illness and diagnosis for treatment of that illness.
6. List of other medication, prescription or otherwise presently being taken by the patient and known allergies of the patient.

I appreciate that you expedite this request as soon as possible so I can receive my medications

Name Date Signature



Written affirmation of Personal use of Kosher Hebrew written medications, and statement of compliance with chapter 9 of the FDA Regulatory Procedures Manual (RPM), subchapter - coverage of personal importation

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According to chapter 9 of the FDA Regulatory Procedures Manual (RPM), subchapter - coverage of personal importation I am affirming the following declaration

As an adult US citizen I have obtained the enclosed prescription from my personal physician(s), which bear the name(s) and address(es) of my physician(s) for the treatment of existing medical conditions

As a Jew I apply for the entry of the enclosed **kosher** medications for the treatment of my medical condition(s), Based on my belief and religion I **prefer to use only Kosher medications. As far as I am aware there is no way, other than to import these Kosher medications directly from Israel.** The medications in this package are Kosher and their prescription leaflet is written in English & Hebrew. These medications are used for continuation of treatment I use or had used in Israel. I apply for these medications entry under the provisions of the General Guidance Section of the FDA Regulatory Procedures Manual, Coverage of Personal Importations which reads in part as follows

**There has always been a market in the United States for some foreign made products that are not available domestically. For example, individuals of differing ethnic backgrounds sometimes prefer products from their homeland or products labeled in their native language to products available in the United States. Other individuals seek medical treatments that are not available in this country**

**FDA Personnel may use their discretion to allow the entry of shipments of violative FDA regulated products when the quantity and purpose are clearly for personal use, and the product does not present an unreasonable risk to the user**

**Even though all products that appear to be in violation of statutes administered by the FDA are subject to refusal, FDA personnel may use their discretion to examine the background, risk, and purpose of the product before making the final decision**

**FDA Personnel may use their discretion to allow entry of shipments of violative FDA regulated products when the quantity and purpose are clearly for personal use, and the product does not present an unreasonable risk to the user**

To demonstrate the compliance of these products with this provision I swear and affirm the following statements are true: **The quantities of products in this shipment are clearly for personal use , being a 90 day supply or less, and the purpose of these products is that there are for my personal use in treating the previously diagnosed conditions; the products do not present an unreasonable risk to humans, for the reason that they are each comprised of generic molecules that are listed in Orange Book of the FDA as suitable for human consumption, meaning that their use does not represent a significant health risk to the human body; The background of these products is that they were manufactured and hermetically sealed in Israel or Western Europe.; and I am furnishing the name and address below of a doctor licensed in the U.S who is and will be responsible for my treatment with these products. The enclosed medications are not Controlled or Scheduled Substance and do not violate any portion of the "Controlled Substances Act". (21 U.S.C .801 et seq**

This is not a commercial or promotional shipment under the provisions of the FDA RPM; the quantities are suggestive of personal use in that they do not exceed 90 days supplies; clearly appear to me, and are, for personal use; the shipment is cosigned to the residence of the affiant; and it contains no promotional literature

The medical Professional providing me with the enclosed medicine did not in any way engage in promotional activities related to the enclosed medications

\_\_\_\_\_ .U.S. Physician responsible for treatment: Dr  
(Print Full Physician name)

\_\_\_\_\_ :Address: \_\_\_\_\_ Tel  
(Print physician's address) (Print Physician's telephone number)

*Sincerely*

\_\_\_\_\_ :Name: \_\_\_\_\_ Address  
(Print your full name) (Print your full address)

\_\_\_\_\_ :Tel: \_\_\_\_\_ Signature  
(Print your telephone number) (Please sign here)



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E-mail: [Sales@Isrameds.com](mailto:Sales@Isrameds.com)

Helen Pharm LTD, (herein after "IsraMeds") User Agreement Form

:The undersigned, (hereinafter the "Patient") confirms that

**1. The Patient confirms that the pharmaceutical(s) ordered by the Patient were prescribed by a well qualified medical practitioner in the place of residence of the Patient. The Patient has not violated any laws in obtaining the prescription and that the products will not be used by no other person and in no manner except as prescribed by the original prescribing physician ("The Patient's Physician"). The Patient agrees to direct all questions to The Patient's Physician. The Patient will consult The Patient's Physician before taking any new drug, natural product, or changing their daily health regiment. It is the patient's responsibility to have regular physical examinations by a licensed primary physician, including all suggested tests to ensure there are no medical problems that contraindicate taking the medication(s).**

**2. The patient discharges IsraMeds. and its officers, directors, shareholders, agents and employees from any and all liability, claims or causes of actions due to any act, error or omission on the part of any third party who is his agent for the purposes of transporting the medication(s) to my address, including any agent who is appointed on his behalf by IsraMeds.**

**3. By obtaining that/those prescription(s) for my ordered medication(s), I have not broken laws of the country or other applicable jurisdiction, in which I reside.**

**4. The patient confirms that prior to ordering a particular medication from IsraMeds for the first time, I will have taken such medication for at least thirty (30) days prior to providing IsraMeds with his prescription or order in respect of each such particular medication or other product, as the case may be.**

**5. The Patient agrees that any dispute that arises between Him or Her and IsraMeds, its affiliates, related companies, subsidiaries, officers, directors, shareholders, employees or agents shall be governed by the laws of the Israel applicable to contracts formed in Israel. The patient agrees that any dispute that arises between him and IsraMeds is settled by the courts of Israel, they shall have sole and exclusive jurisdiction over any such dispute, including, but not limited to any claims of negligence and/or malpractice. In particular that IsraMeds is not responsible for errors made by prescribing physicians, for problems that arise from his failure or that of my agent to provide full and accurate information in accordance with this Agreement, from side-effects of the medication(s) or from the failure of the medication(s), in his case, to produce a particular effect that I or my physician expect or desire. The Patient acknowledges that he is benefiting from such laws by purchasing medication(s) from IsraMeds.**

**6. The Patient acknowledges and understands that the sale to him takes place in the Israel and that he becomes the owner of the medication(s) when IsraMeds places the medication(s) in a container or otherwise completes the steps necessary to prepare it for his use. IsraMeds will then transfer possession of the medication(s) to the patient, or to his agent who is appointed on his behalf by IsraMeds, which may include a post office or a courier. The Patient is the person who is responsible for transporting the medication(s) to his address, whether it is in Israel or in another country. Any steps connected with transportation are carried out by the patient or by someone acting as agent on his behalf.**

**7. The patient understands that his medication(s) cannot be returned for exchange or refund. All prescription sales are FINAL and NON-REFUNDABLE as IsraMeds cannot legally accept or restock orders that are cancelled or refused after they have left the pharmacy. Cancellation of orders placed prior to leaving the pharmacy will result in a cancellation fee of \$25. Again orders dispensed cannot be refunded.**

**8. I understand that IsraMeds may substitute a generic drug for a brand name prescription drug, where available, unless the physician has indicated there be no such substitution.**

**9. The patient authorizes IsraMeds to take any and all steps necessary to complete the sale of the medication(s) to him in Rechovot, Israel.**

\_\_\_\_\_  
(Please print your name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Please print your telephone number)