



Farm Bureau Deal

Members can order discounted prescription medication.

How does it work? (Nutshell Version)

Members can call the Canadian Pharmacy directly using affiliation code IDFB and then check the pricing of a specific prescription drug before signing up. Members fill out enrollment forms.

Other Information / (Broader Version)

The Canadian Pharmacy is a Canadian company located in Winnipeg, Manitoba. The pharmacy is an operating pharmacy that services local Canadian customers and U.S. mail order customers alike. The Canadian Government has placed price restrictions on drug manufacturers and a substantial savings is yours to be had by ordering many prescriptions through this reputable source. The Idaho Farm Bureau has an affiliate agreement with The Canadian Pharmacy and an ID number which is **IDFB**.

Idaho Farm Bureau members can access this company on the internet at www.thecanadianpharmacy.com or on the phone at 866-335-8064. Order forms are being made available through county offices, or by contacting Member Benefits at 208-239-4289.

There is a great debate over the safety and legality of buying prescriptions from Canada. The Idaho Farm Bureau has researched this option for over a year and feels that this outlet is the best that we've found. The legality of purchasing prescriptions from Canada is such, that any U.S. resident can purchase a prescription from Canada for their own use. Any time there is an issue with regards to resale after the drugs have crossed into the U.S., there enters the legal question. Please reassure our members that if they purchase prescriptions from Canada for their own use, they are perfectly legal.

The question of safety is one that must be answered individually. The Idaho Farm Bureau does not guarantee the safety of any prescription product foreign or domestic. However, with the endless stream of rhetoric surrounding this issue, you would expect to hear about many more illnesses and deaths caused by Canadian pharmaceutical sales if there were any to be had. The Canadian Pharmacy has been supporting many organizations in the U.S for years. Hundreds of Farmers Union members in North and South Dakota enjoy the money saving benefits of doing business with this company.

If you have additional questions about this company or the Idaho Farm Bureau affiliation, call 208-239-4289 and ask for Joel Benson.

Save up to 85% on Your Prescriptions!

Without Sacrificing Safety, Quality or Service

The Canadian Pharmacy is pleased to announce its association with the Idaho Farm Bureau; a relationship that will serve to offer Canadian prices on brand name and generic pharmaceuticals to members of the Idaho Farm Bureau.

Soaring pharmaceutical costs prevent many from obtaining the medications that can immediately improve their quality of life. Safe, affordable health care should be available to everyone.

On average, Canadians pay 50% less than Americans for the SAME prescription drugs.

Aren't you tired of paying too much?

The Canadian Pharmacy employs a dedicated team of licensed pharmacists, experienced doctors, and friendly customer service representatives to provide you with any information you may desire about your medications and their suggested use. All products provided by The Canadian Pharmacy adhere to the rigorous standards of Health Canada, which meet or exceed FDA drug safety standards.

Medication	Quantity	US Competitor	TCP	Savings
Actonel 35 mg	12	\$241.29	\$107.06 (Gen)	56%
Allegra 180 mg	100	\$151.50	\$96.99 (BR)	36%
Combivent Inhaler	1	\$89.99	\$40.16 (BR)	55%
Coumadin 5 mg	100	\$89.99	\$26.56 (Gen)	70%
Fosamax 70 mg	12	\$221.89	\$108.15 (Gen)	51%
Glucophage 500 mg	100	\$83.99	\$23.57 (BR)	72%
Paxil 20 mg	100	\$289.77	\$119.71 (Gen)	59%
Plavix 75 mg	100	\$443.30	\$190.69 (Gen)	57%
Premarin 0.625 mg	100	\$121.99	\$40.68 (BR)	67%
Prevacid 30 mg	100	\$437.77	\$162.82 (Gen)	63%
Synthroid 0.125 mg	100	\$66.99	\$25.69 (BR)	62%
Tamoxifen 10 mg	100	\$219.88	\$40.61 (Gen)	82%
Mobic 7.5 mg	100	\$314.43	\$73.66 (Gen)	77%
Zocor 10 mg	100	\$268.21	\$135.03 (Gen)	50%
Zyrtec 100 mg	100	\$121.65	\$74.44 (Gen)	39%

Ordering Is as Easy as 1 – 2 – 3 (It takes less than 5 minutes)

- 1. Call us Toll-Free for a price quote OR Visit us Online**
Complete a New Customer Package.
- 2. Place Your Order.**
Fax or Mail the completed package to us.
Remember to include your Original Prescription(s).
- 3. Receive Your Order.**
Once received, your order is processed and shipped to your door.

If you don't have a prescription, please visit your doctor.
Please allow extra time to process your first order.
Most parcels will arrive within 10 business days.



[Click here for details on PharmacyChecker.com](#)

**One call could
SAVE you Hundreds of Dollars!**

The Canadian Pharmacy

84 – 1313 Border Street
Winnipeg, Manitoba, CANADA R3H 0X4

Local Phone: (204) 697-5910

Local Fax: (204) 697-5919

info@thecanadianpharmacy.com

Toll-Free Phone: 1.866.335.8064
Toll-Free Fax: 1.866.795.5627

www.thecanadianpharmacy.com

To place an order, complete this Medication Order Form and return it by fax or mail along with: 1) Original Prescription(s)* 2) Health Questionnaire Form 3) Customer Agreement Form

* Original prescriptions are void if altered.

Idaho Farm Bureau
 Member Services Manager
 PO Box 4848
 Pocatello, ID 83205-4848
Phone: (208) 232-7914
Fax: (208) 232-3616
idahofb@idahofb.org



84 – 1313 Border Street
 Winnipeg, Manitoba, CANADA R3H 0X
Toll-Free Phone: 1.866.335.8064
Toll-Free Fax: 1.866.795.5627
info@thecanadianpharmacy.com

Medication Order Form

Date: _____ (DD/MM/YYYY)

SHIPPING INFORMATION:

Patient Name: _____

Address: _____

City: _____ State _____ Zip Code: _____

Telephone: _____ (day) _____ (evening)

Email Address: _____

(Please check <input checked="" type="checkbox"/>)				Medication Name	Strength	Quantity	Price (USD)
Brand Only	Generic Preferred	International Permitted	Is this a New Medication?				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$
Prescription Drug Total							\$
Add \$15.00 Shipping (Insured, trackable ExpressPost USA)							\$15.00
Total (U.S. Funds)							\$

Please Note: Due to supply restrictions imposed on TCP and other Canadian IPS pharmacies by certain pharmaceutical manufacturers, pricing may vary. Supply is subject to availability.

BILLING INFORMATION: VISA MasterCard
 Desired Payment Method: Personal Check Money Order

Credit Card #: _____ Expiry Date _____

Name on Credit Card: _____

Cardholder's Signature: X _____

(I authorize The Canadian Pharmacy to bill my credit card for this order)

When is the most convenient time for a pharmacist to contact you? During the Day? Evenings?

Child resistant closures, where appropriate, are mandatory in Manitoba unless patients decline their use. If you DECLINE child resistant safety closures please check here.

Safeguarding the confidentiality of your personal information is a primary concern at TCP. TCP will not release any personal, medical or financial information to anyone other than the health professionals responsible for filling your prescriptions, without your written consent.

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 Member Services Manager
 PO Box 4848
 Pocatello, ID 83205-4848
Phone: (208) 232-7914
Fax: (208) 232-3616
idahofb@idahofb.org

 **The-Canadian-Pharmacy**
 84 – 1313 Border Street
 Winnipeg, Manitoba, CANADA R3H 0X
Toll-Free Phone: 1.866.335.8064
Toll-Free Fax: 1.866.795.5627
info@thecanadianpharmacy.com

Health Questionnaire

Date: _____
 (DD/MM/YYYY)

Patient Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ (day) _____ (evening)

Email Address: _____

Sex: Male Female Date of Birth: _____ Weight: _____
 (DD/MM/YYYY) (Pounds)

Known Drug Allergies:

Prescribing Physician Information:

Name: _____
 Telephone: _____
 Fax: _____

TCP requires ALL patients to have a complete physical examination each calendar year.
 When was your last physical examination? _____ (MM / YYYY)

Please list all Prescription, Over-the-Counter and Nutritional Supplements you are using (E.g. Premarin, Zocor, Tylenol, TUMS, Vitamins, etc.):

Medication Name	Strength E.g. 10 mg	How Often? E.g. times/day	Taken Since? E.g. Since 1995

Please identify all current Medical Conditions:

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Heart Disease (please describe below) |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Arthritis (Rheumatoid, Osteoarthritis & Lupus) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> HIV / AIDS | <input type="checkbox"/> Cancer (please describe below) |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Kidney / Renal Disease | <input type="checkbox"/> COPD – Bronchitis & Emphysema |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Diabetes (please describe below) |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Hysterectomy | <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> Thyroid Disorders |

Others not listed above:

Patient Signature: X _____ Date: _____

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In consideration of 4741677 Manitoba Ltd. (operating as The Canadian Pharmacy (TCP)) filling the prescription for my medication, I agree that the following information is correct and provide the following releases:

A. About my medication

1. I confirm that the medications I have requested dispensed to me were originally lawfully prescribed by a qualified and licensed physician in the jurisdiction where I live after the appropriate personal examinations as determined by my jurisdiction's Standards of Practice; and
2. I confirm that the duty of care in respect to the prescribing of my medication is the responsibility of my physician; and
3. I will not use my medication except as directed by my physician, under whose care I continue to be; and
4. I will be the only person using the medication obtained from TCP; and
5. I acknowledge that I cannot return my medication for refund or exchange; and
6. I acknowledge that no child protective packaging will be used for my medication if I so indicate; and
7. I confirm that my original prescription has not been altered in any way.

B. About me

1. I am of the age of majority in the jurisdiction where I live; and
2. I am entitled to make my own medical decisions under the laws of that jurisdiction; and
3. In obtaining the prescription for my medication, I have not broken any laws in that jurisdiction.

C. My Appointment of TCP as my attorney to engage International Referral Pharmacies on my behalf

1. I understand, authorize, agree and direct that, as a result of restrictions on supply of certain pharmaceuticals placed on TCP by certain manufacturers, I appoint TCP as my agent and attorney whereby TCP may engage other pharmacies licensed under applicable law in any one or more of the United States, United Kingdom, New Zealand, Australia, Israel, or members of the European Union or elsewhere to dispense any or all of my Pharmaceutical(s) and I hereby expressly appoint TCP as my agent and attorney to do so. I acknowledge that in the event that I do not wish to have my Pharmaceuticals dispensed by an International Provider, I will provide notice to TCP in writing to the time of my medication order; and
2. I understand, authorize, agree and direct that my Pharmaceutical(s) will be shipped directly to me (and that I am purchasing My Pharmaceutical(s) from) the dispensing pharmacy which may be TCP in Canada or an International Referral Pharmacy and that it is only those pharmaceuticals dispensed by TCP that I am purchasing from TCP. I further acknowledge that if My Pharmaceutical(s) are dispensed by an International Referral Pharmacy that they will be dispensed and arrive at my address separately.

D. Acknowledgement of Location of Dispensing and Delivery of Medications

1. I grant authority to TCP as my attorney for the purpose of signing any documents required by the laws of the Province of Manitoba in Canada to expedite the delivery to me of my medication, as I would sign if I had purchased my medication from TCP at its retail outlet in Winnipeg, Manitoba; and
2. I grant authority to any International Referral Pharmacy selected by TCP as my attorney for the purpose of signing any documents required by the laws of the jurisdiction of the International Referral Pharmacy to expedite the delivery to me of my medication, as I would sign if I had purchased my medication in the jurisdiction of the International Referral Pharmacy.

E. About the releases

1. I release and discharge TCP and its directors, officers, agents and employees from any and all liability, claims, actions or causes of action with respect to errors or omissions by the carrier responsible for delivering my medication to me.
2. I acknowledge and agree that I am aware that the Providers will be transmitting my personal information by electronic means to their respective partners. I hereby grant my consent to transmit my personal information by electronic means.

F. About any disputes

1. I acknowledge that if my medication(s) are dispensed by TCP, the pharmacy service of TCP was performed in the Province of Manitoba, in the same way as if I had physically went to TCP's location in Winnipeg, Manitoba, Canada; and
 - i. I agree that any dispute, complaint, demand, claim, or cause of action, whether based on alleged breach of contract or alleged negligence arising between TCP and me from TCP filling the prescription for my medication, will be governed by the laws of the Province of Manitoba and only the Province of Manitoba and the regulations of the Manitoba Pharmaceutical Association and any applicable federal laws of Canada; and
 - ii. I attorn to the jurisdiction of the Province of Manitoba in Canada; and
 - iii. If any dispute does arise between TCP and me from the purchase of my medication that cannot be resolved on the basis of both sides acting reasonably, then such dispute shall be referred to arbitration in Winnipeg, Manitoba in accordance with The Arbitration Act of the Province of Manitoba; and any award or determination shall be absolutely final and binding upon TCP and me.
2. I agree that if my medication(s) are dispensed by an International Referral Pharmacy, the pharmacy service of any International Referral Pharmacy was performed in that jurisdiction, in the same way as if I had physically went to the International Referral Pharmacy; and
 - i. I agree that any dispute, complaint, demand, claim, or cause of action, whether based on alleged breach of contract or alleged negligence arising between International Referral Pharmacy and me from International Referral Pharmacy filling the prescription for my medication, will be governed by the laws of that jurisdiction; and
 - ii. I attorn to the jurisdiction of the International Referral Pharmacy; and

BY SIGNING THIS FORM, I CONFIRM THAT I HAVE READ AND UNDERSTAND ALL THE TERMS AND PROVISIONS OUTLINED IN IT AND CONFIRM THAT THE INFORMATION ABOUT ME AND MY MEDICATION IS TRUE AND CORRECT, AND I AGREE THAT SAID TERMS AND PROVISIONS ARE BINDING ON ME AND MY HEIRS, SUCCESSORS, ASSIGNS AND PERSONAL REPRESENTATIVES.

Patient Signature: X _____ Date: _____

Patient Name (Please Print) _____

Customer Agreement