

MEERBURG PHARMACY FAX ORDER FORM EBIXA®

FAX NUMBER: +31 205248322

(USA: toll free FAX: 1 877 839 2664)

Use last version of this form. For additional information see : www.meerburgpharmacy.com/ebixa.htm

Please charge this credit card:	
<i>Credit card</i>	<input type="checkbox"/> Visa Card
	<input type="checkbox"/> Master Card
	<input type="checkbox"/> American Express
	<input type="checkbox"/> Diners Club Card
<i>Cardholder's name (full)</i>	
<i>Card Number</i>	
<i>Cardholder's address</i>	
<i>Cardholder's Zip code</i>	
<i>Cardholder's City (+state)</i>	
<i>Cardholder's Country</i>	
<i>Expiry Date</i>	
<i>CVC-code²</i>	
<i>Signature Card Holder</i>	
Please deliver to (importer/patient):	
<i>Name</i>	
<i>Address</i>	
<i>Zip code (postcode)</i>	
<i>City (+ State or Province)</i>	
<i>Country</i>	
<i>Phone (if FedEx needs to contact you)</i>	
Patient information:	
<i>Name of the patient</i>	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
<i>Date of Birth (mm-dd-yyyy)</i>	
<i>Medicines in use</i>	
<input type="checkbox"/> New patient	<input type="checkbox"/> Reordering or refill
Please send confirmation and correspondence to:	
<i>Email</i>	
<i>Fax number</i>	
Waiver	
Yes , I have truthfully filled this form and agree to the conditions ³	Signature :

² CVC-code: this is the printed code on the back of your credit card near your signature. (Visa, MasterCard only)

³ See waiver info sheet

Waiver for Ebixa®.

- I realize that Ebixa® is a registered medication in the Netherlands (European Union) but is not on the approved list in my country.
- I have a prescription from a qualified and competent doctor, who is acquainted with the extended information on Ebixa® and has advised and informed me about the alternatives, the dosage and administration, contra-indications, precautions, drug interactions and side effects.
- I understand that the dispensed Ebixa® packages are conditioned for use in the Netherlands. Meerburg Pharmacy adds a package leaflet in English.
- I understand and realize that Meerburg Pharmacy has no knowledge of my medical record and condition so that Meerburg Pharmacy cannot be held responsible for my treatment, drug interactions of contra-indications and surveillance of my medication.
- I declare that I have read and understood the package leaflet.

Therapeutic indications:

- I understand that Ebixa®'s approved indication in the Netherlands is for the treatment of patients with moderately severe to severe Alzheimer's disease.
- I understand that the recommended dose of Ebixa® for adults is 20 mg (2x 1 tablet) daily and that in order to reduce the side effects this dose is achieved gradually by a daily treatment scheme as indicated in the package leaflet.

Contra-indications:

- I understand that I must not use Ebixa® if I am hypersensitive (allergic) to memantine hydrochloride or any of the other ingredients of Ebixa® tablet listed in the package leaflet.

Special warnings and precautions:

- I understand that if I have a history of epileptic seizures I should not use Ebixa®.
- I understand that if I have recently experienced a myocardial infarction (heart attack), or if I am suffering from congestive heart failure or from uncontrolled hypertension, I should not use Ebixa®.
- I understand that if I suffer from moderate or severe renal impairment, I should not use Ebixa®.
- I understand that if I use medicinal products called amantadine, ketamine, dextromethorphan and others NMDA-antagonists I should not use Ebixa®.
- I understand that my doctor will tell me whether my illness allows me to drive and to use machines safely. Also I understand that Ebixa® may change my reactivity, making driving and operating machinery inappropriate.
- I understand that Ebixa® must not be used by children and adolescents under the age of 18 years.
- I understand that I should inform my doctor if I have recently changed or intend to change my diet substantially (e.g. from a normal diet to strict vegetarian diet).
- I understand that during the use of Ebixa® I must not become pregnant or breast-feed.

Interactions with other medicines:

- I understand Ebixa® influences the effect of different medicines and that I should inform my doctor if I am taking, or have recently taken, any other medicines, even those obtained without a prescription
- I understand that in particular, the effect of the following medicines may be changed by Ebixa® and that their dose may need to be adjusted by my doctor:
 - amantadine, ketamine, dextromethorphan
 - dantrolene, baclofen
 - cimetidine, ranitidine, procainamide, quinidine, quinine, nicotine
 - hydrochlorothiazide (or any combinations with hydrochlorothiazide)
 - anticholinergics (substances generally used to treat movement disorders or intestinal cramps)
 - anticonvulsants (substances generally used to prevent and relieve seizures)
 - barbiturates (substances generally used to induce sleep)
 - dopaminergic agonists (substances such as L-dopa, bromocriptine)
 - neuroleptics (substances used in the treatment of mental disorders).
- I understand that I should report the use of Ebixa® if I go into hospital.

Side effects:

- I understand that like all medicines, Ebixa can have side effects.
- I understand that the most common side effects (frequency 2% and less) are hallucinations, confusion, dizziness, headache and tiredness.
- I understand that other (uncommon) reported side effects are anxiety, hypertonia (increased muscle tone) vomiting, bladder infections and increased sexual drive.
- I understand that if I have experienced epileptic seizures, there is a (slight) possibility that Ebixa® may increase the chances of one occurring.
- I understand that if I suffer from any other adverse effect not mentioned in the package leaflet, I will inform my doctor or pharmacist.

- I hereby release Meerburg Pharmacy and all of her employees and contractors including doctors from all liability associated with my Ebixa® prescription and/or the use of Ebixa®. I understand that no doctor, pharmacist, nurse or administrative personnel can guarantee that Ebixa®, even if prescribed, will provide the results I seek. I hereby agree to have answered truthfully all of the questions. I also understand that if I fail in any way to furnish my doctor with my complete and accurate medical history or become aware of any changes in the future which I have not notified Meerburg Pharmacy of then I cannot hold them responsible for any adverse effects I may suffer.
- I am fully aware that it is my responsibility to have an annual physical examination, including any suggested laboratory tests, to ensure that I have no disease, which might make Ebixa® inappropriate for me. I further agree to notify all doctors, whose present care I am currently under or any doctor whom I may engage in the future, of my decision to use Ebixa® so they may advise to continue or discontinue the use of this medication.
- If approved, I irrevocably appoint Meerburg Pharmacy to be my agent and have my prescription and any refills filled by a Netherlands Pharmacy of its choice.
- I understand that when I buy goods in another country I become the importer and my personal medication may be subject to the payment of duty as well as to whatever rules and regulations govern the importation.
- I understand that Meerburg Pharmacy is unable to accept returns or issue refunds for any orders due to the fact that this is a prescription medication.
- I understand that my prescription has to be approved and confirmed by Meerburg Pharmacy, if not approved there is no charge.
- My medication will be shipped by FedEx International Priority. This service will include help with customs clearance systems and real-time tracking information. Meerburg Pharmacy will add a photocopy of my prescription and my doctor's declaration with the shipment to facilitate importation however I understand that custom clearance cannot be guaranteed by Meerburg Pharmacy.