









undersigned agrees that the Courts of the Province of Manitoba shall have sole and exclusive jurisdiction over any such dispute.

11. Understands that CanTrust shall be entitled to substitute a prescription drug with a generic drug, where available in accordance with the Manitoba Drug Standards and Therapeutics Formulary, unless the physician has indicated that there be "no substitution".
12. Acknowledges and understands that once purchased and shipped, no pharmaceutical product may be returned or exchanged.

THE UNDERSIGNED HAS READ AND UNDERSTANDS THESE TERMS AND AGREES THAT THEY SHALL BE BINDING UPON THE UNDERSIGNED AND HIS/HER HEIRS, SUCCESSORS AND PERSONAL REPRESENTATIVES

**Patient Signature:** \_\_\_\_\_  
**Print Patient Name:** \_\_\_\_\_  
**Date Signed:** \_\_\_\_\_

***Fax or mail your completed forms***