

# Request a Quote from Canadian Discount Rx Services

Name (required)

Email Address (required)

Address, City, State, Zip

Home or Cell Phone (required)

Additional Phone Number (optional)

I would like a quote for the following medication(s):

	Medication	Brand/Generic	Dose	Quantity
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments/Questions: