

**PRO FORMA INVOICE / DRUGS**

<b><u>DATE:</u></b>	<b><u>WAYBILL NUMBER:</u></b>
<b><u>SHIPPER:</u></b>	<b><u>CONSIGNEE:</u></b>
<b><u>MANUFACTURER:</u></b>	<b><u>INFORMATIONS:</u></b>  <b><u>**U.S. citizen ?</u></b> <b><u>*canadian citizen?</u></b> <b><u>**it is possible to get the drugs in the United States ?</u></b>  <b><u>quantity:</u></b> <b><u>proportioning:</u></b> <b><u>drug's name:</u></b> <b><u>** impossible to export the drug</u></b>
<b><u>* PLEASE PROVIDE ALL THESE DOCUMENTS :</u></b>  <b><u>proof of foreign citizenship. 90 days supply only</u></b> <b><u>photocopy of certificate of birth and/or photocopy or driving license</u></b> <b><u>photocopy of label</u></b> <b><u>photocopy of regulation</u></b> <b><u>letter of patient's doctor</u></b>   <b>TOTAL VALUE FOR CUSTOM PURPOSES ONLY IN USD \$ :</b>	
<b><u>COUNTRY OF ORIGIN</u></b>	<b><u>SHIPPERS SIGNATURE &amp; TITLE</u></b>