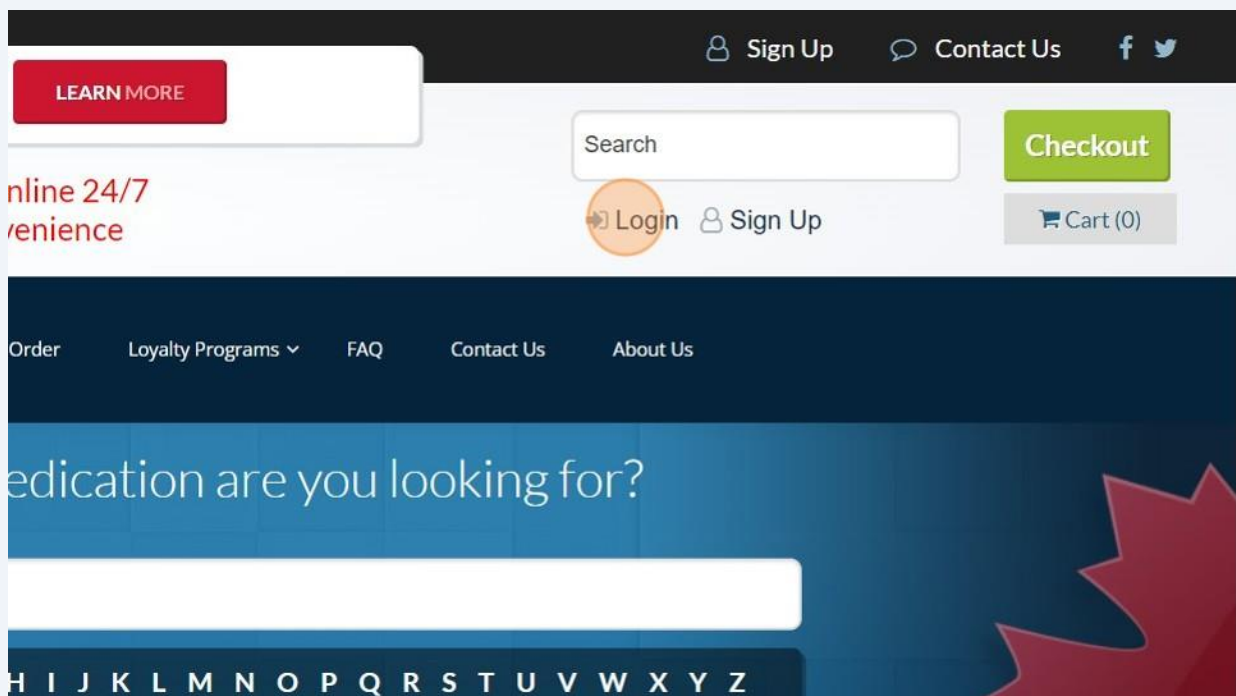


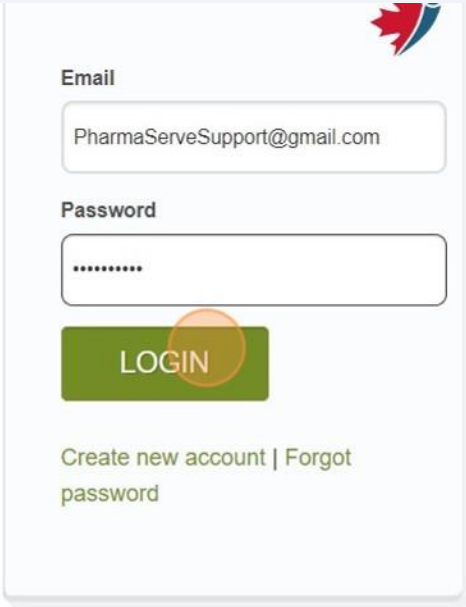
# Placing Order

1 Go to <https://pharmaserve.com/>

2 Click "Login"

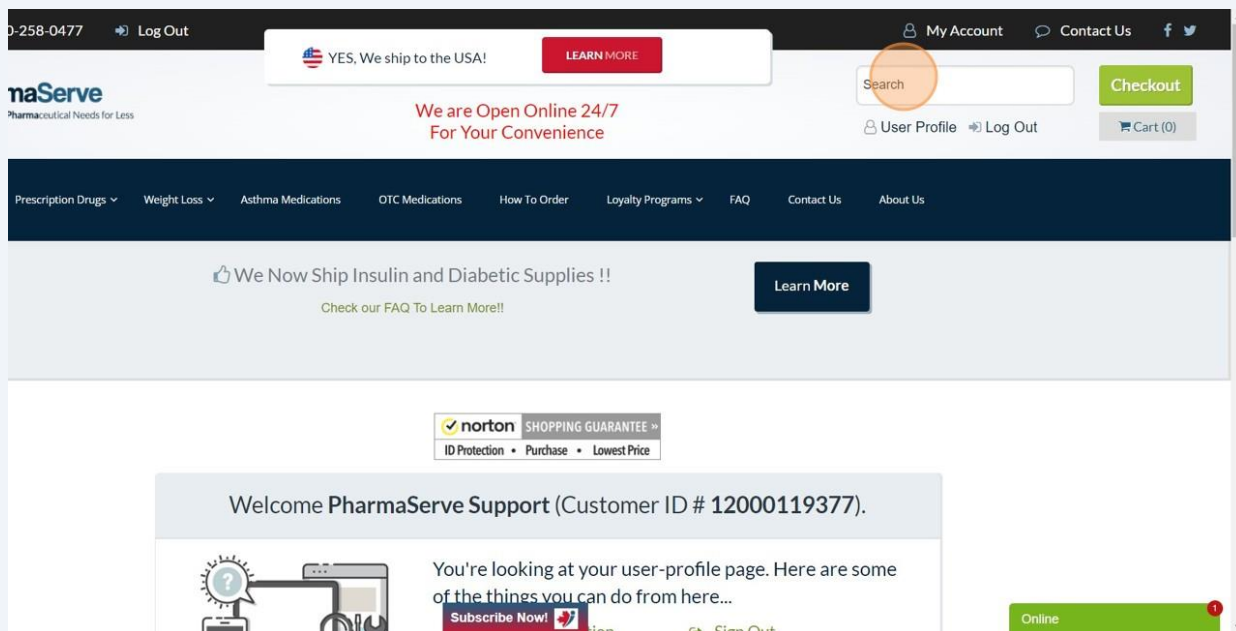


**3** Input your Email/Username and password, then click Login



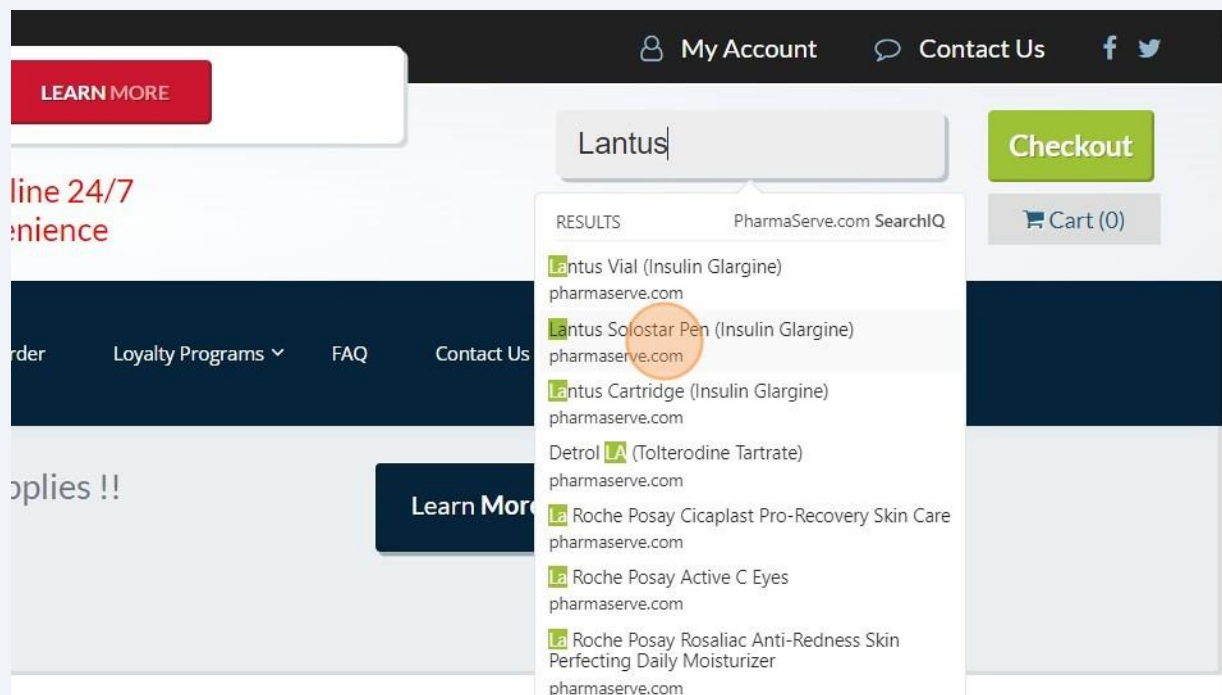
The login form is centered on the page. It features a header with the PharmaServe logo (a stylized red and blue 'P'). Below the logo, there are two input fields: 'Email' with the text 'PharmaServeSupport@gmail.com' and 'Password' with a masked password '\*\*\*\*\*'. A green 'LOGIN' button is positioned below the password field. At the bottom of the form, there are links for 'Create new account' and 'Forgot password'.

**4** Click the "Search" field.

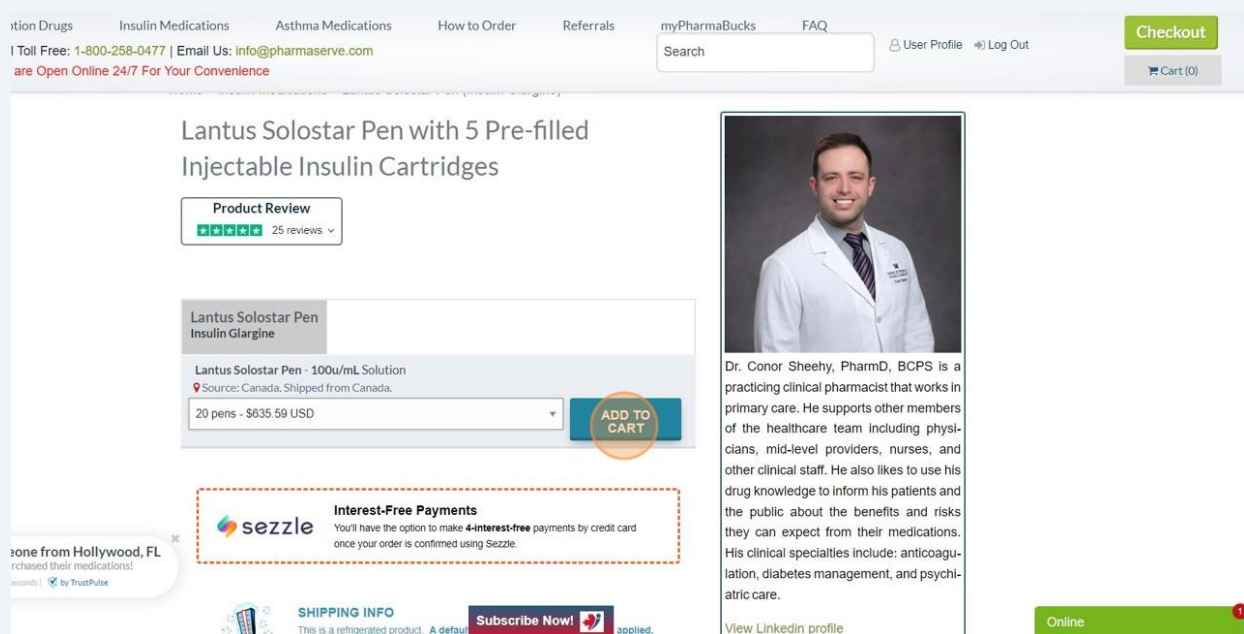


The screenshot shows the PharmaServe website homepage. The top navigation bar includes a phone number '1-258-0477', a 'Log Out' link, a 'My Account' link, and a 'Contact Us' link. A search bar is highlighted with an orange circle. Below the navigation bar, there is a banner for 'We are Open Online 24/7 For Your Convenience'. A dark blue navigation bar contains links for 'Prescription Drugs', 'Weight Loss', 'Asthma Medications', 'OTC Medications', 'How To Order', 'Loyalty Programs', 'FAQ', 'Contact Us', and 'About Us'. A promotional banner for 'We Now Ship Insulin and Diabetic Supplies !!' is displayed. A 'horton' shopping guarantee badge is visible. A welcome message for 'PharmaServe Support (Customer ID # 12000119377)' is shown, along with a 'Subscribe Now!' button and a 'Sign Out' link. A green 'Online' status indicator is in the bottom right corner.

5 Type the medication you wanted to purchase/order




6 Choose the quantity you wanted to order then click ADD TO CART




- 7 Check carefully your order in Check-out page , then click CONTINUE CHECK OUT

### Cart & Checkout


Here's what you have in your cart

Description	Quantity	Unit	Total
 Lantus Solostar Pen Lantus Solostar Pen - 100u/mL	4 20 pens	\$158.90	\$635.59
SubTotal			\$635.59
Shipping			\$29.99
Total (USD)			\$665.58

Referred by an existing patient? [Click Here](#)


 A valid prescription is required for all prescription related medications. Your valid prescription can be upload, faxed, emailed, or mail



#### Interest-Free Payments



Buy now, pay later.

4 INSTALLMENTS, 6 WEEKS, 0% INTEREST

PharmaServe now offers you the option to make **4-interest-free** payments by credit card once your order is confirmed using 

  
  
TrustScore 4.7 | 2,639 reviews




- 8 Choose your method of payment (Credit Card, Check or Sezzle)

**IMPORTANT: Where applicable, please ensure to provide your apartment, suite, or build**

93 Nassau St N  
Suite # 402  
Winnipeg, IL 12345  
USA  
Ph. 123-456-7890

#### Billing Information

☒ Credit Card ☐ Check ☐ Sezzle



#### How will you send in your Prescription?

☐ Rx on file ☐ Upload ☐ Email ☐ Contact my doctor ☐ Mail

**IMPORTANT:**  
If you are using Sezzle as your Payment Type and you would like to **Upload** your pre  
<https://pharmaserve.com/upload-prescription-document/> once you have completed si

9

Fill in the following:

- First Name and Last name
- Credit Card Number
- Security Code or CVV
- Expiration Date

Drugs Insulin Medications Asthma Medications How to Order Referrals myPharmaBucks FAQ





Free: 1-800-258-0477 | Email Us: [info@pharmaserve.com](mailto:info@pharmaserve.com)  
Open Online 24/7 For Your Convenience

Search User Profile Log Out Checkout Cart (1)

www.pharmaserve.com, IL 12345  
USA  
Ph. 123-456-7890

### Billing Information

☒ Credit Card ☐ Check ☐ Sezzle

PharmaServe Support

0000000000000000 123

Credit card number is required.

PharmaServe accepts Discover, MasterCard, Visa

Expiry Month Expiry Year

February - 02 2023

### Billing Address

Same as Shipping Address ☐

Street Address Apt, Suite, Bldg. (Optional)

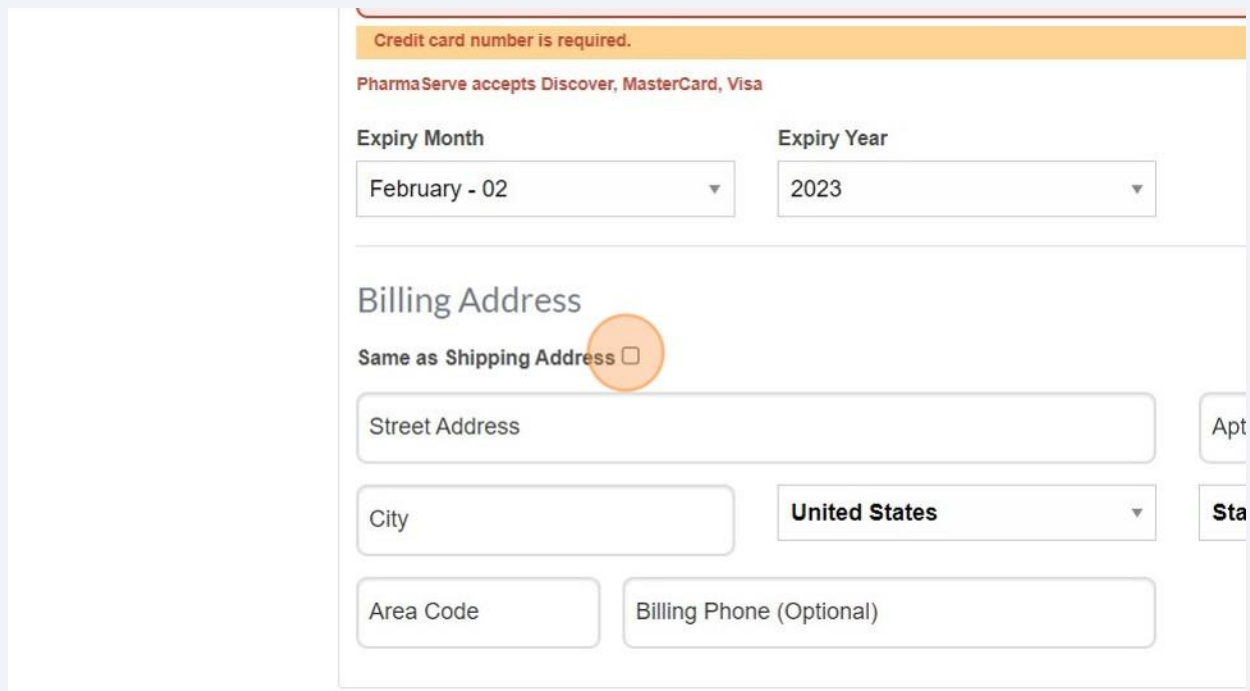
from Dickinson, ND  
ed their medications!

Subscribe Now!

Online

10

Click the "Same as Shipping Address" if the billing address if it is same as your shipping address



Credit card number is required.

PharmaServe accepts Discover, MasterCard, Visa

Expiry Month: February - 02      Expiry Year: 2023

**Billing Address**

Same as Shipping Address ☐

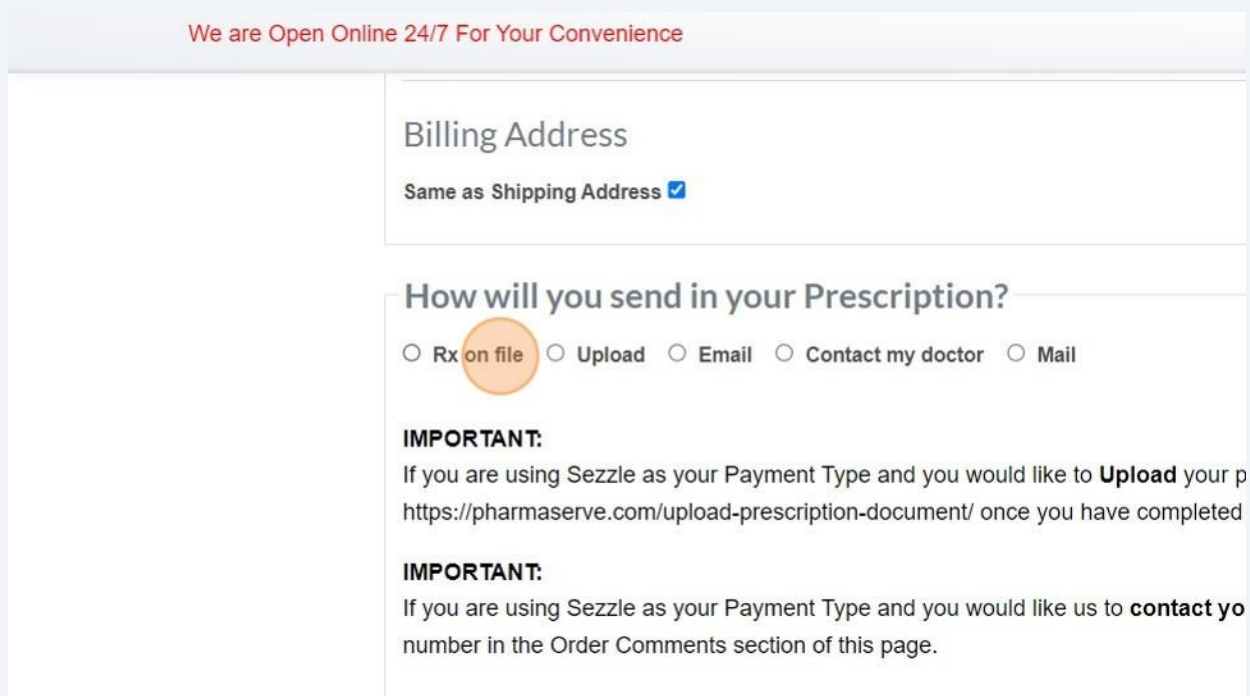
Street Address Apt

City United States Sta

Area Code Billing Phone (Optional)

11

Choose how you will send your prescription



We are Open Online 24/7 For Your Convenience

**Billing Address**

Same as Shipping Address ☒

**How will you send in your Prescription?**

☒ Rx on file   ☐ Upload   ☐ Email   ☐ Contact my doctor   ☐ Mail

**IMPORTANT:**  
If you are using Sezzle as your Payment Type and you would like to **Upload** your p  
<https://pharmaserve.com/upload-prescription-document/> once you have completed

**IMPORTANT:**  
If you are using Sezzle as your Payment Type and you would like us to **contact yo**  
number in the Order Comments section of this page.

## 12 Answer all questionnaire

on Drugs   Insulin Medications   Asthma Medications   How to Order   Referrals   myPharmaBucks   FAQ

Call Free: 1-800-258-0477 | Email Us: [info@pharmaserve.com](mailto:info@pharmaserve.com)

Open Online 24/7 For Your Convenience

Search   User Profile   Log Out   **Checkout**   Cart (1)

**IMPORTANT:**  
If you are using Sezzle as your Payment Type and you would like us to **contact your doctor** for your prescription, please indicate your doctors name and phone number in the Order Comments section of this page.

**Order Questions**

Do you require counselling from a pharmacist for the medications you are taking?  
☐ Yes ☒ No

Do you require child resistant packaging?  
☐ Yes ☒ No

**Medical Questionnaire**

If you answer 'yes' to any of the following questions, please provide details.

1. Are you currently taking any vitamins, minerals or herbs?  
☐ Yes ☐ No

If 'Yes', please provide details.

2. Do you have any medical condition or history that our Pharmacists should be aware of?  
☐ Yes ☐ No

If 'Yes', please provide details.

Subscribe Now!   Online

## 13 Click the "I have read and agree to the Terms of Use and Privacy Policy." field.

will receive a call for from us as verbal authorization from the account owner

- Referred by an existing patient? Provide the Full Name & Phone Number of

Add comments to your order. (Optional)

☐ I have read and agree to the **Terms of Use** and **Privacy Policy**.

**SUBMIT ORDER**

**norton** SHOPPING GUARANTEE FREE »

Protection ● Purchase ● Lowest Price

Someone from Sebring, FL just purchased their medications! an hour ago | by TrustPulse

**Subscribe Now!**




14 Click "SUBMIT ORDER"




... referred by an existing patient. Provide the Full Name & Phone Number of


Add comments to your order. (Optional)

☒ I have read and agree to the [Terms of Use](#) and [Privacy Policy](#).

**SUBMIT ORDER**

 **SHIPPING GUARANTEE** **FREE** »


 ID Protection  Purchase  Lowest Price

 PharmaServe

PharmaServe

Pharmaceut


15 After clicking submit you can see your order #221275 has been submitted for processing.

 Serving your Pharmaceutical Needs for Less


We are Open Online 24/7  
For Your Convenience


Insulin Medications Prescription Drugs ▾ Weight Loss ▾ Asthma Medications OTC Medications How To Order Loyalty Programs

**Thank You**

 Your order #221275 has been submitted for processing.

You can view your order status at any time by logging in and going to your [account page](#).

 Serving your Pharmaceutical Needs for Less

Someone from Panabo  other FDA-

PharmaServe

Home  
Register

Pharmaceutical Products

Prescription Drugs  
Refill a Prescription