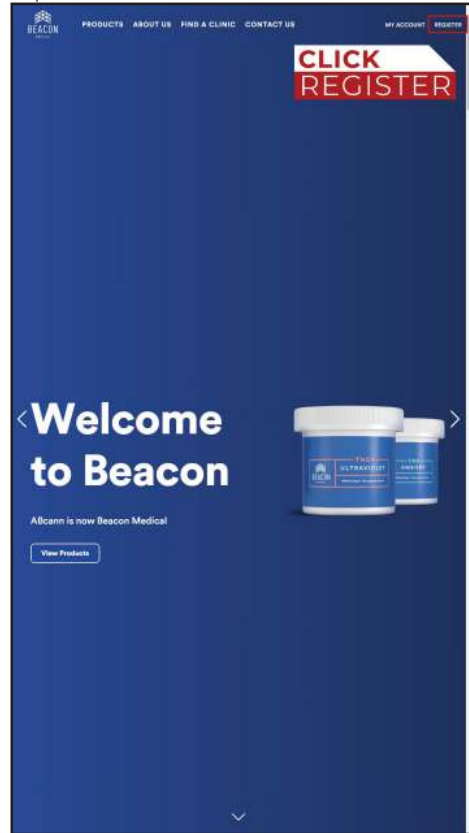


Beacon Registration Walkthrough

Step 1



Step 2



Step 3



Beacon Registration Walkthrough

Step 4

YOUR DETAILS

Tell us a bit about yourself.

Personal Info
Step 1 of 1

Enter your personal details like your name, address, age, etc. This information will also be used to set up an account with Beacon Medicine as you can log in and order product.

Medical Document
English

Have questions? Our Beacon Client Care Team is here to help.
1-800-527-2346
Fax: 1-800-231-0148
info@beaconmed.ca

Name _____

Date _____

Address _____

City _____

Preferred Language

English French

I have a translator

Beacon Discount Programs

Please check one of the options below only if applicable. If not, please click Next Step. Note: Patients can only qualify for one discount program at a time.

I am a Veteran

I am a First Responder

My age is 65 years or older

CLICK NEXT 10,000 a year

Next Step

Step 5

YOUR DETAILS

ENTER YOUR INFORMATION

Contact & Shipping Info
Step 2 of 2

Tell us where and who to ship the product to and how we can contact you.

Medical Document
English

Have questions? Our Beacon Client Care Team is here to help.
1-800-527-2346
Fax: 1-800-231-0148
info@beaconmed.ca

800-430-6308 Email _____

Are we able to leave a voicemail?
 Yes No

Primary Address
Primary Address must be in Canada and must include a P.O. Box.

103 Fake Street
Dover, NJ 07802

Category _____

City _____

State _____

Province _____

Shipping Address

Ship to Primary Address Different mailing address than site

Ship to health care practitioner's office

Is this a private address?
 Yes No

CLICK NEXT

Next Step

Step 6

YOUR DETAILS

Give us your contact info

Contact & Shipping Info
Step 3 of 3

Tell us where and who to ship the product to and how we can contact you.

Medical Document
English

Have questions? Our Beacon Client Care Team is here to help.
1-800-527-2346
Fax: 1-800-231-0148
info@beaconmed.ca

800-430-6308 Email _____

Are we able to leave a voicemail?
 Yes No

Primary Address
Primary Address must be in Canada and must include a P.O. Box.

103 Fake Street
Dover, NJ 07802

Category _____

City _____

State _____

Province _____

Shipping Address

Ship to Primary Address Different mailing address than site

Ship to health care practitioner's office

Is this a private address?
 Yes No

CLICK NEXT

Next Step

Beacon Registration Walkthrough

Step 7

Step 8

Step 9

Beacon Registration Walkthrough

Step 10

The screenshot shows a web page with a navigation bar at the top containing 'HOME', 'ABOUT US', 'FIND A CLINIC', and 'CONTACT US'. The main heading is 'Register With Beacon Medical' with a sub-heading 'You should receive your medical documents in 3-7 days.' Below this, three key messages are displayed in bold text: 'CHECK YOUR EMAIL FOR YOUR CLIENT ID ALONG WITH CONFIRMATION FROM BEACON.', 'HARVEST MEDICINE WILL SEND YOUR MEDICAL DOCUMENT TO BEACON WITHIN 24 HOURS OF YOUR APPOINTMENT.', and 'REGISTRATION TAKES 3-7 BUSINESS DAYS, BUT CAN OFTEN BE FASTER. ONCE COMPLETE, BEACON WILL EMAIL YOU LOGIN INFORMATION TO ACCESS THE ONLINE STORE.' At the bottom, there are two buttons labeled 'Return Home' and 'View My Client ID'. The footer includes '© 2018 HARVEST MEDICINE', 'FIND A CLINIC', 'HELP', and the Beacon logo.