First Name: Rostyslav Last Name: jnflgkmdsd Email: 85sixt@apiaccess.com

Questions

2. Answer a few quick questions about your general health to get the most effective clinically proven treatments for you. Do you agree and consent to the following?

OK

3. Do you have difficulty getting or maintaining an erection?

Yes

4. Have you tried any of the following treatments before?

Viagra or Sildenafil

5. Was the Viagra or Sildenafil product you tried before effective?

Yes

6. On average, how often do you expect to have sex and use these medications?

Less than once per week

7. Have you been advised to avoid sexual activity for any medical reason?

Yes

8. Product

Finished