

Dr. Joel Kaplan, Inc.

is now offering a variety of prescription drugs for your convenience. We have a network of qualified doctors and registered pharmacists to assist with your requests. Of course all orders, medical information and client details are secure and kept in the strictest of confidence. Orders can be placed by calling our office at 619-294-7777.

Viagra® - This popular prescription medication relaxes the smooth muscle tissue in the penis allowing increased response to sexual stimulation. Viagra® is the most widely used treatment for impotence and erectile dysfunction with over seven million men using it in the United States today.

Cialis® - Cialis (see-AL-iss) is the first oral erectile dysfunction treatment proven to work up to 36 hours. This allows a man to choose the ideal moment for both you and your partner

Levitra® - It has been clinically shown to improve erectile function in men who have health factors such as diabetes or prostate surgery. This is the most recent drug alternative to Viagra.

Testosterone® - This is a steroid hormone produced in the testes of men. Testosterone is needed for sexual performance, lean muscle and fat loss. In addition, Testosterone will enhance your sex drive, build lean muscle, increase energy and help lower cholesterol.

Generic - Viagra (Sildenafil)

15 Pills	100mg Tablets	\$249.00	_____
24 Pills	100mg Tablets	\$349.00	_____
36 Pills	100mg Tablets	\$499.00	_____
72 Pills	100mg Tablets	\$899.00	_____

Pfizer - Viagra (Sildenafil)

12 Pills	100mg Tablets	\$249.00	_____
20 Pills	100mg Tablets	\$349.00	_____
30 Pills	100mg Tablets	\$499.00	_____
60 Pills	100mg Tablets	\$899.00	_____

Cialis

8 Pills	10 mg Tablets	\$299.00	_____
15 Pills	10 mg Tablets	\$359.00	_____
24 Pills	10 mg Tablets	\$449.00	_____
45 Pills	10 mg Tablets	\$799.00	_____

Levitra

10Pills	10 mg Tablets	\$249.00	_____
16 Pills	10 mg Tablets	\$399.00	_____
25 Pills	10 mg Tablets	\$499.00	_____
46 Pills	10 mg Tablets	\$899.00	_____

Androgel (Adrofil gel by Gipla)

30 Doses	5 grams (CREAM)	\$349.00	_____
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Pill Splitter	\$9.95	_____
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Medical Consultation - required for all prescriptions. Consultation fees are valid for up to six months and will not be charged if the prescription is deemed inappropriate for your condition. The Medical Questionnaire & Disclaimer **MUST** be filled out.

Name _____

Address _____

City, ST, Zip _____

Phone/Fax _____

Email Address _____

State ID/Drivers Lic # _____

All credit cards or personal checks must include your telephone number, State ID or Drivers' License number.

Pay By: Credit Card Money Order Check

Credit Card Number

Exp date Name On Card: CVV Code State & Zip

Signature: _____

"My signature certifies that I am 21 years of age or older and that this prescription is for my sole use and will not be transferred to another individual under penalty of law."

Subtotal: \$ _____

Medical Consultation: \$ _____75.00_____

Rush (add\$25): \$ _____

Shipping & Handling: \$ _____18.00_____

Total: \$ _____

DR JOEL KAPLAN, INC MEDICAL QUESTIONNAIRE FOR PRESCRIPTIONS

The following medical history will assist our physicians in determining whether Viagra®, Cialis®, Levitra®, Xenical®, Propecia® or Testosterone are appropriate for your condition. All information provided will remain secure, confidential and subject to all patient/physician privilege laws. Please take a few minutes to fill out the following information as thoroughly and accurately as possible.

Date of Birth: _____ Height: _____
 Weight: _____ Gender: Male Female
 Known Allergies: _____
 Current Medications: _____

THE NEXT QUESTIONS ARE VERY IMPORTANT!! Note: Physicians cannot prescribe Viagra®, Cialis® or Levitra® for anyone taking nitroglycerin or organic nitrates. Nitrates are common heart medicines taken for chest pain, this includes amyl nitrates or poppers.

Are you currently taking any nitrate-based medications? Yes No

Have you ever taken Viagra®,Cialis® or Levitra® before? (circle one) Yes No

Please check ALL of the conditions that apply to you or NONE if you do not suffer from any. Use a separate sheet of paper if necessary.

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|-----------------------------|--------------------|------------------|
| Anatomic Penile Deformation | Peyronie’s Disease | Multiple Myeloma |
| Diabetes Millitus | Obesity | Prostate Cancer |
| Hypertension | Enlarged Prostate | Diabetes |
| Low Testosterone | Thyroid Disease | Arteriosclerosis |
| Liver Disease | KidneyDisease | Stroke |
| Depression | Anxiety | Schizophrenia |
| Sickle Cell Anemia | Leukemia | None |

- Have you had a complete physical exam complete with Blood test within the past 12 months? Yes No
- Do you consume more than 2 servings of alcohol per day? Yes No
- Are you currently taking any prescription with alpha-blockers. This would include But is not limited to Cardura, Minipress & Hytrin? Yes No
- Do your eyes have any form of Macular Degeneration or Retinitis Pigmentosa? Yes No
- Do you have any form of prostate condition? Yes No
- If yes, please explain (use a separate sheet of paper if necessary) _____
- Are you unable to achieve and sustain an erection for normal sexual activity? Yes No
- Have you ever been evaluated for Erectile Dysfunction? Yes No
- List past surgeries, e.g., Appendectomies, heart bi-pass: _____
- What is currently bothering you about your health? _____
- When did you notice a difference in your erection? _____
- Have you had or presently have any heart problems? Yes No
- How is your blood pressure? Low Normal High Don’t Know
- Have you had a PSA test within the past 24 months? Yes No

Name and phone number of you primary care physician: _____

Dr. Joel Kaplan, Inc.

WAIVER OF LIABILITY

I hereby release Dr. Joel Kaplan, Inc., and all of their employees and contractors including physicians in all liability associated with my Viagra®, Cialis®, Levitra®, Xenical®, Propecia® or Testosterone order. I understand that no physician, nurse or administrative personnel can guarantee that Viagra®, Xenical®, Propecia® or Testosterone even if prescribed, will provide the results I seek.

I hereby agree to truthfully answer all of the medical questions during my consultation. I also understand that if I fail in any way to provide Dr. Joel Kaplan, Inc. with my complete and accurate medical history or become aware of any medical changes in the future, which I have not notified Dr. Joel Kaplan, Inc. of, then I cannot hold Dr. Joel Kaplan, Inc. responsible for any adverse effects I may suffer.

I realize Erectile Dysfunction may be caused by an underlying medical condition such as but not limited to cancer, diabetes or conditions involving the cardiovascular system. Viagra®, Cialis® and Levitra® may control Erectile Dysfunction, but does not treat these possible-underlying conditions. I also understand that cardiovascular events can be associated with sex and other strenuous activities with or without the medication.

I am fully aware that it is my responsibility to have an annual physical exam, including any suggested laboratory test to ensure that I have no disease, which might make Viagra®, Xenical®, Propecia® or Testosterone inappropriate for me. I also understand that this consultation is NOT a substitute for my need to visit a local physician for my annual exam. I further agree to notify all physicians, whose present care I am currently under or any physician who will engage in the future, of my decision to use Viagra®, Xenical®, Propecia® or Testosterone so they may advise to continue or discontinue the use of medication.

I understand that the side effects of Viagra include but are not limited to, facial flushing, mild headaches, congestion, diarrhea, urinary tract infections and visual changes to color sensitivity. (For more information regarding Viagra please contact Pfizer Pharmaceuticals at www.viagra.com.) I further agree if I am taking nitrates in any form, even occasionally, I should not take Viagra. Nitrates are found in many prescription medications that are used to treat angina or chest pain due to heart disease. I will take precaution concerning the transmission of sexual diseases and I will seek immediate medical attention if an erection persists longer than three hours. I understand that Viagra® is to be taken only once per 24-hour period and the standard dose is 50mg. I understand that simultaneous administration of Viagra while taking alpha-blocker therapy may lead to symptomatic hypotension in some patients. It is therefore recommended that Viagra doses above 25mg should not be taken within 4 hours of taking an alpha-blocker. Finally, I understand a qualified licensed physician who may or may not be licensed to practice medicine in my state, will evaluate the information I am providing. For more information concerning side effects, call Pfizer at 800-438-1985

I understand that the side effects of Cialis may include but are not limited to: difficulty breathing; closing of the throat; swelling of the lips, tongue, or face; or hives); chest pain or irregular heartbeats; dizziness, nausea, or angina (pain, tightness, discomfort, numbness, or tingling in the chest, arms, neck, or jaw); swelling of the ankles or legs; shortness of breath; prolonged or severe dizziness; or a prolonged (lasting longer than 4 hours) or painful erection. Other, less serious side effects may be more likely to occur. headache; indigestion; back pain; muscle aches; flushing; stuffy or runny nose; or temporary blue tint in vision or difficulty telling the difference between the colors blue and green (uncommon).

I understand that the side effects of Levitra may include but are not limited to: difficulty breathing; closing of the throat; swelling of the lips, tongue, or face; or hives); chest pain or irregular heartbeats; dizziness, nausea, or angina (pain, tightness, discomfort, numbness, or tingling in the chest, arms, neck, or jaw); swelling of the ankles or legs; shortness of breath; prolonged or severe dizziness; or a prolonged (lasting longer than 4 hours) or painful erection. Other, less serious side effects may be more likely to occur. headache; indigestion; back pain; muscle aches; flushing; stuffy or runny nose; or temporary blue tint in vision or difficulty telling the difference between the colors blue and green (uncommon).

I understand that the side effects of Testosterone may include but are not limited to mild acne, headache and irritation at the application site, I will also not exceed the recommended dosage of 5 grams of the Androgel Cream or the Androgel Patch within a 24 hour period. I am also aware that if I have prostate cancer, testosterone may accelerate tumor growth.

I understand that the side effects of Xenical include but are not limited to, increased frequency of bowel movement, gas (flatulence) or loose stool. This usually occurs in 25% of individuals and generally subsides after 2-4 weeks.

I understand that Propecia is for MEN ONLY and pregnant women should not handle broken or crushed tablets. I understand the side effects of Propecia, which may be sexual dysfunction, which occurs in less than 2% of individuals.

If approved, I irrevocably appoint Dr. Joel Kaplan, Inc. to be my agent and have my prescription and any refills filled at the pharmacy of their choice and acknowledge that the RX obtained for me is non-transferable. We are unable to accept returns or issue refunds for any order due to the fact that this is a prescription medication.

Printed Name: _____

Date: _____

Signature : _____

Dr. Joel Kaplan, Inc.

VERIFY YOUR PRESCRIPTION ORDER

Erectile Dysfunction can be a symptom of underlying serious disease such as diabetes, elevated cholesterol and hypertension. For your added safety, it is highly recommended that you check with your physician concerning your use of Viagra®, Cialis® or Levitra®.

You are requesting the prescription medication(s) solely for your own personal therapeutic and medical needs and will not distribute any of the medication to others?

Yes No

You will promptly contact a local physician for any necessary medical intervention should a complication or concern result related to the use of a requested medicine, if your medical condition has changed, or if you are taking a new medication?

Yes No

You realize there are risks as well as benefits to any medication, even OTC drugs. You have been informed of the possible side effects, risks and benefits of this medication?

Yes No

You have checked with your physician on your use of receive Viagra®, Cialis®, Levitra®, Xenical®, Propecia® or Testosterone?

Yes No

You are 21 years of age or older?

Yes No

You are permitted by law to receive these products in this region/country/locale?

Yes No

You understand that you cannot have a receive Viagra®, Cialis®, Levitra®, Xenical®, Propecia® or Testosterone prescription from more than one physician?

Yes No

You certify that you are allowed by law to use the credit card you have entered on the order form?

Yes No

You understand that your credit card will be billed for the consultation and medication upon approval of prescription by our doctor?

Yes No

You certify that you have and will answer all the questions truthfully?

- I have answered all questions truthfully.
- I have read and agree to the Waiver of Liability
- I am legally entitled to receive Viagra®, Cialis®, Levitra®, Xenical®, Propecia® or Testosterone at my shipping address.
- If outside the United States, I agree that I am responsible for all import charges, tariffs and duties.
- I understand that receive Viagra®, Cialis®, Levitra®, Xenical®, Propecia® or Testosterone are prescription medications and therefore, Dr. Joel Kaplan, Inc. is unable to accept returns or issue refunds for Viagra®, Xenical®, Propecia® or Testosterone.

Print Name

Date

Signature

<p>Please Mail Or Fax All Completed Forms To:</p>	<p>Dr. Joel Kaplan, Inc. 1286 University Avenue, #221 San Diego, CA 92103 Fax: 619-702-5305 Phone: 619-294-7777</p>
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