



Walgreen Co.
1901 E VOORHEES MS 735
DANVILLE, IL 61834
P 217-554-8949 F 217-554-8955
Walgreens.com

DATE RANGE: 2007 TO 08/09/2017

Dear Loyal Friend: JEFFREY BODIN

Thank you for inquiring about your Prescription records. Our research for records is conducted with your first and last name and complete date of birth. Social Security numbers are **not** used by Walgreens for retrieving Pharmacy records.

In processing your record request, we have carefully scrutinized two separate computer systems to locate both the past and current prescription items purchased in our Pharmacies or through our Mail Order Facility. The records we have enclosed represent a thorough search of all records available, pursuant to retention policies and periods assigned by the state in which you filled your prescriptions.

In some instances, we have been unable to find record of prescriptions filled. If you did not receive records with this letter, please check the enclosed information to confirm your name and date of birth were provided to us correctly. If they are not correct, please advise us and we will be happy to conduct a new search. It would be most helpful in locating your records if you would please provide us with as much of the following information as possible:

- your first and last names, including a/k/a's, nicknames, maiden names, or other names you may have used to fill prescriptions;
- any of your past address information (particularly city and state);
- current address, telephone number and date of birth;
- location of the Store(s) in which you filled prescriptions (street name, city, state);
- current and past telephone numbers, including area codes; and
- a copy of any bottle, labels, or receipts you may have kept from the past.

Please submit this information in writing to us at the address listed above.

So you are aware, the law requires us to retain your prescription records for a minimum of only two years, in some states. As a courtesy to faithful customers like you, we maintain your prescription records for at least 10 years to better service your needs. If there is anything further we can do for you, please feel free to contact us, and thank you again for entrusting us with servicing a portion of your medical needs.

Sincerely yours,

Corporate Custodian of Records

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CUSTODIAN OF RECORDS
1901 EAST VOORHEES STREET
DANVILLE, IL 61834

DATE PRINTED: 08/09/2017

INSURANCE PROFILE

01/01/2007 through 08/09/2017

JEFFREY BODIN
528 BEAU CHENE DRIVE
MANDEVILLE, LA 704711777
Patient Phone: (985) 264-1080
Date of Birth: 05/22/1997 Gender: M

Allergy Conditions: None on file
Health: None on file

Rx-Store	Medication	Instructions	Drug Mfr	NDC	Class	Days Supply	Entered Date	Fill Qty	Fill Nbr	RPH	Pbr Name	DEA#	Pbr	Phone Plan	Cust Amt
999235-9990	D-AMPHETAMINE SALT COM ERXR)20MG C	TAKE 2 CAPSULES BY MOUTH TWICE DAILY	TEVA	00555-0788-02	C2	30	04/20/2016	120		TWS	TERRAL, WILLIAM	AT7414787	(985)893-2580	PERX	10.00
999236-9990	D-AMPHETAMINE SALT COMBO 20MG TABS	TAKE 2 TABLETS BY MOUTH DAILY AS DIRECTED	TEVA	00555-0973-02	C2	30	04/20/2016	60		TWS	TERRAL, WILLIAM	AT7414787	(985)893-2580	PERX	10.00
<p>Total 1 Subtotal: 120 \$ 10.00</p>															
1694559-5382	MONTELUKAST 10MG TABLETS	TAKE 1 TABLET BY MOUTH DAILY	TORRENT	13668-0081-30	RX	30	02/04/2016	30		JWT	TERRAL, WILLIAM	AT7414787	(985)893-2580	PERX	10.00
1694559-5382	MONTELUKAST 10MG TABLETS	TAKE 1 TABLET BY MOUTH DAILY	TORRENT	13668-0081-30	RX	30	04/27/2015	30		LSR	TERRAL, WILLIAM	AT7414787	(985)893-2580	PERX	10.00
1694559-5382	MONTELUKAST 10MG TABLETS	TAKE 1 TABLET BY MOUTH DAILY	TORRENT	13668-0081-30	RX	30	05/29/2015	30		LSR	TERRAL, WILLIAM	AT7414787	(985)893-2580	PERX	10.00
1694559-5382	MONTELUKAST 10MG TABLETS	TAKE 1 TABLET BY MOUTH DAILY	TORRENT	13668-0081-30	RX	30	07/09/2015	90		JWT	TERRAL, WILLIAM	AT7414787	(985)893-2580	PERX	28.53
1694559-5382	MONTELUKAST 10MG TABLETS	TAKE 1 TABLET BY MOUTH DAILY	TORRENT	13668-0081-30	RX	30	10/06/2015	30		LSR	TERRAL, WILLIAM	AT7414787	(985)893-2580	PERX	10.00
1694559-5382	MONTELUKAST 10MG TABLETS	TAKE 1 TABLET BY MOUTH DAILY	TORRENT	13668-0081-30	RX	30	12/29/2015	30		B.JG	TERRAL, WILLIAM	AT7414787	(985)893-2580	PERX	10.00
<p>Total 1 Subtotal: 60 \$ 10.00</p>															

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Date of Birth: 05/22/1997 Gender: M

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Rx-Store	Medication	Instructions	Drug Mfr	NDC	Class	Days Supply	Entered Date	Fill Qty	Fill Nbr	RPH	Pbr Name	DEA#	Pbr Phone	Plan	Cust Amt	
1749385-5382	PATADAY 0.2% OPTH	PLACE 1 TO 2 DROPS INTO AFFECTED EYE(S) EVERY DAY	ALCON	00065-0272-25	RX	30	01/04/2016	2		JWT	GUILLLOT, RICHARD	BG2257625	(985)892-3122	PERX	171.02	
1749385-5382	SOLUTION 2.5ML PATADAY 0.2% OPTH	PLACE 1 TO 2 DROPS INTO AFFECTED EYE(S) EVERY DAY	ALCON	00065-0272-25	RX	30	02/06/2016	7		KSA	GUILLLOT, RICHARD	BG2257625	(985)892-3122	PERX	65.00	
1749385-5382	SOLUTION 2.5ML PATADAY 0.2% OPTH	PLACE 1 TO 2 DROPS INTO AFFECTED EYE(S) EVERY DAY	ALCON	00065-0272-25	RX	30	03/07/2016	2		JWT	GUILLLOT, RICHARD	BG2257625	(985)892-3122	PERX	65.00	
1749385-5382	SOLUTION 2.5ML PATADAY 0.2% OPTH	PLACE 1 TO 2 DROPS INTO AFFECTED EYE(S) EVERY DAY	ALCON	00065-0272-25	RX	30	10/20/2015	7		B.JG	GUILLLOT, RICHARD	BG2257625	(985)892-3122	PERX	65.00	
1749385-5382	SOLUTION 2.5ML PATADAY 0.2% OPTH	PLACE 1 TO 2 DROPS INTO AFFECTED EYE(S) EVERY DAY	ALCON	00065-0272-25	RX	30	12/02/2015	2		B.JG	GUILLLOT, RICHARD	BG2257625	(985)892-3122	PERX	65.00	
1755906-5382	BUTALBITAL/ACE TAMIOPHEN/CA FF TABS	TAKE 2 TABLETS BY MOUTH AS NEEDED FOR HEADACHE. MAY REPEAT IN 4 HOURS	WEST-WARD	00143-1787-05	RX	23	01/24/2016	90		B.JG	AFRICK, DIANE BA1315375	(504)842-3900		PERX	10.00	
Total													6	Subtotal:	240	\$ 78.53
Total													5	Subtotal:	20	\$ 431.02

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MANDEVILLE, LA 704711777
Patient Phone: (985) 264-1080
Date of Birth: 05/22/1997 Gender: M

Allergy Conditions: None on file
Health: None on file

Rx-Store	Medication	Instructions	Drug Mfr	NDC	Class	Days Supply	Entered Date	Fill Qty	Fill Nbr	RPH	Pbr Name	DEA#	Pbr Phone	Plan	Cust Amt	
1755906-5382	BUTALBITAL/ACE TAMINOPHEN/CA FF TABS	TAKE 2 TABLETS BY MOUTH AS NEEDED FOR HEADACHE. MAY REPEAT IN 4 HOURS	WEST- WARD	00143- 1787-05	RX	23	11/09/2015	90		B.J.G	AFRICK, DIANE	BA1315375	(504)842- 3900	PERX	10.00	
1755906-5382	BUTALBITAL/ACE TAMINOPHEN/CA FF TABS	TAKE 2 TABLETS BY MOUTH AS NEEDED FOR HEADACHE. MAY REPEAT IN 4 HOURS	WEST- WARD	00143- 1787-05	RX	23	12/09/2015	90		J.W.T	AFRICK, DIANE	BA1315375	(504)842- 3900	PERX	10.00	
1755906-5382	BUTALBITAL/ACE TAMINOPHEN/CA FF TABS	TAKE 2 TABLETS BY MOUTH AS NEEDED FOR HEADACHE. MAY REPEAT IN 4 HOURS	WEST- WARD	00143- 1787-05	RX	23	12/29/2015	90		B.J.G	AFRICK, DIANE	BA1315375	(504)842- 3900	PERX	10.00	
1766184-5382	DYMISTA 137/50 MCG NASAL SPR 120SPR	USE ONE SPRAY IN EACH NOSTRIL TWICE DAILY AS NEEDED FOR ALLERGIES	MEDA	00037- 0245-23	RX	30	02/12/2016	23		LSR	GUILLOT, RICHARD	BG2257625	(985)892- 3122	PERX	65.00	
1766184-5382	DYMISTA 137/50 MCG NASAL SPR 120SPR	USE ONE SPRAY IN EACH NOSTRIL TWICE DAILY AS NEEDED FOR ALLERGIES	MEDA	00037- 0245-23	RX	30	03/18/2016	23		J.W.T	GUILLOT, RICHARD	BG2257625	(985)892- 3122	PERX	65.00	
1766184-5382	DYMISTA 137/50 MCG NASAL SPR	USE ONE SPRAY IN EACH NOSTRIL TWICE	MEDA	00037- 0245-23	RX	30	10/11/2016	23		B.J.G	GUILLOT, RICHARD	BG2257625	(985)892- 3122	PERX	65.00	
Total													4	Subtotal:	360	\$ 40.00

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MANDEVILLE, LA 704711777
Patient Phone: (985) 264-1080
Date of Birth: 05/22/1997 Gender: M

Allergy Conditions: None on file
Health: None on file

Rx-Store	Medication	Instructions	Drug Mfr	NDC	Class	Days Supply	Entered Date	Fill Qty	Fill Nbr	RPH	Pbr Name	DEA#	Pbr Phone	Plan	Cust Amt	
1766184-5382	120SPR DYMISTA 137/50 MCG NASAL SPR	DAILY AS NEEDED FOR ALLERGIES USE ONE SPRAY IN EACH NOSTRIL TWICE DAILY AS NEEDED FOR ALLERGIES	MEDA	00037-0245-23	RX	30	11/16/2016	23	LSR	GUILLOT, RICHARD	BG2257625	(985)892-3122	PERX		65.00	
1766184-5382	120SPR DYMISTA 137/50 MCG NASAL SPR	DAILY AS NEEDED FOR ALLERGIES USE ONE SPRAY IN EACH NOSTRIL TWICE DAILY AS NEEDED FOR ALLERGIES	MEDA	00037-0245-23	RX	30	12/10/2015	23	LSR	GUILLOT, RICHARD	BG2257625	(985)892-3122	PERX		65.00	
1787374-5382	D-AMPHETAMINE SALT COMBINATION ER(XR)20MG C	TAKE 2 CAPSULES BY MOUTH TWICE DAILY	TEVA	00555-0788-02	C2	30	02/15/2016	120	LSR	TERRAL, WILLIAM	AT7414787	(985)893-2580	PERX		10.00	
1787375-5382	D-AMPHETAMINE SALT COMBINATION 20MG TABS	TAKE ONE TABLET BY MOUTH TWICE DAILY	TEVA	00555-0973-02	C2	30	02/15/2016	60	LSR	TERRAL, WILLIAM	AT7414787	(985)893-2580	PERX		10.00	
Total													5	Subtotal:	115	\$ 325.00
Total													1	Subtotal:	120	\$ 10.00
Total													1	Subtotal:	60	\$ 10.00

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Rx-Store	Medication	Instructions	Drug Mfr	NDC	Class	Days Supply	Entered Date	Fill Qty	Fill Nbr	RPH	Pbr Name	DEA#	Pbr Phone	Plan	Cust Amt
1788099-5382	BUTALBITAL/ACE TAMINOPHENICA FF TABS	TAKE TWO TABLETS BY MOUTH AS NEEDED FOR HEADACHE(MAY	WEST- WARD	00143- 1787-05	RX	23	02/16/2016	90		LSR	AFRICK, DIANE	BA1315375- 3900	(504)842- 3900	PERX	10.00
<p style="text-align: right;">Total 1 Subtotal: 90 \$ 10.00</p>															
1789164-5382	RELIPAX 40MG TABLETS	TAKE ONE TABLET AS NEEDED FOR HEADACHE. MAX OF 9 TABLETS PER MONTH	PFIZER	00049- 2340-45	RX	30	02/23/2016	9		LSR	CONN, C ANN	BC7512204- 1997	(985)309- 1997	PERX	65.00
<p style="text-align: right;">Total 1 Subtotal: 9 \$ 65.00</p>															
1796894-5382	BUTALBITAL/ACE TAMINOPHENICA FF TABS	TAKE 3 TABLETS DAILY AS DIRECTED	WEST- WARD	00143- 1787-05	RX	30	03/15/2016	90		BJG	TERRAL, WILLIAM	AT7414787- 2580	(985)393- 2580	PERX	10.00
<p style="text-align: right;">Total 1 Subtotal: 90 \$ 10.00</p>															
1796896-5382	D-AMPHETAMINE SALT COM ER(XR)20MG C	TAKE 2 CAPSULES BY MOUTH TWICE DAILY	TEVA	00555- 0788-02	C2	30	03/15/2016	120		BJG	TERRAL, WILLIAM	AT7414787- 2580	(985)393- 2580	PERX	10.00
<p style="text-align: right;">Total 1 Subtotal: 120 \$ 10.00</p>															

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528 BEAU CHENE DRIVE
MANDEVILLE, LA 704711777
Patient Phone: (985) 264-1080
Date of Birth: 05/22/1997 Gender: M

Allergy Conditions: None on file
Health: None on file

Rx-Store	Medication	Instructions	Drug Mfr	NDC	Class	Days Supply	Entered Date	Fill Qty	Fill Nbr	RPH	Pbr Name	DEA#	Pbr Phone Plan	Cust Amt														
1796897-5382	D-AMPHETAMINE SALT COMBO 20MG TABS	TAKE 2 TABLETS BY MOUTH DAILY	TEVA	00555-0973-02	C2	30	03/15/2016	60		BJG	TERRAL, WILLIAM	AT7414787 (985)993-2580	PERX	10.00														
<table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">Total</td> <td colspan="10"></td> <td>1</td> <td>Subtotal:</td> <td>60</td> <td>\$ 10.00</td> </tr> </table>														Total											1	Subtotal:	60	\$ 10.00
Total											1	Subtotal:	60	\$ 10.00														
1804040-5382	PATADAY 0.2% OPHTH SOLUTION 2.5ML	PLACE 1 TO 2 DROPS INTO AFFECTED EYE(S) EVERY DAY	ALCON	00065-0272-25	RX	25	04/07/2016	2		BJG	GUILLLOT, RICHARD	BG2257625 (985)992-3122	PERX	65.00														
1804040-5382	PATADAY 0.2% OPHTH SOLUTION 2.5ML	PLACE 1 TO 2 DROPS INTO AFFECTED EYE(S) EVERY DAY	ALCON	00065-0272-25	RX	25	04/30/2016	2		LSR	GUILLLOT, RICHARD	BG2257625 (985)992-3122	PERX	65.00														
1804040-5382	PATADAY 0.2% OPHTH SOLUTION 2.5ML	PLACE 1 TO 2 DROPS INTO AFFECTED EYE(S) EVERY DAY	ALCON	00065-0272-25	RX	25	05/24/2016	2		LSR	GUILLLOT, RICHARD	BG2257625 (985)992-3122	PERX	65.00														
<table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">Total</td> <td colspan="10"></td> <td>3</td> <td>Subtotal:</td> <td>6</td> <td>\$ 195.00</td> </tr> </table>														Total											3	Subtotal:	6	\$ 195.00
Total											3	Subtotal:	6	\$ 195.00														
1804107-5382	MONTELUKAST 10MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY DAY	TORRENT	13668-0081-30	RX	90	04/07/2016	90		BJG	TERRAL, WILLIAM	AT7414787 (985)993-2580	PERX	24.09														
<table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">Total</td> <td colspan="10"></td> <td>1</td> <td>Subtotal:</td> <td>90</td> <td>\$ 24.09</td> </tr> </table>														Total											1	Subtotal:	90	\$ 24.09
Total											1	Subtotal:	90	\$ 24.09														
1817217-5382	D-AMPHETAMINE SALT COM BY MOUTH TWICE ERXR20MG C DAILY	TAKE TWO CAPSULES BY MOUTH TWICE DAILY	TEVA	00555-0788-02	C2	30	05/19/2016	120		BJG	TERRAL, WILLIAM	AT7414787 (985)993-2580	PERX	10.00														

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Allergy Conditions: None on file
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1817218-5382	D-AMPHETAMINE SALT COMBO 20MG TABS	TAKE ONE TO TWO TABLETS BY MOUTH EVERY DAY	TEVA	00555-0973-02	C2	30	05/19/2016	60		B.J.G	TERRAL WILLIAM	AT7414787	(985)993-2580	PERX	10.00		
													Total	1	Subtotal:	120	\$ 10.00
1825317-5382	D-AMPHETAMINE SALT COM ER(XR)20MG C	TAKE 2 CAPSULES BY MOUTH TWICE DAILY	TEVA	00555-0788-02	C2	4	06/15/2016	16		B.J.G	TERRAL WILLIAM	AT7414787	(985)993-2580	PERX	10.00		
													Total	1	Subtotal:	60	\$ 10.00
1826181-5382	D-AMPHETAMINE SALT COM ER(XR)30MG C	TAKE 1 CAPSULE BY MOUTH TWICE DAILY	TEVA	00555-0789-02	C2	4	06/19/2016	8		B.J.G	TERRAL WILLIAM	AT7414787	(985)993-2580	PERX	10.00		
													Total	1	Subtotal:	16	\$ 10.00
1826183-5382	D-AMPHETAMINE SALT COM ER(XR)5MG C	TAKE 1 CAPSULE BY MOUTH TWICE DAILY	TEVA	00555-0790-02	C2	4	06/19/2016	8		B.J.G	TERRAL WILLIAM	AT7414787	(985)993-2580	PERX	10.00		
													Total	1	Subtotal:	8	\$ 10.00

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1827640-5382	D-AMPHETAMINE SALT COM ER(XR)30MG C	TAKE ONE CAPSULE BY MOUTH TWICE	TEVA	00555-0789-02	C2	4	06/23/2016	8		LSR	TERRAL, WILLIAM	AT7414787	(985)983-2580	PERX	10.00
										Total	1	Subtotal:	8	\$ 10.00	
1828524-5382	D-AMPHETAMINE SALT COM ER(XR)25MG C	TAKE 1 CAPSULE BY MOUTH TWICE DAILY	TEVA	00555-0792-02	C2	4	06/27/2016	8		JWT	TERRAL, WILLIAM	AT7414787	(985)983-2580	PERX	10.00
										Total	1	Subtotal:	8	\$ 10.00	
1830178-5382	D-AMPHETAMINE SALT COM ER(XR)20MG C	TAKE ONE CAPSULE BY MOUTH TWICE DAILY FOR 4 DAYS	TEVA	00555-0788-02	C2	4	07/01/2016	8		JWT	TERRAL, WILLIAM	A03399424	(985)966-1290	PERX	10.00
										Total	1	Subtotal:	8	\$ 10.00	
1830179-5382	RELIPAX 40MG TABLETS	TAKE ONE TABLET BY MOUTH AS NEEDED FOR HEADACHE(DO NOT EXCEED TWO TABLETS IN 24 HRS OR 9 IN ONE MONTH)	PFIZER	00049-2340-45	RX	28	07/01/2016	9		JWT	CONN, C ANN	BC7512204	(985)909-1897	PERX	65.00
										Total	1	Subtotal:	9	\$ 65.00	

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DANVILLE, IL 61834

DATE PRINTED: 08/09/2017

INSURANCE PROFILE

01/01/2007 through 08/09/2017

JEFFREY BODIN
528 BEAUCHENE DRIVE
MANDEVILLE, LA 704711777
Patient Phone: (985) 264-1080
Date of Birth: 05/22/1997 Gender: M

Allergy Conditions: None on file
Health: None on file

Rx-Store	Medication	Instructions	Drug Mfr	NDC	Class	Days Supply	Entered Date	Fill Qty	Fill Nbr	RPH	Pbr Name	DEA#	Pbr Phone	Plan	Cust Amt	
1833333-5382	D-AMPHETAMINE SALT COM ER(XR)5MG C	TAKE ONE CAPSULE BY MOUTH TWICE	TEVA	00555-0790-02	C2	4	07/13/2016	8		JWT	TERRAL, WILLIAM	A03399424	(985)966-1290	PERX	10.00	
1845955-5382	MONTELUKAST 10MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY DAY	CAMBER	31722-0726-30	RX	90	03/03/2017	90		AML	TERRAL, WILLIAM	AT7414787	(985)993-2580	PERX	45.00	
1845955-5382	MONTELUKAST 10MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY DAY	CAMBER	31722-0726-30	RX	90	08/24/2016	90		JWT	TERRAL, WILLIAM	AT7414787	(985)993-2580	PERX	30.00	
1845955-5382	MONTELUKAST 10MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY DAY	CAMBER	31722-0726-30	RX	90	11/15/2016	90		JWT	TERRAL, WILLIAM	AT7414787	(985)993-2580	PERX	30.00	
Total													1	Subtotal:	8	\$ 10.00
1882479-5382	DYMISTA 137/50 MCG NASAL SPR 120SPR	USE ONE SPRAY IN EACH NOSTRIL TWICE DAILY AS NEEDED FOR ALLERGIES	MEDA	00037-0245-23	RX	30	02/13/2017	23		B,JG	GUILLOT, RICHARD	BG2257625	(985)892-3122	PERX	70.00	
1882479-5382	DYMISTA 137/50 MCG NASAL SPR 120SPR	USE ONE SPRAY IN EACH NOSTRIL TWICE DAILY AS NEEDED FOR ALLERGIES	MEDA	00037-0245-23	RX	30	03/31/2017	23		JWT	GUILLOT, RICHARD	BG2257625	(985)892-3122	PERX	70.00	
1882479-5382	DYMISTA 137/50 MCG NASAL SPR 120SPR	USE ONE SPRAY IN EACH NOSTRIL TWICE DAILY AS NEEDED	MEDA	00037-0245-23	RX	30	05/17/2017	23		LSR	GUILLOT, RICHARD	BG2257625	(985)892-3122	PERX	70.00	
Total													3	Subtotal:	270	\$ 105.00

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JEFFREY BODIN
528 BEAUCHENE DRIVE
MANDEVILLE, LA 704711777
Patient Phone: (985) 264-1080
Date of Birth: 05/22/1997 Gender: M

Allergy Conditions: None on file
Health: None on file

Rx-Store	Medication	Instructions	Drug Mfr	NDC	Class	Days Supply	Entered Date	Fill Qty	Fill Nbr	RPH	Pbr Name	DEA#	Pbr Phone	Plan	Cust Amt
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ALLERGIES

1882479-5382	DYMISTA 137/50 MCG NASAL SPR 120SPR	USE ONE SPRAY IN EACH NOSTRIL TWICE DAILY AS NEEDED FOR ALLERGIES	MEDA	00037-0245-23	RX	30	07/07/2017	23		LSR	GUILLLOT, RICHARD	BG22257625-3122	(985)892-3122	PERX	70.00
1882479-5382	DYMISTA 137/50 MCG NASAL SPR 120SPR	USE ONE SPRAY IN EACH NOSTRIL TWICE DAILY AS NEEDED FOR ALLERGIES	MEDA	00037-0245-23	RX	30	12/15/2016	23		JWT	GUILLLOT, RICHARD	BG22257625-3122	(985)892-3122	PERX	65.00

1897905-5382	ARMODAFINIL 250MG TABLETS	TAKE ONE TABLET BY MOUTH ON AWAKING DAILY	MYLAN	00378-3433-93	C4	30	02/02/2017	30		LSR	BALACHANDR AN, DIWAKAR	BB6055099-6161	(713)792-6161	PERX	15.00
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Total 5 Subtotal: 115 \$ 345.00

1902554-5382	MODAFINIL 200MG TABLETS	TAKE 1 TABLET BY MOUTH DAILY	MYLAN	00378-5575-93	C4	30	02/15/2017	30		JWT	BALACHANDR AN, DIWAKAR	BB6055099-6161	(713)792-6161	PERX	15.00
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Total 1 Subtotal: 30 \$ 15.00

1909003-5382	D-AMPHETAMINE SALT COMBO	TAKE 1 TABLET BY MOUTH EVERY DAY	TEVA	00555-0972-02	C2	30	03/08/2017	30		JWT	TERRAL, WILLIAM	AT7414787-2580	(985)393-2580	PERX	15.00
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Total 1 Subtotal: 30 \$ 15.00

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INSURANCE PROFILE

DATE PRINTED: 08/09/2017

01/01/2007 through 08/09/2017

JEFFREY BODIN
528 BEAU CHENE DRIVE
MANDEVILLE, LA 704711777
Patient Phone: (985) 264-1080
Date of Birth: 05/22/1997
Gender: M

Allergy Conditions: None on file
Health: None on file

Rx-Store Medication Drug Mfr NDC Class Days Supply Entered Date Fill Qty Nbr RPH Pbr Name DEA# Pbr Phone Plan Cust Amt

10MG TAB

1913623-5382	D-AMPHETAMINE SALT COMBO 20MG TABS	TEVA	00555-0973-02	C2	30	03/22/2017	30		BIG	TERRAL WILLIAM	AT7414787	(985)993-2580	PERX	15.00
Total 1 Subtotal: 30 \$ 15.00														

1917549-5382	D-AMPHETAMINE SALT COMBO 20MG TABS	TEVA	00555-0973-02	C2	30	04/04/2017	60		JWT	TERRAL WILLIAM	AT7414787	(985)993-2580	PERX	15.00
Total 1 Subtotal: 30 \$ 15.00														

1924027-5382	D-AMPHETAMINE SALT COMBO 20MG TABS	TEVA	00555-0973-02	C2	30	04/25/2017	90		JWT	TERRAL WILLIAM	AT7414787	(985)993-2580	PERX	15.00
Total 1 Subtotal: 60 \$ 15.00														

1924431-5382	D-AMPHETAMINE SALT COMBO 5MG TABS	TEVA	00555-0971-02	C2	30	04/26/2017	90		JWT	TERRAL WILLIAM	AT7414787	(985)993-2580	PERX	15.00
Total 1 Subtotal: 90 \$ 15.00														

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JEFFREY BODIN
528 BEAUCHENE DRIVE
MANDEVILLE, LA 704711777
Patient Phone: (985) 264-1080
Date of Birth: 05/22/1997 Gender: M

Allergy Conditions: None on file
Health: None on file

Rx-Store	Medication	Instructions	Drug Mfr	NDC	Class	Days Supply	Entered Date	Fill Qty	Fill Nbr	RPH	Pbr Name	DEA#	Pbr Phone	Plan	Cust Amt
1932687-5382	D-AMPHETAMINE SALT COMBO 30MG TABS	TAKE 1 TABLET BY MOUTH THREE TIMES DAILY	TEVA	00555-0974-02	C2	30	05/23/2017	90		B/G	TERRAL, WILLIAM	A77414787	(985)893-2580	PERX	\$ 15.00
Total 1 Subtotal: 90 \$ 15.00															
1941368-5382	D-AMPHETAMINE SALT COMBO 30MG TABS	TAKE 1 TABLET BY MOUTH THREE TIMES DAILY	TEVA	00555-0974-02	C2	30	06/22/2017	90		B/G	TERRAL, WILLIAM	A77414787	(985)893-2580	PERX	\$ 15.00
Total 1 Subtotal: 90 \$ 15.00															
1945691-5382	MONTELUKAST 10MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY DAY	CAMBER	31722-0726-30	RX	90	07/07/2017	90		LSR	TERRAL, WILLIAM	A77414787	(985)893-2580	PERX	\$ 36.00
Total 1 Subtotal: 90 \$ 36.00															
1949055-5382	D-AMPHETAMINE SALT COMBO 30MG TABS	TAKE 1 TABLET BY MOUTH THREE TIMES DAILY	TEVA	00555-0974-02	C2	30	07/19/2017	90		RBV	TERRAL, WILLIAM	A77414787	(985)893-2580	PERX	\$ 15.00
Total 1 Subtotal: 90 \$ 15.00															

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JEFFREY BODIN
528 BEAU CHENE DRIVE
MANDEVILLE, LA 704711777
Patient Phone: (985) 264-1080
Date of Birth: 05/22/1997 Gender: M

Allergy Conditions: None on file
Health: None on file

Rx-Store	Medication	Instructions	Drug Mfr	NDC	Class	Days Supply	Entered Date	Fill Qty	Fill Nbr	RPH	Pbr Name	DEA#	Pbr Phone	Plan	Cust Amt
3689888-3440	D-AMPHETAMINE SALT COM ER(XR)10MG C	TAKE 1 CAPSULE BY MOUTH TWICE DAILY FOR 4 DAYS	TEVA	00555-0787-02	C2	4	07/04/2016	8	8	REC	TERRAL, WILLIAM	A17414787	(985)393-2580	PERX	10.00
Total 1 Subtotal: 8 \$ 10.00															
3689888-3440	D-AMPHETAMINE SALT COM ER(XR)15MG C	TAKE 1 CAPSULE BY MOUTH TWICE DAILY FOR 4 DAYS	TEVA	00555-0791-02	C2	4	07/04/2016	8	8	REC	TERRAL, WILLIAM	A17414787	(985)393-2580	PERX	10.00
Total 1 Subtotal: 8 \$ 10.00															
3728745-3440	ARMODAFINIL 250MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY DAY AT 9AM	MYLAN	00378-3433-93	C4	30	10/18/2016	30	30	REC	BALACHANDR AN, DIWAKAR	BB6055099	(713)792-6161	PERX	10.00
Total 1 Subtotal: 8 \$ 10.00															
3728745-3440	ARMODAFINIL 250MG TABLETS	TAKE 1 TABLET BY MOUTH EVERY DAY AT 9AM	MYLAN	00378-3433-93	C4	30	11/23/2016	30	30	RNW	BALACHANDR AN, DIWAKAR	BB6055099	(713)792-6161	PERX	10.00
Total 2 Subtotal: 60 \$ 20.00															

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Total Scripts:	66	Total Price:	\$ 2,185.13
Using generics you saved a total of:			\$ 0.00
Using more generics you could have saved a total			\$ 0.00
Your insurance saved you a total of:			\$ 14,549.01
Your cash quantity discount saved you a total			\$ 0.00

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE
 RX NUMBER DRUG NAME DRUG WFR CTL PLAN DOC PHONE# RX IMAGE ID DEA#
 DOC NAME DOC ADDRESS QTY REFILLS DAYS SUPPLY RX COMMENTS FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
 ENTER DATE CIND ENI/VER FILL QTY REFILL TOT AMT CUST AMT XFER FROM STORE DEA: BW6636003 RPH INIT: BJJ
 AUTH NBR AUTH BY

 BODIN , JEFFREY 528 BEAU CHENE DR MANDEVILLE, LA 70471 (985)845-0969 05/22/1997
 RX 1624608 PATADAY 0.2% OPTH SOLUTION 2.5ML AICON RX PERX 0538246141114927017
 GUILLOT, R 355 LAKEVIEW CT COVINGTON, LA 70471 (985)892-3122 BQ2257625
 SIG: PLACE 1 TO 2 GTS INTO AFFECTED EYE(S) QD
 XFER TO STORE: 5382 RX#: 1749385 RPH INIT: JWT ENT INIT: KIK 10/20/2015 XFER FROM STORE DEA: BW6636003 RPH INIT: BJJ
 09/19/2014 7.500 3 19

PAT LAST NAME		FIRST		PAT ADDRESS		L.A. WALGREENS PURGED DATA FOR STORE 05382		PAT PHONE# BIRTH DATE	
RX NUMBER	DRUG NAME	DOC ADDRESS	RX COMMENTS	DRUG MFR	CTL PLAN	FILL SOLD DATE	CLAIM #	PARTIAL CODE	PLAN
09/02/2015	RNJ/BJG 60	ORIG							
RX 1734303	D-AMPHETAMINE SALT COM XR 20MG CAPS	TEVA							
	LYSENKO, L 1514 JEFFERSON HWY NEW ORLEANS, LA 70471								
	SIG: TK 2 CS PO QAM AND 2 CS PO QPM								
09/02/2015	120	ORIG							
09/02/2015	RNJ/BJG 120	ORIG							
RX 1736555	AZITHROMYCIN 250MG TABLETS 6-PAK	TEVA							
	CASEY, S 71107 HWY 21 COVINGTON, LA 70471								
	SIG: TAKE UTID								
09/10/2015	6	ORIG							
09/10/2015	MOJ/JWT 6	ORIG							
RX 1745986	D-AMPHETAMINE SALT COMBO 20MG TABS	TEVA							
	CASEY, S 71107 HWY 21 COVINGTON, LA 70471								
	SIG: TAKE 1 TABLET PO BID UTID								
10/09/2015	60	ORIG							
10/09/2015	MOJ/JWT 60	ORIG							
RX 1745987	D-AMPHETAMINE SALT COM XR 20MG CAPS	TEVA							
	CASEY, S 71107 HWY 21 COVINGTON, LA 70471								
	SIG: TAKE 2 CAPSULES PO BID UTID								
10/09/2015	120	ORIG							
10/09/2015	MOJ/JWT 120	ORIG							
RX 1746925	BUTALBITAL/ACETAMINOPHEN/CAFF TABS	WEST-WARD							
	AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471								
	SIG: TK TWO TS PO PRF HA, MAY REPEAT IN 4 HOURS								
10/13/2015	90	ORIG							
10/13/2015	YYY/BJG 0	ADDRL							
10/13/2015	0								
RX 1747687	BUTALBITAL/ACETAMINOPHEN/CAFF TABS	WEST-WARD							
	AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471								
	SIG: TK 2 TS PRF HA, MAY REPEAT IN 4 H IF NEEDED								
10/14/2015	90	ORIG							
10/15/2015	BJG/LSR 90	ORIG							
10/14/2015	BJG/BJG 0								
	0								

TOT AMT 27.01 307.40 0.00 12.56 268.25 10.00 97.24 10.00

CUST AMT 10.00 10.00 8.90 10.00 10.00 10.00 10.00 10.00

CTL PLAN C2 PERX RX PERX C2 PERX C2 PERX RX

FILL SOLD DATE 09/08/2015 09/08/2015 09/10/2015 10/10/2015 10/10/2015 10/16/2015

DOC PHONE# 0538271144123977618 0538282144192574918 0538292144441912118 0538293144441912819 0538297144472459612 0538287144486172917

DEA# (504)842-4000 FL3235303 (985)893-2580 BC2820810 (985)893-2580 BC2820810 (985)893-2580 BC2820810 (985)893-2580 BC2820810 (504)842-3900 BAL1315375 (504)842-3900 BAL1315375

PAT PHONE# BIRTH DATE

PERX PERX PERX PERX PERX PERX

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE
 RX NUMBER DRUG NAME DOC NAME DOC ADDRESS DRUG MFR CTL PLAN RX IMAGE ID DEAN#
 DOC NAME DOC ADDRESS QTY REFILLS DAYS SUPPLY RX COMMENTS RX PHONE#
 ORIG DATE CIND ENT/VER FILL QTY REFILL TOT AMT CUST AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
 ENTER DATE CIND ENT/VER FILL QTY REFILL TOT AMT CUST AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
 AUTH NBR AUTH BY

BODIN		JEFFREY		528 BEAU CHEMIE DR MANDEVILLE, LA 70471		(985)845-0969		05/22/1997	
RX 1679325	DYMISTA 137/50 MCG NASAL SPR 120SPR	GUILLLOT, R 355 LAKEVIEW CT COVINGTON, LA 70471	TEVA	RX	PERX	0538243142592069013	(985)892-3122	BG2257625	
SIG: USE ONE SPRAY IEN BID PRF ALLERGIES									
XFER TO STORE: 5382 RX#: 1766105 RPH INIT: BJJ ENT INIT: YYY 12/10/2015 XFER FROM STORE DEA: BW6636003 RPH INIT: BJJ									
03/09/2015	23	03/09/2015	23	65.00	114.37	03/09/2015	SFLCEDW		PERX
05/13/2015	23	05/13/2015	23	65.00	114.37	05/13/2015	YLL9X3Q		PERX
07/12/2015	23	07/12/2015	23	65.00	114.37	07/13/2015	EAPAWC9		PERX
08/15/2015	23	08/15/2015	23	14.00	114.37	08/17/2015	297HL37		PERX
09/13/2015	23	09/13/2015	23	14.00	114.37	09/21/2015	SFLRKLX		PERX
10/18/2015	23	10/18/2015	23	14.00	113.26	10/20/2015	WE7DFRM		PERX
11/12/2015	23	11/12/2015	23	14.00	113.26	11/13/2015	5WCHDTH		PERX
RX 1757223	D-AMPHETAMINE SALT COM ER(XR)20MG C	CASEY, S 71107 HIGHWAY 21 COVINGTON, LA 70471	TEVA	C2	PERX	0538235144735362913	(985)893-2580	BC2820810	
SIG: TK 2 CAPSULES PO BID UTD									
11/12/2015	120	11/12/2015	120	10.00	268.25	11/13/2015	Y79APAC		PERX
RX 1757224	D-AMPHETAMINE SALT COMBO 20MG TABS	CASEY, S 71107 HIGHWAY 21 COVINGTON, LA 70471	TEVA	C2	PERX	0538236144735363615	(985)893-2580	BC2820810	
SIG: TAKE 1 TABLET PO BID UTD									
11/12/2015	60	11/12/2015	60	10.00	12.56	11/13/2015	O9NQPTH		PERX
RX 1766105	DYMISTA 137/50 MCG NASAL SPR 120SPR	GUILLLOT, R 355 LAKEVIEW CT COVINGTON, LA 70471	TEVA	RX		0538238144973948719	(985)892-3122	BG2257625	
SIG: USE ONE SPRAY IEN BID PRF ALLERGIES									
12/10/2015	23	12/10/2015	23	10.00	12.56	12/10/2015	YYY/BJG		ADDREL
12/10/2015	0	12/10/2015	0	0	0	0	0	0	0
RX 1767383	D-AMPHETAMINE SALT COM ER(XR)20MG C	CASEY, S 71107 HIGHWAY 21 COVINGTON, LA 70471	TEVA	C2	PERX	0538280145011496416	(985)893-2580	BC2820810	
SIG: TK TWO CS PO BID									
12/14/2015	120	12/14/2015	120	0	0	0	0	0	0

PAT LAST NAME	FIRST	PAT ADDRESS	DRUG MFR	CTL	PLAN	DOC PHONE#	RX IMAGE ID	DEA#	PAT PHONE#	BIRTH DATE
12/14/2015	DSB/BJG	120	ORIG							
RX 1767385	D-AMPHETAMINE SALT COMBO 20MG TABS	TEVA		12/14/2015	3DWLCHE					PERX
CASEY, S	71107 HIGHWAY 21 COVINGTON, LA 70471			C2	PERX	0538281145011496710				
	SIG: TK ONE T PO BID UTD					(985)893-2580	EC2820810			
12/14/2015	DSB/BJG	60	ORIG							
RX 1777391	D-AMPHETAMINE SALT COM ER(XR)20MG C	TEVA		12/14/2015	9WLIWVN					PERX
LYSENKO, L	1514 JEFFERSON HWY NEW ORLEANS, LA 70471			C2	PERX	0538257145278149114				
	SIG: TK TWO CS PO QAM AND TWO CS PO EVERY AFTERNOON					(504)842-4000	FL3235303			
12/21/2015	DSB/JWT	120	ORIG							
RX 1777393	D-AMPHETAMINE SALT COMBO 20MG TABS	TEVA		01/14/2016	MKWWH11					PERX
LYSENKO, L	1514 JEFFERSON HWY NEW ORLEANS, LA 70471			C2	PERX	0538257145278149114				
	SIG: TK ONE T PO BID PRF SLEEPINESS					(504)842-4000	FL3235303			
12/21/2015	DSB/JWT	60	ORIG							
01/14/2016	DSB/JWT	0	ORIG							
		30		01/14/2016	WFHPDHE					PERX

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE
RX NUMBER DRUG NAME DOC ADDRESS DRUG MFR CTL PLAN RX IMAGE ID
DOC NAME QTY REFILLS DAYS SUPPLY RX COMMENTS CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
ENTER DATE CIND ENT/VER FILL QTY REFILL AUTH BY

BODIN , JEFFREY 528 BEAU CHENE DR MANDEVILLE, LA 70471 (985)845-0969 05/22/1997
RX 1537564 PATADAY 0.2% OPHTH SOLUTION 2.5ML ALCON RX PERX 0538298138557660912
GUILLOT, R 355 LAKEVIEW CT COVINGTON, LA 70471 (985)892-3122 BG2257625
SIG: PLACE 1 TO 2 GTTS IN AFFECTED EYE Q DAY
XFER TO STORE: 5382 RX#: 1624279 RPH INIT: BJJ ENT INIT: MOJ 09/18/2014 XFER FROM STORE DEA: BW6635003 RPH INIT: BJJ
11/27/2013 2.500 6 30

PAT LAST NAME	FIRST	PAT ADDRESS	PAT PHONE#	BIRTH DATE				
RX NUMBER	DOC NAME	DRUG NAME	CTL PLAN	RX IMAGE ID				
DOC NAME	DOC ADDRESS	DRUG MFR	DOC PHONE#	DEA#				
ORIG DATE	QTY	REFILLS	DAYS SUPPLY	RX COMMENTS				
ENTER DATE	CIND	ENT/VER	FILL QTY	REFILL				
AUTH NBR								
11/27/2013	JWT/JWT	2.500	ORIG	65.00	68.52	11/27/2013	78775854	PERX
12/19/2013	DSB/BJG	2.500	REFL001	25.00	68.52	12/20/2013	79472004	PERX
01/21/2014	XXX/BJG	2.500	REFL002	25.00	76.50	01/22/2014	OCDFP9R	PERX
02/06/2014	LSR/GNP	2.500	REFL003	25.00	76.50	02/09/2014	W9PKNFN	PERX
02/26/2014	XXX/LSR	2.500	REFL004	25.00	76.50	02/27/2014	OFARRQE	PERX
03/26/2014	DSB/GNP	2.500	REFL005	25.00	74.42	03/27/2014	ORQ7RPL	PERX
05/06/2014	XXX/LSR	2.500	REFL006	25.00	77.94	05/08/2014	2LMQ3HA	PERX
RX 1581752	BUTALBITAL/ACETAMINOPHEN/CAFF TABS	QUALITEST						
AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471							
SIG: TK 2 TS	PO PRF HA. MAY BE REPEATED IN 4 HOURS							
XFER TO STORE:	5382 RX#: 1629411	RPH INIT: JWT	ENT INIT: MOJ	10/06/2014				
04/24/2014	90	23	ORIG	10.00	6.10	04/24/2014	OPPIAC9	PERX
04/24/2014	LSR/LSR	90	ORIG	10.00	35.74	07/19/2014	5CAFFH3	PERX
0	RNJ/LSR	0	REFL001	10.00	35.74	09/10/2014	09RKP1	PERX
07/15/2014	XXX/JWT	90	REFL002	10.00		RX PERX	0538251140615345918	
09/10/2014	XXX/BJG	90	MYLAN				(504)842-3900	BAL1315375
RX 1607755	VERAPAMIL 120MG ER CAPSULES							
AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471							
SIG: TK 1 C	PO ONCE HS							
XFER TO STORE:	5382 RX#: 1616612	RPH INIT: LSR	ENT INIT: RNJ	08/22/2014				
07/23/2014	30	30	ORIG	10.00	0.00	07/24/2014	OXF9KFP	R
07/23/2014	BJG/BJG	10	REFL001	0.00	1.81	07/28/2014	REQHAQA	C
0	DSB/BJG	20						
07/23/2014	BJG/BJG	0						
RX 1615270	AMOXICILLIN 500MG CAPSULES	TEVA						
CASEY, S	71107 HIGHWAY 21 COVINGTON, LA 70471							
SIG: TK 2 CS	PO BID FOR 10 DAYS							
08/19/2014	40	10	ORIG	10.00	4.06	08/19/2014	3H7PHTTE	PERX
08/19/2014	BJG/LSR	40	WATSON			RX PERX	0538246140875905515	
RX 1616612	VERAPAMIL 120MG SR CAPSULES							
AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471							
SIG: TK 1 C	PO ONCE HS							
XFER TO STORE:	0 RX#: 0000000	RPH INIT: ENT	INIT: DDK	09/17/2014				
07/23/2014	30	30	ORIG	10.00	1.81	08/26/2014	2W9PH3D	PERX
08/22/2014	1	30	REFL001	10.00		RX PERX	053824314102717314	
RX 1621248	MIRTAZAPINE 7.5MG TABLETS	AUROBINDO						
AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471							
SIG: TAKE 1	TABLET PO QHS FOR 2 WEEKS; THEN 2 TABLETS PO QHS							
09/09/2014	60	1						

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DOC NAME DRUG NAME DOC ADDRESS DRUG MFR CTL PLAN FILL SOLD DATE CLAIM # PARTIAL CODE PLAN

09/10/2014 0 MOJ/BJG 60 ORIG 10.00 31.79 09/10/2014 9HRNRE PERX
09/09/2014 0 MOJ/BJG 0
JEFF HWY - PEDIATRIC NEUROLOGY

RX 1623687 MUPIROCIN 2% OINTMENT 22GM TEVA
CASEY, S 71107 HIGHWAY 21 COVINGTON, LA 70471
SIG: APPLY TO THE AA BID
09/16/2014 22 0 10 10.00 0.00 09/16/2014 SA91D9M PERX
09/16/2014 22 0 10 10.00 0.00 09/16/2014 SA91D9M PERX

RX 1623688 AMOXICILLIN 500MG CAPSULES TEVA
CASEY, S 71107 HIGHWAY 21 COVINGTON, LA 70471
SIG: TK TWO CS PO BID FOR 10 DAYS
09/16/2014 40 0 10 10.00 0.00 09/16/2014 RNW91EW PERX
09/16/2014 40 0 10 10.00 0.00 09/16/2014 C4 PERX

RX 1623890 CLORAZEPATE 3.75MG TABLETS MYLAN
AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
SIG: TK 1 PO QHS
09/17/2014 30 1 30 10.00 0.00 09/18/2014 21TWLWN PERX
09/17/2014 30 1 30 10.00 0.00 09/18/2014 RX

RX 1624279 PATADAY 0.2% OPHTH SOLUTION 2.5ML ALCON
GUILLLOT, R 355 LAKEVIEW CT COVINGTON, LA 70471
SIG: PLACE 1 TO 2 DROPS IN AFFECTED EYE QD
09/18/2014 2.500 3 15 10.00 0.00 09/18/2014 RX
09/18/2014 2.500 0 30 10.00 0.00 09/18/2014 RX

RX 1629394 CLORAZEPATE 3.75MG TABLETS MYLAN
AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
SIG: TK 1 T PO QHS FOR 1 WEEK THEN TAKE 2 QHS
10/05/2014 60 1 30 10.00 1.32 10/07/2014 OKKHF7 PERX
10/05/2014 60 1 30 10.00 1.32 10/07/2014 RX

RX 1629411 BUTALBITAL/ACETAMINOPHEN/CAFF TABS QUALITEST
AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
SIG: TK 2 TS PO PRF HA. MAY BE REPEATED IN 4 HOURS
10/06/2014 90 0 23 10.00 1.32 10/07/2014 OKKHF7 PERX
10/06/2014 90 0 23 10.00 1.32 10/07/2014 RX

09/06/2014 90 0 23 10.00 1.32 10/07/2014 OKKHF7 PERX

FAT LAST NAME FIRST PAT ADDRESS DRUG NFR CTL PLAN RX IMAGE ID PAT PHONE# BIRTH DATE
 RX NUMBER DOC ADDRESS CITY REFILLS DAYS SUPPLY RX COMMENTS CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
 DOC NAME DOC ADDRESS CITY REFILLS DAYS SUPPLY RX COMMENTS CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
 ENTER DATE CIND ENT/VER FILL QTY REFILL AUTH BY

BODIN , JEFFREY 528 BEAU CHENE DR MANDEVILLE, LA 70471 (985)845-0969 05/22/1997
 RX 1565946 TRETININ 0.1% CREAM 20GM PERRIGO RX PERX 0538249133369770112
 SIG: APF ONCE D TO BID
 XFER TO STORE: 5382 RX#: 1661310 RPH INIT: BJJ ENT INIT: MOJ 01/12/2015 XFER FROM STORE DEA: EW6636003 RPH INIT: BJJ
 02/25/2014 20 2 15
 03/01/2014 BJJ/BJG 20 ORIG 10.00 12.44 03/04/2014 EAE19L3 PERX
 06/28/2014 RNJ/LSR 20 RFL001 10.00 7.76 06/28/2014 59NPFQ PERX
 RX 1592194 MONTELUKAST 10MG TABLETS ROXANE XFER FROM STORE DEA: EW6636003 RPH INIT: BJJ
 TERRAL, W 71107 HIGHWAY 21 COVINGTON, LA 70471
 SIG: TK ONE T PO D
 XFER TO STORE: 5382 RX#: 1641937 RPH INIT: BJJ ENT INIT: YYY 11/13/2014 XFER FROM STORE DEA: EW6636003 RPH INIT: BJJ
 05/30/2014 90 90 ORIG 30.00 18.31 06/02/2014 YEKR3FH PERX
 05/29/2014 XXX/LSR 0 ADDREL
 05/30/2014 LSR/LSR 3 PER FAX/DR TERRAL
 08/15/2014 XXX/BJG 90 RFL001 30.00 18.31 08/18/2014 3HRXKTT PERX
 RX 1630373 BUTALBITAL/ACETAMINOPHEN/CAFEE TAGS QUALITEST XFER FROM STORE DEA: EW6636003 RPH INIT: BJJ
 AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
 SIG: TK TWO TS PO AS NEEDED FOR HA (MAY BE REPEATED IN 4 HOURS)
 XFER TO STORE: 5382 RX#: 1641269 RPH INIT: LSR ENT INIT: XXX 11/11/2014 XFER FROM STORE DEA: EW6636003 RPH INIT: BJJ
 10/08/2014 90 22 JMT/JWT 10.00 42.07 10/09/2014 NRW7PRD PERX
 10/08/2014 DSB/JWT 0
 RX 1630837 GABAPENTIN 100MG CAPSULES AMNEAL
 AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
 SIG: TAKE 1 CAPSULE PO BID FOR 1 WEEK; THEN 2 CAPSULE PO BID
 10/09/2014 120 2 20

LA WAGREENS PURGED DATA FOR STORE 05382

FAT LAST NAME FIRST PAT ADDRESS

RX NUMBER DRUG NAME DOC ADDRESS
DOC NAME DOC ADDRESS CITY REBILL DAYS SUPPLY RX COMMENTS
ENTER DATE CIND ENT/VER FILL QTY REBILL

CTL PLAN RX IMAGE ID
DOC PHONE# DE#

TOT AMT CUST AMT
RX FROM STORE DEA: BW6636003 RPH INIT: BJK

DSB/JWT 120 10.00 15.35 10/09/2014 NRQNAFM PERX
MOJ/BJG 0 8.77 12.39 12/05/2014 SOKTMLX PERX
XXX/BJG 120 RFL001 MYLAN
TEMAZEPAM 7.5MG CAPSULES
FRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471

FRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
SIG: TK 1 C PO ONCE D HS PRF SLP
XFER TO STORE: 5382 RX#: 1653554 RPH INIT: BJK ENT INIT: YYY 12/18/2014
10/22/2014 30 10.00 58.31 10/22/2014 RT9CPWF PERX
11/20/2014 30 10.00 58.31 11/21/2014 E9RHMC PERX
FLUTICASON 50MCG NAS SP (12OSP) RX HI-TECH
FRICK, R 355 LAKEVIEW CT COVINGTON, LA 70471
SIG: USE ONE TO TWO SPRAYS IEN QPM
11/10/2014 16 10.00 0.00 11/11/2014 SMDH1FQ PERX
DSB/JWT 5 05382614127950518
FRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
SIG: TK TMO IS EG AS NEEDED FOR HA (MAY BE REPEATED IN 4 HOURS)

FRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
SIG: TK TMO IS EG AS NEEDED FOR HA (MAY BE REPEATED IN 4 HOURS)
11/11/2014 90 0 0 11/13/2014 E77NTEK PERX
XXX/LSR 0 ADREL

FRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
SIG: TAKE 2 TABLETS BY MOUTH AS NEEDED FOR HEADACHE. MAY REPEATED IN 4 HOURS
11/12/2014 90 10.00 38.12 11/13/2014 E77NTEK PERX
MOJ/JWT 0 0538291141582158315
11/12/2014 90 10.00 38.12 11/13/2014 E77NTEK PERX
AMOXICILLIN 500MG CAPSULES
CASEY, S 71107 HIGHWAY 21 COVINGTON, LA 70471
SIG: TK TWO CS PO BID FOR 10 DAYS

FRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
SIG: TAKE 2 TABLETS BY MOUTH AS NEEDED FOR HEADACHE. MAY REPEATED IN 4 HOURS
11/19/2014 40 0 0 11/19/2014 FEXC3EH PERX
DSB/JWT 0 0538297141721747217
FRICK, S 71107 HIGHWAY 21 COVINGTON, LA 70471
SIG: TK 1 C PO QAM

FRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
SIG: TAKE 2 TABLETS BY MOUTH AS NEEDED FOR HEADACHE. MAY REPEATED IN 4 HOURS
11/28/2014 30 65.00 129.18 11/28/2014 3WPHL93 PERX
CAB/JWT 0 0538291141582158315
FRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
SIG: TAKE 2 TABLETS BY MOUTH AS NEEDED FOR HEADACHE. MAY REPEATED IN 4 HOURS
12/11/2014 90 0 0 12/11/2014 3WPHL93 PERX
MOJ/BJG 0 0538291141582158315
FRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
SIG: TAKE 2 TABLETS BY MOUTH AS NEEDED FOR HEADACHE. MAY REPEATED IN 4 HOURS

PAT LAST NAME	FIRST	PAT ADDRESS	DRUG NFR	CTL	PLAN	DOC PHONE#	RX IMAGE ID	DEA#	PAT PHONE#	BIRTH DATE
RX 1652647		BUTALBITAL/ACETAMINOPHEN/CAFF TABS	QUALITEST	RX	PERX	0538298141868253315			0538298141868253315	
AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471 SIG: TK 2 TS PO BID 12/15/2014 120										
RX 1652792		BUTALBITAL/ACETAMINOPHEN/CAFF TABS	WEST-WARD	RX	PERX	0538289141874069113	MCDRH9Q		0538289141874069113	
AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471 SIG: TK TWO TS PO PRF HA , MAY REPEAT ONCE IN 4 HOURS IF NEEDED (NO MORE THAN BID) 12/16/2014 90										
RX 1653354		BUTALBITAL/ACETAMINOPHEN/CAFF TABS	QUALITEST	RX	PERX	0538298141884043914			0538298141884043914	
AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471 SIG: TK TWO TS PO PRF HA (MAY REPEAT IN 4 HOURS) 12/17/2014 90										
RX 1653554		TEMAZEAM 7.5MG CAPSULES	MYLAN	C4		0538269141889465714			0538269141889465714	
AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471 SIG: TK 1 C PO ONCE D HS PRF SLP 12/18/2014 30										
RX 1655455		GABAPENTIN 100MG CAPSULES	AMNEAL	RX	PERX	0538256141935732512			0538256141935732512	
AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471 SIG: TK 1 C PO BID FOR 1 WEEK, THEN TK 2 CS PO BID 12/23/2014 120										
RX 1655456		GABAPENTIN 300MG CAPSULES	AMNEAL	RX	PERX	0538257141935732617			0538257141935732617	
AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471 SIG: TK 1 C OFO BID FOR 2 WEEKS, THEN 2 CS BID 12/23/2014 120										
RX 1655601		PHENOBARBITAL 32.4MG TABLETS	QUALITEST	C4	PERX	0538283141937135213			0538283141937135213	
AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471 SIG: TK 1 I PO QHS 12/23/2014 30										

12/11/2014 XXX/BJG 0 ADDREL
 12/15/2014 BJJ/LSR 0 30 ORIG
 12/15/2014 BJJ/LSR 120 ORIG
 12/16/2014 90 22
 12/17/2014 90 8
 12/17/2014 MOJ/JWT 90 8 ORIG
 12/17/2014 DSB/JWT 0
 12/18/2014 YYY/BJG 0 30 ADDREL
 12/23/2014 RNJ/LSR 2 120 ORIG
 12/23/2014 RNJ/BJG 0
 12/23/2014 ZZZ/BJG 120 RFL001
 12/23/2014 BJJ/LSR 3 120 ORIG
 12/23/2014 BJJ/BJG 0
 12/23/2015 ZZZ/BJG 120 RFL001
 12/23/2015 3 30

PAT LAST NAME	FIRST	PAT ADDRESS	DRUG WFR	CTL	PLAN	RX IMAGE ID	DOC PHONE#	DEA#	PAT PHONE#	BIRTH DATE
12/23/2014	DSB/LSR	30	ORIG							
1655995	METHYLPHENIDATE 20MG ER (LA) CAPS	ACTAVIS		12/23/2014	MDDR7C					PERX
AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471			C2	PERX	(504)842-3900	BAL1315375			
	SIG: TK ONE C PO QAM									
12/26/2014	30									
1657966	METHYLPHENIDATE 20MG ER (LA) CAPS	ACTAVIS		C2	PERX	(504)842-3900	BAL1315375			
AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471			C2	PERX	(504)842-3900	BAL1315375			
	SIG: TK 1 C PO QAM WITH FOOD									
12/23/2014	30									
1660050	METHYLPREDNISOLONE 4MG DOSPAK 21'S	CADISTA		01/01/2015	WFCK97W					PERX
GUILLLOT, R	355 LAKEVIEW CT COVINGTON, LA 70471			EX	PERX	(985)892-3122	BG2257625			
	SIG: TK UTD WF									
01/07/2015	21									
1664207	LSR/LSR	21	ORIG	01/08/2015	OTMM713					PERX
AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471	TEVA		EX	PERX	(985)892-3122	BG2257625			
	SIG: TK ONE T PO D FOR 5 DAYS									
01/20/2015	5									
1664210	MOB/LSR	5	ORIG	01/21/2015	OXWCXE7					PERX
AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471	ACTAVIS		C2	PERX	(504)842-3900	BAL1315375			
	SIG: TK ONE C PO QD									
12/23/2014	30									
1665819	RTS/JWT	30	ORIG	01/23/2015	39F3QC9					PERX
GUILLLOT, R	355 LAKEVIEW CT COVINGTON, LA 70471	DR.REDDY'S		EX	PERX	(985)892-3122	BG2257625			
	SIG: TK 1 T PO BID WF									
01/26/2015	20									
1666474	BJG/BJG	20	ORIG	01/26/2015	DF9QWXF					PERX
AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471	ZYDUS		EX	PERX	(504)842-3900	BAL1315375			
	SIG: TK ONE T PO HS									
01/27/2015	30									
1666474	BJG/LSR	30	ORIG	01/28/2015	S7DFFRD					PERX
AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471									
	SIG: TK ONE T PO HS									
01/27/2015	0									
1666474	BJG/BJG	0								
AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471									
	SIG: TK ONE T PO HS									

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE
 RX NUMBER DRUG NAME DOC ADDRESS DRUG NBR CTL PLAN RX IMAGE ID DEA#
 DOC NAME DOC ADDRESS CITY REFILLS DAYS SUPPLY RX COMMENTS DOC PHONE#
 ORIG DATE CITY REFILLS DAYS SUPPLY RX COMMENTS DOC PHONE#
 ENTER DATE CND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
 AUTH NBR AUTH BY

BODIN , JEFFREY 528 BEAU CHENE DR MANDEVILLE, LA 70471 (985)845-0969 05/22/1997

RX 1596321 NAPROXEN 500MG TABLETS AMNEAL RX PERX 0538277140260805110
 SEDRISH, M 1051 GAUSE BLVD SLIDELL, LA 70471 (985)280-6770 ES0336001
 SIG: TK 1 T PO BID TO TID PC PRN 06/12/2014 90 3 30

06/12/2014 RNJ/JWT 90 16.03 06/12/2014 OIDA1KP PERX
 01/14/2015 XXX/JWT 90 21.31 01/15/2015 9TQD3DT PERX
 RX 1641937 MONTELUKAST 10MG TABLETS TORRENT RX PERX 0538268141587068712
 TERRAL, W 71107 HIGHWAY 21 COVINGTON, LA 70471 (985)893-2580 AT7414787
 SIG: TK ONE T PO D
 XFER TO STORE: 5382 RX#: 1672506 RPH INIT: JWT ENT INIT: YYY 02/14/2015 XFER FROM STORE DEA: BW6636003 RPH INIT: BJJ
 05/30/2014 90 0

FAT LAST NAME	FIRST	PAT ADDRESS	DRUG MFR	CTL	PLAN	RX IMAGE ID	DEA#	PAT PHONE#	BIRTH DATE
RX NUMBER	DOC NAME	DOC ADDRESS	CITY	REFILLS	DAYS SUPPLY	FILL QTY	REFILL	TOT AMT	CUST AMT
11/13/2014	YYY/LSR	90	ORIG	11/19/2014	SMKTRUX		PERX		
RX 1666473	SUMATRIPTAN 25MG TABLETS	MILAN		RX PERX	0538229142239796011				
AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471									
SIG: TK 1 T PRF HA , MAY BE REPEATED IN 2 H									
01/27/2015	30	15	ORIG	01/28/2015	7E7RRHQ		R PERX		
01/27/2015	MOJ/LSR	10	REF1001	02/03/2015	MLLHQKN		C PERX		
01/27/2015	DSB/JWT	20							
01/27/2015	BJG/BJG	0							
0									
RX 1668114	METHYLPHENIDATE 30MG ER (LA) CAPS	ACTAVIS		C2	PERX	0538236142289352011			
AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471									
SIG: TK ONE C PO OAM WF									
01/27/2015	30	0	ORIG	02/03/2015	ML79DNI		PERX		
02/03/2015	BJG/JWT	30	TORRENT						
RX 1672506	MONTELUKAST 10MG TABLETS			RX	0538268141587068712				
TERRAL, W 71107 HIGHWAY 21 COVINGTON, LA 70471									
SIG: TK ONE T PO D									
02/14/2015	90	0	90						
02/14/2015	YYY/JWT	0	ADDRFL						
0									
RX 1672829	MONTELUKAST 10MG TABLETS	TORRENT		RX	0538283142409838484				
TERRAL, W 71107 HIGHWAY 21 COVINGTON, LA 70471									
SIG: TAKE 1 TABLET PO D									
02/16/2015	90	5	0						
XFER TO STORE: 5382	RX#: 1694559	RPH INIT: BJC	ENT INIT: BJC	04/27/2015					
XFER FROM STORE DEA: BM6636003 RPH INIT: BJC									
RX 1674959	ADVAIR DISKUS 250/50MCG (YELLOW) 60	GLAXO SMITH KLINE		RX	PERX	0538290142471636411			
TERRAL, W 71107 HIGHWAY 21 COVINGTON, LA 70471									
SIG: USE 1 INHALATION PO BID									
02/23/2015	60	1	30						
02/23/2015	DSB/BJG	60	ORIG	02/23/2015	QKARKINA		PERX		
02/23/2015	METHYLPHENIDATE 10MG TABLETS	ACTAVIS		C2	PERX	0538281142534041812			
LYSENKO, L 1514 JEFFERSON HWY NEW ORLEANS, LA 70471									
SIG: TK ONE T PO BID									
03/02/2015	60	0	30						
03/02/2015	BJG/BJG	60	ORIG	03/02/2015	WMPKTHO		PERX		
RX 1677383	METHYLPHENIDATE 36MG ER TABLETS	ACTAVIS		C2	PERX	0538282142534042217			
LYSENKO, L 1514 JEFFERSON HWY NEW ORLEANS, LA 70471									
SIG: TK ONE T PO QAM									
03/02/2015	30	0	30						
03/02/2015	BJG/BJG	30	ORIG	03/02/2015	DL9PRTF		PERX		

PAT LAST NAME		FIRST		PAT ADDRESS		PAT PHONE# BIRTH DATE	
RX NUMBER	DRUG NAME	DRUG MFR	CTL	PLAN	RX IMAGE ID	DEA#	
DOC NAME	DOC ADDRESS	REFILLS	DAYS SUPPLY	RX COMMENTS	DOC PHONE#		
ENTER DATE	CIND	ENT/VER	FILL QTY	REFILL	FILL SOLD DATE	CLAIM #	PARTIAL CODE PLAN
AUTH NBR	AUTH BY		TOT AMT	CUST AMT	TOT AMT		
RX 1677706	TOPIRAMATE 25MG TABLETS	ZYDUS			RX PERX	0538265142541675611	
AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471						(504)842-3900	BA1315375
SIG: TK 1 T BID FOR 2 WEEKS, 1 T QAM AND 2 TS HS FOR 2 WEEKS, THEN 2 TS PO BID							
03/03/2015	120		30				
03/03/2015	JWT/JWT	60	0				
03/03/2015	DSB/JWT	0					
03/25/2015	XXX/JWT	60					
04/14/2015	LSR/JWT	120					
RX 1679035	MODAFINIL 100MG TABLETS	MYLAN			03/25/2015	3FAEMLC	PERX
CASEY, S 71107 HIGHWAY 21 COVINGTON, LA 70471						XHWM7T3	PERX
SIG: TK 2 TS PO QAM						0538213142576150115	
03/07/2015	60		30			(985)893-2580	BC2820810
03/09/2015	RNJ/LSR	2					
RX 1686970	D-AMPHETAMINE SALT COM XR20MG CAPS	TEVA			03/09/2015	3D9EHP1	PERX
LYSENKO, L 1514 JEFFERSON HWY NEW ORLEANS, LA 70471						0538297142792191318	
SIG: TK 1 C QAM AND 2 CS IN THE AFTERNOON						(504)842-4000	FL3235303
04/01/2015	90		30				
04/01/2015	BJG/BIG	0					
RX 1689177	AMOXICILIN 500MG CAPSULES	DAVA			04/01/2015	UXPLAW9	PERX
BROWN, N 4600 HIGHWAY 22 MANDEVILLE, LA 70471						0538295142859074612	
SIG: TK ONE C PO, TID -START 3 DAYS BEFORE SURGERY AND CONTINUE UNTIL GONE						(985)624-8877	FE2718089
03/12/2015	21		21				
04/09/2015	DSB/LSR	0					
RX 1689183	CHLORHEXIDINE 0.12% ORAL RINSE	XITRIUM			04/09/2015	5AEHLCK	PERX
BROWN, N 4600 HIGHWAY 22 MANDEVILLE, LA 70471						0538295142859074612	
SIG: RINSE AND SPIT OUT 15 MLS PO BID -START 3 DAYS BEFORE SURGERY AND STOP 3 DAYS AFTER SURGERY						(985)624-8877	FE2718089
03/12/2015	473		16				
04/09/2015	LSR/LSR	473					
RX 1690174	DEXAMETHASONE 0.75MG TABLETS	ROXANE			04/09/2015	5AEH3AF	PERX
BROWN, N 4600 HIGHWAY 22 MANDEVILLE, LA 70471						0538267142894010615	
SIG: TK ONE T PO BID TO PREVENT SWELLING						(985)624-8877	FE2718089
04/13/2015	4		2				
04/13/2015	DSB/LSR	4					
RX 1690175	TRAMADOL 50MG TABLETS	ZYDUS			04/13/2015	5ALPRC9	PERX
BROWN, N 4600 HIGHWAY 22 MANDEVILLE, LA 70471						0538267142894010615	
SIG: TK ONE T PO Q 4 TO 6 H PRF PAIN						(985)624-8877	FE2718089
04/13/2015	12		2				
04/13/2015	DSB/LSR	12					
RX 1693032	TOPIRAMATE 25MG TABLETS	ZYDUS			04/13/2015	2QDFWD9	PERX
AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471						0538236142964940412	
SIG: TK 3 TS PO QAM AND 2 TS QHS FOR 1 WEEK THEN TK 3 TS PO BID						(504)842-3900	BA1315375
04/21/2015	180		3				
04/21/2015	LSR/BJG	0					

FAT LAST NAME FIRST PAT ADDRESS DRUG MFR CTL PLAN RX IMAGE ID PAT PHONE# BIRTH DATE
 RX NUMBER DOC NAME DOC ADDRESS CITY REFILLS DAYS SUPPLY RX COMMENTS CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
 DOC NAME DOC ADDRESS CITY REFILLS DAYS SUPPLY RX COMMENTS CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
 ENTER DATE CND ENT/VER FILL QTY REFILL AUTH BY

BODIN , JEFFREY 528 BEAU CHENE DR MANDEVILLE, LA 70471 (985)845-0969 05/22/1997

RX 1661310 TRETINOIN 0.1% CREAM 20GM SPEAR DERMATOLOGY RX PERX 0538229142108742015 (985)893-2580 EC2820810
 CASEY, S 71107 HIGHWAY 21 COVINGTON, LA 70471
 SIG: APF ONCE D TO BID
 XFER TO STORE: 5382 RX#: 1719634 RPH INIT: BJB ENT INIT: XXX 07/18/2015 XFER FROM STORE DEA: BW6636003 RPH INIT: BJB
 02/25/2014 20 0 15

01/12/2015 MOJ/LSR 20 ORIG 10.00 28.08 01/13/2015 MFWRCC1 PERX
 RX 1666472 BUTALBITAL/ACETAMINOPHEN/CAFF TABS WEST-WARD RX PERX 0538227142239783214
 AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471 (504)842-3900 BAL315375
 SIG: TK 2 TS PRF HA, MAY BE REPEATED IN 4 H
 XFER TO STORE: 5382 RX#: 1703113 RPH INIT: JWI ENT INIT: MOJ 05/25/2015 XFER FROM STORE DEA: BW6636003 RPH INIT: BJB
 01/27/2015 90 15 ORIG 10.00 81.45 01/28/2015 OXWVWFA PERX
 01/27/2015 BJB/LSR 90 0 81.45 03/12/2015 DNOWLWP PERX
 03/10/2015 XXX/BJG 90 0 81.45 04/01/2015 FXRTORH PERX
 03/31/2015 XXX/LSR 90 0 78.29 04/28/2015 99N3H8A PERX
 04/27/2015 XXX/LSR 90 0 10.00 05/20/2015 C2 PERX (504)842-4000 FL3235303

RX 1697052 D-AMPHETAMINE SALT COMBO 20MG TAB TEVA
 LYSENKO, L 1514 JEFFERSON HWY NEW ORLEANS, LA 70471
 SIG: TAKE 1 I PO QD
 05/04/2015 30 0 8.96 05/06/2015 3K11PH7 PERX
 05/05/2015 MOJ/JWT 30 ORIG 10.00 8.96 05/06/2015 0538228143212178818
 RX 1701582 BUTALBITAL/ACETAMINOPHEN/CAFF TABS WEST-WARD RX (504)842-3900 BAL315375
 AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
 SIG: TK 2 TS PRF HA, MAY BE REPEATED IN 4 H
 05/20/2015 90 0 15 05/20/2015 XXX/JWT 0 ADDRFL

RX 1703113 BUTALBITAL/ACETAMINOPHEN/CAFF TABS WEST-WARD RX 0538270143257028211
 AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
 SIG: TK 2 TS PRF HA, MAY BE REPEATED IN 4 H
 05/25/2015 90 0 15 05/25/2015 MOJ/JWT 0 ADDRFL

RX 1703283 BUTALBITAL/ACETAMINOPHEN/CAFF TABS WEST-WARD RX 0538206143265023011
 AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
 SIG: TK 2 TS PRF HA, MAY BE REPEATED IN 4 H
 XFER TO STORE: 5382 RX#: 1720744 RPH INIT: HSE ENT INIT: DSB 07/22/2015 XFER FROM STORE DEA: BW6636003 RPH INIT: BJB
 05/25/2015 90 0

PAT LAST NAME	FIRST	PAT ADDRESS	DRUG MFR	CTL PLAN	RX IMAGE ID	PAT PHONE#	BIRTH DATE
RX NUMBER	DOC NAME	DOC ADDRESS	DRUG MFR	CTL PLAN	RX IMAGE ID	PAT PHONE#	BIRTH DATE
DOC NAME	DOC ADDRESS	DRUG MFR	DRUG MFR	CTL PLAN	RX IMAGE ID	PAT PHONE#	BIRTH DATE
ORIG DATE	CITY	REFILLS	DAYS SUPPLY	RX COMMENTS	WEST-WARD		
ENTER DATE	CIND	ENT/VER	FILL QTY	REFILL			
AUTH NBR	AUTH BY						
05/26/2015	BJG/BJG	0					
0							
RX 1703286	BUTALBITAL/ACETAMINOPHEN/CAFF TABS	WEST-WARD		RX PERX	0538207143265023917		
AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471				(504)842-3900	BAL1315375	
SIG: TAKE 2 TABLETS BY MOUTH AS NEEDED FOR HEADACHE MAY BE REPEATED IN 4 HOURS							
05/25/2015	90	BJG/JEP	0	20	10.00	78.29	
05/26/2015	MOJ/BJG	0					PERX
0							
RX 1703318	BUTALBITAL/ACETAMINOPHEN/CAFF TABS	WEST-WARD		RX	0538206143265023011		
AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471				(504)842-3900	BAL1315375	
SIG: TK 2 TS PRF HA, MAY REPEAT IN 4 H							
XFER TO STORE: 5382 RX#: 1711582 RPH INIT: BJC ENT INIT: BJC 06/22/2015 XFER FROM STORE DEA: BW6636003 RPH INIT: BJC							
05/26/2015	90	BJG/JEP	0				
05/26/2015	BJG/JEP	0					
0							
RX 1703951	NAPROXEN 500MG TABLETS	AMNEAL		RX PERX	0538201143276016217		
SEDRISH, M	1051 GAUSE BLVD SLIDELL, LA 70471				(985)280-6770	BS0336001	
SIG: TK 1 T PO BID PRF PAIN AND SWELLING PC							
05/27/2015	90	BJG/BJG	3	30	9.18	8.84	
05/27/2015	RNJ/BJG	0					PERX
0							
RX 1705942	ZONISAMIDE 25MG CAPSULES	GLENMARK		RX PERX	0538263143334202719		
AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471				(504)842-3900	BAL1315375	
SIG: TK ONE C PO QHS							
06/03/2015	30	AML/AML	1	30	10.00	0.00	
06/03/2015	AML/AML	0					PERX
06/03/2015	MOB/AML	0					
0							
RX 1705943	BUTALBITAL/ACETAMINOPHEN/CAFF TABS	WEST-WARD		RX PERX	0538264143334203113		
AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471				(504)842-3900	BAL1315375	
SIG: TK TWO TS PO PRF HA (MAY BE REPEATED IN 4 HOURS)							
06/03/2015	90	DSB/AML	1	15	10.00	307.40	
06/03/2015	DSB/AML	0					PERX
0							
RX 1705971	D-AMPHETAMINE SALT COM XR20MG CAPS	TEVA		C2 PERX	0538288143334518517		
AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471				(504)842-3900	BAL1315375	
SIG: TK TWO CS PO QAM AND TWO CS PO EVERY AFTERNOON							
06/03/2015	120	DSB/AML	0	30	10.00	307.40	
06/03/2015	DSB/AML	0					PERX
0							

PAT LAST NAME		FIRST		PAT ADDRESS		PAT PHONE# BIRTH DATE	
RX NUMBER	DRUG NAME	DOC ADDRESS	DRUG MFR	CTL PLAN	FILL SOLD DATE	CLAIM #	DEA#
DOC NAME	CITY	REFILLS	DAYS SUPPLY	RX COMMENTS	TOT AMT	CUST AMT	CUST AMT
ENTER DATE	CIND	ENT/VER	FILL QTY	REFILL	PLAN	PARTIAL CODE	PLAN
AUTH NBR	AUTH BY						
RX 1705972	D-AMPHETAMINE SALT COMBO 20MG TAB	TEVA					
AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471						
	SIG: TK ONE I PO QD						
06/03/2015	30	0	30	ORIG			
06/03/2015	DSB/AML	30	30	ORIG			
RX 1711582	BUTALBITAL/ACETAMINOPHEN/CAFF TABS	WEST-WARD					
AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471						
	SIG: TK 2 TS PRF HA, MAY REPEAT IN 4 H						
05/26/2015	90	0	6	ORIG			
06/23/2015	BJG/JWT	90	90	ORIG			
RX 1714520	D-AMPHETAMINE SALT COMBO 20MG TAB	TEVA					
LYSENKO, L	1514 JEFFERSON HWY NEW ORLEANS, LA 70471						
	SIG: TK I T PO QD						
06/08/2015	30	0	30	ORIG			
07/01/2015	DSB/GAA	30	30	ORIG			
RX 1714521	D-AMPHETAMINE SALT COM XR20MG CAPS	TEVA					
LYSENKO, L	1514 JEFFERSON HWY NEW ORLEANS, LA 70471						
	SIG: TK TWO CS PO QAM AND TWO CS PO EVERY AFTERNOON						
06/08/2015	120	0	30	ORIG			
07/01/2015	DSB/GAA	120	120	ORIG			
RX 1719634	TRETINOIN 0.1% CREAM 20GM	SPEAR DERMATOLOGY					
CASEY, S	71107 HIGHWAY 21 COVINGTON, LA 70471						
	SIG: REP ONCE D PO BID						
07/21/2015	20	1	15	ORIG			
07/22/2015	BJG/HSE	20	20	ORIG			
07/18/2015	XXX/BJG	0	0	ADREL			
07/21/2015	BJG/BJG	2	2				
	SEE FAX						
RX 1720744	BUTALBITAL/ACETAMINOPHEN/CAFF TABS	WEST-WARD					
AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471						
	SIG: TK 2 TS PRF HA, MAY REPEAT IN 4 H						
05/25/2015	90	0	6	ORIG			
07/22/2015	DSB/HSE	90	90	ORIG			

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE
 RX NUMBER DRUG NAME DOC ADDRESS DRUG NFR CTL PLAN RX IMAGE ID
 DOC NAME DOC ADDRESS QTY REFILLS DAYS SUPPLY RX COMMENTS DOC PHONE# DEA#
 ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
 AUTH NBR AUTH BY

 BODIN , JEFFREY 528 BEAU CHENE DR MANDEVILLE, LA 70471 (985)845-0969 05/22/1997

RX 1501501 CLARAVIS 20MG CAPSULES TEVA RX 0538251137511640716
 CASEY, S 71107 HWY 21 COVINGTON, LA 70471 (985)893-2580 BC2820810
 SIG: TK ONE C PO QAM
 XFER TO STORE: 0 RX#: 0000000 RPH INIT: ENT INIT: DSB 08/01/2013 XFER FROM STORE DEA: RPH INIT: LSR
 07/23/2013 30 0

RX 1502517 AMNESTEM 20MG CAPSULES MYLAN RX PERX 0538239137537428016
 CASEY, S 71107 HWY 21 COVINGTON, LA 70471 (985)893-2580 BC2820810
 SIG: TK ONE C PO QAM
 07/23/2013 30 0 30

PAT LAST NAME	FIRST	PAT ADDRESS	DRUG NBR	CTL	PLAN	FILL	SOLD DATE	CLAIM #	DEA#	PAT PHONE#	BIRTH DATE
RX NUMBER	DOC NAME	DOC ADDRESS	DOC PHONE#	RX IMAGE ID	DEA#						
DOC NAME	CITY	RETAILS	DAYS SUPPLY	RX COMMENTS	REFILL	TOT AMT	CUST AMT	TOT AMT			
ENTER DATE	CIND	ENT/VER	FILL QTY								
AUTH NBR											
08/01/2013	DSB/LSR	30	ORIG	ENDO		10.00	10.00	247.60	7333472		PERX
RX 1506632	VOLTAREN 1% GEL 100GM								0538222137661293719		
KARLIN, A	1315 JEFFERSON HWY COVINGTON, LA 70471								(985)809-5800		
08/15/2013	100	0	12								
08/15/2013	JWT/JWT	100	ORIG	MYLAN		41.19	41.19	0.00	73665079		PERX
RX 1510125	AMNESTEM 40MG CAPSULES								0538226137769952917		
CASEY, S	606 WEST 12TH AVE *MEDICAID OFFICE* COVINGTON, LA 70471								(985)893-2580		
08/28/2013	30	0	30								
08/28/2013	DSB/JWT	30	ORIG	TEVA		10.00	10.00	312.60	74505146		PERX
RX 1510127	KETOCONAZOLE 2% CREAM 30GM								0538227137769953314		
CASEY, S	606 WEST 12TH AVE *MEDICAID OFFICE* COVINGTON, LA 70471								(985)893-2580		
08/28/2013	30	0	10								
08/28/2013	DSB/JWT	30	ORIG	TEVA		10.00	10.00	6.63	74764146		PERX
RX 1511394	CEFDINIR 300MG CAPSULES								0538220137815700511		
CASEY, S	606 WEST 12TH AVE *MEDICAID OFFICE* COVINGTON, LA 70471								(985)893-2580		
09/02/2013	20	0	10								
09/02/2013	KIK/JWT	20	ORIG	QUALITEST		10.00	10.00	17.79	74050672		PERX
RX 1516846	ACETAMINOPHEN/COD #3 (300/30MG) TAB								0538229137963155516		
CASEY, S	71107 HWY 21 COVINGTON, LA 70471								(985)893-2580		
09/19/2013	20	1	4								
09/19/2013	BJG/BJG	20	ORIG	BARR		6.39	6.39	0.00	75960516		PERX
RX 1519645	CLARAVIS 30MG CAPSULES								0538226138048939219		
CASEY, S	71107 HWY 21 COVINGTON, LA 70471								(985)893-2580		
09/25/2013	60	0	30								
09/29/2013	LSR/LSR	60	ORIG	BARR		10.00	10.00	730.95	75633379		PERX
RX 1527856	CLARAVIS 30MG CAPSULES								0538224138272827919		
CASEY, S	71107 HWY 21 COVINGTON, LA 70471								(985)893-2580		
10/24/2013	60	0	30								
10/25/2013	DSB/JWT	60	ORIG			10.00	10.00	730.95	77231961		PERX

PAT PHONE# BIRTH DATE

PAT ADDRESS

RX NUMBER	DOC NAME	DRUG NAME	DOC ADDRESS	QTY	REFILLS	DAYS SUPPLY	RX COMMENTS	REFILL	CUST AMT	TOT AMT	CTL PLAN	FILL SOLD DATE	CLAIM #	PARTIAL CODE	PLAN	
12/05/2013	0	KLK/JWT	28	0	0	0	KLK/JWT	0	10.00	13.23	12/05/2013	78316598			PERX	
12/05/2013	0	KLK/JWT	28	0	0	0	KLK/JWT	0	10.00	13.23	12/05/2013	78316598			PERX	
RX 1543680	TERRAL, W	AZITHROMYCIN 500MG TABLETS 3-PAK	71107 HWY 21, SUITE 1 COVINGTON, LA 70471	3	0	0	TEVA		10.00	13.23	RX PERX	12/18/2013	0538222138731843011		PERX	
													(985)893-2580	AT7414787		
12/16/2013	3	LSR/GPK	3	0	0	0	MYLAN		10.00	0.00	RX PERX	12/21/2013	79690145		PERX	
12/17/2013	3	LSR/GPK	3	0	0	0	MYLAN		10.00	0.00	RX PERX	12/21/2013	79690145		PERX	
RX 1545191	CASEY, S	AMNESTEEEM 40MG CAPSULES	71107 HWY 21 COVINGTON, LA 70471	3	0	0	MYLAN		10.00	0.00	RX PERX	12/18/2013	79890313		PERX	
													0538222138765816319		PERX	
													(985)893-2580	BC2820810		
12/20/2013	30	RNJ/LSR	30	0	0	0	MYLAN		10.00	236.29	RX PERX	12/21/2013	79690145		PERX	
12/21/2013	30	RNJ/LSR	30	0	0	0	MYLAN		10.00	236.29	RX PERX	12/21/2013	79690145		PERX	
RX 1546237	AFRICK, D	RIZATRIPTAN 5MG TABLETS	1315 JEFFERSON HWY NEW ORLEANS, LA 70471	30	0	0	MYLAN		10.00	236.29	RX PERX	12/21/2013	79690145		PERX	
													0538221138808194312		PERX	
													(504)842-3900	BAL1315375		
12/05/2013	28	BJG/BJG	1	10	0	0	MYLAN		10.00	13.23	RX	01/01/2014	79315482		PERX	
12/29/2013	12	DSB/LSR	16	0	0	0	MYLAN		10.00	13.23	RX	01/01/2014	79315482		PERX	
12/29/2013	16	DSB/LSR	16	0	0	0	MYLAN		10.00	13.23	RX	01/01/2014	79315482		PERX	
RX 1547531	AFRICK, D	AMTRIPTYLINE 10MG TABLETS	1315 JEFFERSON HWY NEW ORLEANS, LA 70471	16	0	0	MYLAN		10.00	13.23	RX	01/01/2014	79315482		PERX	
													0538250138844129511		PERX	
													(504)842-3900	BAL1315375		
12/30/2013	90	CAB/JWT	2	0	0	0	MYLAN		10.00	13.23	RX	01/01/2014	79315482		PERX	
12/30/2013	90	CAB/JWT	2	0	0	0	MYLAN		10.00	13.23	RX	01/01/2014	79315482		PERX	
RX 1547533	AFRICK, D	RIZATRIPTAN 10MG TABLETS	1315 JEFFERSON HWY NEW ORLEANS, LA 70471	2	0	0	MYLAN		10.00	13.23	RX	01/01/2014	79315482		PERX	
													0538251138844129611		PERX	
													(504)842-3900	BAL1315375		
12/30/2013	10	CAB/JWT	2	0	0	0	MYLAN		10.00	13.23	RX	01/01/2014	79315482		PERX	
12/30/2013	10	CAB/JWT	2	0	0	0	MYLAN		10.00	13.23	RX	01/01/2014	79315482		PERX	
RX 155400	TERRAL, W	AMNESTEEEM 40MG CAPSULES	(SON) 71107 HWY 21 COVINGTON, LA 70471	30	0	0	MYLAN		10.00	273.19	RX PERX	01/24/2014	0538222139059151114		PERX	
													(985)893-2580	AT7414787		
01/23/2014	30	DSB/BJG	30	0	0	0	MYLAN		10.00	273.19	RX PERX	01/24/2014	0538222139059151114		PERX	
01/23/2014	30	DSB/BJG	30	0	0	0	MYLAN		10.00	273.19	RX PERX	01/24/2014	0538222139059151114		PERX	
RX 1555401	TERRAL, W	AMNESTEEEM 20MG CAPSULES	(SON) 71107 HWY 21 COVINGTON, LA 70471	30	0	0	MYLAN		10.00	273.19	RX PERX	01/24/2014	0538222139059151114		PERX	
													(985)893-2580	AT7414787		
01/23/2014	30	DSB/BJG	30	0	0	0	MYLAN		10.00	273.19	RX PERX	01/24/2014	0538222139059151114		PERX	
01/23/2014	30	DSB/BJG	30	0	0	0	MYLAN		10.00	273.19	RX PERX	01/24/2014	0538222139059151114		PERX	

DEA#

DOC PHONE#

RX IMAGE ID

PATIAL CODE

PLAN

REFILL

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REPORT: RX0920 05/21/15 LA WALGREENS PURGED DATA FOR STORE 05382 PAGE: 192981

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DOC ADDRESS D88/BJG 30 01/24/2014 AMITRIPTYLINE 10MG TABLETS
DOC NAME DOC ADDRESS D88/BJG 30 01/24/2014 AMITRIPTYLINE 10MG TABLETS
ORIG DATE CIND ENT/VER FILL QTY REFILL RX COMMENTS CUST AMI TOT AMT CTL PLAN RX IMAGE ID DEA#
ENTER DATE CIND ENT/VER FILL QTY REFILL RX COMMENTS CUST AMI TOT AMT CTL PLAN RX IMAGE ID DEA#
AUTH NBR AUTH BY

01/24/2014 D88/BJG 30 01/24/2014 AMITRIPTYLINE 10MG TABLETS MYLAN 10.00 242.55 01/24/2014 SWEN3HD PERX
AFFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
SIG: TK 3 TS PO QHS
12/30/2013 90 30
01/29/2014 D88/LSR 90 01/30/2014 3RPHHEN PERX

01/29/2014 D88/LSR 90 01/30/2014 3RPHHEN PERX

REPORT: RX0920 08/26/15 LA WALGREENS PURGED DATA FOR STORE 05382

PAT PHONE# BIRTH DATE

PAT LAST NAME FIRST PAT ADDRESS DRUG MFR CTL PLAN RX IMAGE ID DEA# PAT PHONE# BIRTH DATE

RX NUMBER DOC NAME DOC ADDRESS CITY REFILLS DAYS SUPPLY RX COMMENTS CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN

ORIG DATE CITY REFILLS DAYS SUPPLY RX COMMENTS CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN

ENTER DATE CIND ENT/VER FILL QTY REFILL

AUTH NBR AUTH BY

BODIN , JEFFREY 528 BEAU CHENS DR MANDEVILLE, LA 70471 (985)845-0969 05/22/1997

RX 1482580 MONTELUKAST 10MG TABLETS MYLAN RX PERX 0538238136908666012 (985)893-2580 AT7414787

TERRAL, W 71107 HWY 21 COVINGTON, LA 70471

SIG: TK ONE T PO D

XFER TO STORE: 5382 RX#: 1561765 RPH INIT: BJG ENT INIT: XXX 02/17/2014 XFER FROM STORE DEA: BW6636003 RPH INIT: BJG

05/20/2013 90 10 BJG/LSR 90 30.00 8.48 05/20/2013 69078708 PERX

09/07/2013 90 10 XXX/LSR 90 30.00 0.00 09/08/2013 74587289 PERX

11/20/2013 90 10 XXX/BUG 90 30.00 0.00 11/22/2013 78655279 PERX

RX 1554989 RIZATRIPTAN 5MG TABLETS AUROBINDO RX PERX 0538210139049903519 (504)842-3900 BA1315375

AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471

SIG: TK 1 T PO WITH ONSET OF HEADACHE, MAY BE REPEATED IN 30 MINUTES IF NECESSARY

XFER TO STORE: 5382 RX#: 1558906 RPH INIT: LSR ENT INIT: DSB 02/06/2014 XFER FROM STORE DEA: BW6636003 RPH INIT: BJG

12/05/2013 28 10 DSB/LSR 28 36.16 01/23/2014 D3R9C3X PERX

01/23/2014 28 10 ORIG 28 10.00 0538293139171178816 (504)842-3900 BA1315375

RX 1558906 RIZATRIPTAN 5MG TABLETS AUROBINDO RX PERX 0538293139171178816 (504)842-3900 BA1315375

AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471

SIG: TK 1 T PO WITH ONSET OF HEADACHE, MAY BE REPEATED IN 30 MINUTES IF NECESSARY

XFER TO STORE: 5382 RX#: 1558906 RPH INIT: LSR ENT INIT: DSB 02/06/2014 XFER FROM STORE DEA: BW6636003 RPH INIT: BJG

02/06/2014 28 10 DSB/LSR 28 10.00 01/23/2014 D3R9C3X PERX

02/06/2014 28 10 ORIG 28 10.00 0538293139171178816 (504)842-3900 BA1315375

02/06/2014 28 10 DSB/LSR 28 10.00 01/23/2014 D3R9C3X PERX

02/06/2014 28 10 ORIG 28 10.00 0538293139171178816 (504)842-3900 BA1315375

02/06/2014 28 10 DSB/LSR 28 10.00 01/23/2014 D3R9C3X PERX

02/06/2014 28 10 ORIG 28 10.00 0538293139171178816 (504)842-3900 BA1315375

02/06/2014 28 10 DSB/LSR 28 10.00 01/23/2014 D3R9C3X PERX

02/06/2014 28 10 ORIG 28 10.00 0538293139171178816 (504)842-3900 BA1315375

02/06/2014 28 10 DSB/LSR 28 10.00 01/23/2014 D3R9C3X PERX

02/06/2014 28 10 ORIG 28 10.00 0538293139171178816 (504)842-3900 BA1315375

02/06/2014 28 10 DSB/LSR 28 10.00 01/23/2014 D3R9C3X PERX

02/06/2014 28 10 ORIG 28 10.00 0538293139171178816 (504)842-3900 BA1315375

02/06/2014 28 10 DSB/LSR 28 10.00 01/23/2014 D3R9C3X PERX

02/06/2014 28 10 ORIG 28 10.00 0538293139171178816 (504)842-3900 BA1315375

02/06/2014 28 10 DSB/LSR 28 10.00 01/23/2014 D3R9C3X PERX

02/06/2014 28 10 ORIG 28 10.00 0538293139171178816 (504)842-3900 BA1315375

02/06/2014 28 10 DSB/LSR 28 10.00 01/23/2014 D3R9C3X PERX

02/06/2014 28 10 ORIG 28 10.00 0538293139171178816 (504)842-3900 BA1315375

PAT LAST NAME	FIRST	PAT ADDRESS	DRUG MFR	CTL	PLAN	RX IMAGE ID	DEA#	PAT PHONE#	BIRTH DATE
RX 1560038	AMITRIPTYLINE 25MG TABLETS	MYLAN		RX	PERX	0538219139206999014			
AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471								
SIG: TK 2 TS PO HS UTD									
XFER TO STORE: 5382	RX#: 1574509	RPH INIT: BJC	ENT INIT: XXX	03/31/2014	XFER FROM STORE	DEA: EM6636003	RPH INIT: BJC		
02/10/2014	60	GNP/LSR	1	30	ORIG				
02/10/2014	60	GNP/GNP	0			W9XXADQ			PERX
03/10/2014	XXX/BJG	60	RFL001						
RX 1560039	BUTALBITAL/ACETAMINOPHEN/CAFF TABS	QUALITEST		RX	PERX	2D3HMPW			
AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471								
SIG: TK 1 T PO PO PRF HA, REPEAT IN 4 HOURS IF NEEDED									
02/10/2014	28	GNP/LSR	1	7	ORIG				
02/10/2014	28	GNP/GNP	0			QNETCEL			PERX
03/13/2014	XXX/BJG	28	RFL001						
RX 1563504	AMITRIPTYLINE 25MG TABLETS	MYLAN		RX	PERX	2ECO1PD			
AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471								
SIG: TK 3 TS PO OHS									
02/21/2014	60	DSB/GNP	2	20	ORIG				
02/21/2014	60	DSB/GNP	0						
RX 1563505	BUTALBITAL/ACETAMINOPHEN/CAFF TABS	QUALITEST		RX	PERX	0538288139300650110			
AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471								
SIG: TK TWO TS PO PRF HA, MAY BE REPEATED IN 4 HOURS									
02/21/2014	90	DSB/GNP	2	7	ORIG				
02/21/2014	90	DSB/GNP	0			YXRCQDD			PERX
03/17/2014	VTMOVO 500-20MG TABLETS	HORIZON		RX					
SEDRISH, M	1051 GAUSE BLVD SUITE 440 SLIDELL, LA 70471								
SIG: TK 1 T PO D PC PRN									
03/11/2014	30	0							
RX 1570331	NAPROXEN 500MG TABLETS	AMNEAL		RX	PERX	0538257139509356710			
SEDRISH, M	1051 GAUSE BLVD SLIDELL, LA 70471								
SIG: TK ONE T PO BID PRN									
03/17/2014	60	2	30	ORIG					
03/17/2014	60	DSB/LSR	60						
RX 1570332	OMEPRAZOLE 20MG CAPSULES	ZYDUS		RX	PERX	UALCCW1			
SEDRISH, M	1051 GAUSE BLVD SLIDELL, LA 70471								
SIG: TK ONE C PO BID WHILE ON NAPROXEN									
03/17/2014	60	2	30	ORIG					
03/17/2014	60	DSB/LSR	60						
RX 1574509	AMITRIPTYLINE 25MG TABLETS	MYLAN		RX	PERX	2ELENN7			
AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471								
SIG: TK 2 TS PO HS UTD									
03/31/2014	60	0	30	ORIG					

LA WALGREENS PURGED DATA FOR STORE 05382

08/26/15

REPORT: RX0920

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID DEA#
DOC NAME DOC ADDRESS CITY REFILLS DAYS SUPPLY RX COMMENTS CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
ENTER DATE CIND ENT/VER FILL QTY REFILL AUTH BY

03/31/2014 XXX/BJG 0 ADDRFL
RX 1577442 AMTRIFTYLINE 25MG TABLETS MYLAN
AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
SIG: TK 2 TS FO HS UTD
04/09/2014 60 BJB/BJG 0 0
0538282139708209619 BAI315375
(504)842-3900 BAI315375

RX 1581749 AMTRIFTYLINE 25MG TABLETS MYLAN
AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
SIG: TK ONE T PO QHS
04/24/2014 30 DSB/LSR 0 0
0538291139835995010 BAI315375
(504)842-3900 BAI315375

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE
 RX NUMBER DRUG NAME DOC ADDRESS QTY REFILLS DAYS SUPPLY RX COMMENTS CUST AMT TOT AMT CTL PLAN DOC PHONE# RX IMAGE ID DEA#
 DOC NAME DOC ADDRESS QTY REFILLS DAYS SUPPLY RX COMMENTS CUST AMT TOT AMT CTL PLAN DOC PHONE# RX IMAGE ID DEA#
 ENTER DATE CIND ENT/VER FILL QTY REFILL AUTH BY

(985)845-0969 05/22/1997

BODIN , JEFFREY 528 BEAU CHENE DR MANDEVILLE, LA 70471
 RX 1561765 MONTELUKAST 10MG TABLETS TERRAL, W 71107 HWY 21 COVINGTON, LA 70471
 SIG: TK ONE T PO D
 XFER TO STORE: 5382 RX#: 1592194 RPH INIT: LSF ENT INIT: XXX 05/29/2014 XFER FROM STORE DEA: BW6636003 RPH INIT: BJG
 05/20/2013 90

02/17/2014 XXX/LSR 90 ORIG 30.00 18.31 02/19/2014 U3TA9C3 PERX
 RX 1563503 AMITRIPTYLINE 10MG TABLETS AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471 MYLAN 0538286139300650016 PERX
 SIG: TK 3 TS PO QHS
 02/21/2014 90 30 DSB/GNP 90 ORIG 10.00 4.18 02/27/2014 F1H9LMN PERX
 02/21/2014 0 DSB/GNP 0 REF001 MYLAN 0538206139690879417 PERX
 05/04/2014 XXX/LSR 90 10.00 4.76 05/08/2014 MTAQ93C PERX
 RX 1576685 AMITRIPTYLINE 25MG TABLETS AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471 MYLAN 0538206139690879417 PERX
 SIG: TK 3 TS PO ONCE D HS UTD
 04/07/2014 270 0 04/07/2014 (504)842-3900 BA1315375

PAT LAST NAME	FIRST	PAT ADDRESS	DRUG MFR	CTL	PLAN	DOC PHONE#	RX IMAGE ID	PAT PHONE#	BIRTH DATE
RX 1602803	AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471	MYLAN	RX	PERX	(504)842-3900	BAL1315375		
SIG: TK 2 TS PO QHS									
RX 1607760	AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471	MYLAN	RX	PERX	(504)842-3900	BAL1315375		
SIG: TK 3 TS HS FOR 5 DAYS, 2 TS FOR 5 DAYS, THEN 1 HS FOR 5 DAYS									
RX 1602803	AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471	MYLAN	RX	PERX	(504)842-3900	BAL1315375		
SIG: TK 2 TS PO QHS									
RX 1607760	AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471	MYLAN	RX	PERX	(504)842-3900	BAL1315375		
SIG: TK 3 TS HS FOR 5 DAYS, 2 TS FOR 5 DAYS, THEN 1 HS FOR 5 DAYS									

RX NUMBER DOC NAME DOC ADDRESS QTY REFILLS DAYS SUPPLY RX COMMENTS CUST AMT TOT AMT
 07/06/2014 LSR/LSR 60 AMITRIPTYLINE 25MG TABLETS 10.00 0.00
 07/07/2014 60 AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
 07/07/2014 60 SIG: TK 3 TS PO HS X 2 DAYS, 2 TS HS X2 DAYS, THEN 1 T PO QHS
 07/07/2014 60 KNR/JWT 36 ORIG 10.00 0.00
 07/07/2014 0 RNJ/LSR
 07/02/2014 60 NJR/JWT 30 ORIG 10.00 0.00
 07/07/2014 60 AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
 07/23/2014 60 SIG: TK 3 TS HS FOR 5 DAYS, 2 TS FOR 5 DAYS, THEN 1 HS FOR 5 DAYS
 07/23/2014 60 BJB/BJG 2 ORIG 10.00 1.42
 07/23/2014 0 BJB/BJG

FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
 07/06/2014 YKAX09M PERX
 RX PERX 0538242140475495812
 (504)842-3900 BAL1315375
 07/07/2014 9C1KRMF PERX
 RX PERX 0538272140431943210
 (504)842-3900 BAL1315375
 07/07/2014 RDKXM3C PERX
 RX PERX 0538252140615345914
 (504)842-3900 BAL1315375
 07/24/2014 UTXAQLA PERX

RX NUMBER DOC NAME DOC ADDRESS QTY REFILLS DAYS SUPPLY RX COMMENTS CUST AMT TOT AMT
 07/06/2014 LSR/LSR 60 AMITRIPTYLINE 25MG TABLETS 10.00 0.00
 07/07/2014 60 AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
 07/07/2014 60 SIG: TK 3 TS PO HS X 2 DAYS, 2 TS HS X2 DAYS, THEN 1 T PO QHS
 07/07/2014 60 KNR/JWT 36 ORIG 10.00 0.00
 07/07/2014 0 RNJ/LSR
 07/02/2014 60 NJR/JWT 30 ORIG 10.00 0.00
 07/07/2014 60 AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
 07/23/2014 60 SIG: TK 3 TS HS FOR 5 DAYS, 2 TS FOR 5 DAYS, THEN 1 HS FOR 5 DAYS
 07/23/2014 60 BJB/BJG 2 ORIG 10.00 1.42
 07/23/2014 0 BJB/BJG

FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
 07/06/2014 YKAX09M PERX
 RX PERX 0538242140475495812
 (504)842-3900 BAL1315375
 07/07/2014 9C1KRMF PERX
 RX PERX 0538272140431943210
 (504)842-3900 BAL1315375
 07/07/2014 RDKXM3C PERX
 RX PERX 0538252140615345914
 (504)842-3900 BAL1315375
 07/24/2014 UTXAQLA PERX

RX NUMBER DOC NAME DOC ADDRESS QTY REFILLS DAYS SUPPLY RX COMMENTS CUST AMT TOT AMT
 07/06/2014 LSR/LSR 60 AMITRIPTYLINE 25MG TABLETS 10.00 0.00
 07/07/2014 60 AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
 07/07/2014 60 SIG: TK 3 TS PO HS X 2 DAYS, 2 TS HS X2 DAYS, THEN 1 T PO QHS
 07/07/2014 60 KNR/JWT 36 ORIG 10.00 0.00
 07/07/2014 0 RNJ/LSR
 07/02/2014 60 NJR/JWT 30 ORIG 10.00 0.00
 07/07/2014 60 AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
 07/23/2014 60 SIG: TK 3 TS HS FOR 5 DAYS, 2 TS FOR 5 DAYS, THEN 1 HS FOR 5 DAYS
 07/23/2014 60 BJB/BJG 2 ORIG 10.00 1.42
 07/23/2014 0 BJB/BJG

FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
 07/06/2014 YKAX09M PERX
 RX PERX 0538242140475495812
 (504)842-3900 BAL1315375
 07/07/2014 9C1KRMF PERX
 RX PERX 0538272140431943210
 (504)842-3900 BAL1315375
 07/07/2014 RDKXM3C PERX
 RX PERX 0538252140615345914
 (504)842-3900 BAL1315375
 07/24/2014 UTXAQLA PERX

RX NUMBER DOC NAME DOC ADDRESS QTY REFILLS DAYS SUPPLY RX COMMENTS CUST AMT TOT AMT
 07/06/2014 LSR/LSR 60 AMITRIPTYLINE 25MG TABLETS 10.00 0.00
 07/07/2014 60 AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
 07/07/2014 60 SIG: TK 3 TS PO HS X 2 DAYS, 2 TS HS X2 DAYS, THEN 1 T PO QHS
 07/07/2014 60 KNR/JWT 36 ORIG 10.00 0.00
 07/07/2014 0 RNJ/LSR
 07/02/2014 60 NJR/JWT 30 ORIG 10.00 0.00
 07/07/2014 60 AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
 07/23/2014 60 SIG: TK 3 TS HS FOR 5 DAYS, 2 TS FOR 5 DAYS, THEN 1 HS FOR 5 DAYS
 07/23/2014 60 BJB/BJG 2 ORIG 10.00 1.42
 07/23/2014 0 BJB/BJG

FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
 07/06/2014 YKAX09M PERX
 RX PERX 0538242140475495812
 (504)842-3900 BAL1315375
 07/07/2014 9C1KRMF PERX
 RX PERX 0538272140431943210
 (504)842-3900 BAL1315375
 07/07/2014 RDKXM3C PERX
 RX PERX 0538252140615345914
 (504)842-3900 BAL1315375
 07/24/2014 UTXAQLA PERX

RX NUMBER DOC NAME DOC ADDRESS QTY REFILLS DAYS SUPPLY RX COMMENTS CUST AMT TOT AMT
 07/06/2014 LSR/LSR 60 AMITRIPTYLINE 25MG TABLETS 10.00 0.00
 07/07/2014 60 AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
 07/07/2014 60 SIG: TK 3 TS PO HS X 2 DAYS, 2 TS HS X2 DAYS, THEN 1 T PO QHS
 07/07/2014 60 KNR/JWT 36 ORIG 10.00 0.00
 07/07/2014 0 RNJ/LSR
 07/02/2014 60 NJR/JWT 30 ORIG 10.00 0.00
 07/07/2014 60 AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
 07/23/2014 60 SIG: TK 3 TS HS FOR 5 DAYS, 2 TS FOR 5 DAYS, THEN 1 HS FOR 5 DAYS
 07/23/2014 60 BJB/BJG 2 ORIG 10.00 1.42
 07/23/2014 0 BJB/BJG

FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
 07/06/2014 YKAX09M PERX
 RX PERX 0538242140475495812
 (504)842-3900 BAL1315375
 07/07/2014 9C1KRMF PERX
 RX PERX 0538272140431943210
 (504)842-3900 BAL1315375
 07/07/2014 RDKXM3C PERX
 RX PERX 0538252140615345914
 (504)842-3900 BAL1315375
 07/24/2014 UTXAQLA PERX

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DOC ADDRESS RX REFILLS DAYS SUPPLY RX COMMENTS CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN

ENTER DATE CIND ENT/VER FILL QTY REFILL AUTH BY

BODIN , JEFFREY 528 BEAU CHENE DR MANDEVILLE, LA 70471 (985)845-0969 05/22/1997												
RX 1401143	KETONAZOLE 2% CREAM 30GM	TEVA										
CASEY, S 711J7 HWY 21 COVINGTON, LA 70471												
SIG: APPLY ONCE D TO RINGWORM												
08/19/2012	30	1	15									
08/19/2012	KLK/JWT	30	ORIG									
RX 1412285	AZITHROMYCIN 500MG TABLETS 3-PAK	TEVA										
TERRAL, W (SON) 71107 HWY 21 COVINGTON, LA 70471												
SIG: TK ONE T PO D												
10/01/2012	3	0	3									
10/01/2012	BJG/LSR	3	ORIG									
RX 1412286	MAXIFED 60-400MG TABLETS	MCR										
TERRAL, W (SON) 71107 HWY 21 COVINGTON, LA 70471												
SIG: TK SS TO ONE T PO Q 6 H												
10/01/2012	30	0	7									
10/01/2012	BJG/LSR	30	ORIG									
RX 1417596	ACNYXA 1.2-2.5% GEL 50GM	VALEANT										
BALDONE, R 150 LAKEVIEW CIRCLE MANDEVILLE, LA 70471												
SIG: APPLY A THIN FILM TO FACE QAM												
10/18/2012	50	1	30									
10/18/2012	CDC/JTP	50	ORIG									
10/18/2012	CDC/JTP	0										

CTL P.LAN RX PAID 08/20/2012 0.00 10.00 0.00 08/20/2012 U79X93F PAID

RX PAID 0538255134912329117 (985)893-2580 AT7414787

10/01/2012 9HDNCXN PAID

C5 PAID 0538255134912329117 (985)893-2580 AT7414787

10/01/2012 9HDNCXN PAID

RX PAID 0538206135060107214 (985)892-3376 B85488920

10/23/2012 33A0XQ1 PAID

Original P2.0
- TD copy
- Entry of P2
= P2.0

PAT PHONE# BIRTH DATE

PAT ADDRESS

FIRST

PAT LAST NAME

RX NUMBER	DRUG NAME	DOC ADDRESS	REFILLS	DAYS SUPPLY	RX COMMENTS	DRUG MFR	CTL	PLAN	RX IMAGE ID	DOC PHONE#	DEA#	PARTIAL CODE	PLAN
ENTER DATE	CIND	ENT/VER	FILL QTY	REFILL	CUST AMT	TOT AMT	FILL SOLD DATE	CLAIM #					
RX 1418486	AZITHROMYCIN 250MG TABLETS 6-PK	TEVA											
10/22/2012	6	DSE/JWT	1		10.00	0.00	10/23/2012	YHXXWKH	0538226135093815511	(985)892-3122	B62257625		
													PAID

RX 1418486 AZITHROMYCIN 250MG TABLETS 6-PK TEVA
 GUILLOT, R 804 HEAVYND DR SUITE 203 MANDEVILLE, LA 70471
 SIG: TK TWO TS AT ONCE TAY, THEN TK ONE T - D FOR FOUR DAYS
 10/22/2012 6 DSE/JWT 1
 10/22/2012 6 DSE/JWT 6 ORIG 10.00 0.00 10/23/2012 YHXXWKH PAID

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME RX ADDRESS RX IMAGE ID

DOC NAME DOC ADDRESS CITY REFILLS DAYS SUPPLY RX COMMENTS CUST AMT TOT AMT CTL PLAN DOC PHONE# DEA#

ENTER DATE CIND ENT/VER FILL QTY REFILL PARTIAL CODE PLAN

AUTH NBR AUTH BY

BODIN , JEFFREY 528 BEAU CHENE DR MANDEVILLE, LA 70471 (985) 845-0969 05/22/1997

RX 1383013 VELTIN GEL 30GM BALDONE, R 150 LAKEVIEW CIRCLE MANDEVILLE, LA 70471 GLAXO SMITH KLINE RX PERX 053823313389881419 053823313389881419

SIG: REF PEA SIZE AMOUNT TO FACE QHS
06/06/2012 30 2 30

06/06/2012 CMS/CMS 30 ORIG 45.00 135.08 06/06/2012 5RFXHX7 PAID

06/06/2012 CMS/CMS 0 ORIG 0 0 01/31/2013 61859094 PERX

01/27/2013 BJD/BJD 30 RFL001 65.00 124.58 RX PAID 0538282135507427410 0538282135507427410

RX 1433316 CEDAX 400MG CAPSULES CASEY, S 71107 HWY 21 COVINGTON, LA 70471 PERNIX (985) 893-2580 BC2820810

SIG: TK 1 C PO QD FOR 10 DAYS

12/09/2012 10 0 ORIG 65.00 115.25 12/09/2012 SDDFLWE PAID

12/09/2012 KUK/LSR 10 ORIG 0 0 RX PERX 0538215135967048713 0538215135967048713

RX 1450646 AZITHROMYCIN 250MG TABLETS 6-PAK CASEY, S 71107 HWY 21 COVINGTON, LA 70471 TEVA (985) 893-2580 BC2820810

SIG: TK TWO TS AT ONCE TAY. THEN TK ONE T - D FOR FOUR DAYS

01/31/2013 6 5 ORIG 9.84 0.00 01/31/2013 61556380 PERX

01/31/2013 BJD/BJD 6 ORIG 0 0 OT 0538215135967048713 0538215135967048713

RX 1450647 CHLO-TUSS LIQUID CASEY, S 71107 HWY 21 COVINGTON, LA 70471 R A MCNEIL (985) 893-2580 BC2820810

SIG: TK 1 TO 1 = TEA PO Q 8 H PRN

01/31/2013 180 0 5

LA WALGREENS PURGED DATA FOR STORE 05382

05/19/14

REPORT: RX0920

PAT PHONE# BIRTH DATE

PAT ADDRESS

FIRST

RX NUMBER	DRUG NAME	DRUG MFR	CTL	PLAN	DOC PHONE#	RX IMAGE ID	DEA#	PAT PHONE#	BIRTH DATE	
DOC NAME	DOC ADDRESS									
ORIG DATE	QTY	REFILLS	DAYS SUPPLY	RX COMMENTS	CUST AMT	TOT AMT	FILL SOLD DATE	CLAIM #	PARTIAL CODE	PLAN
ENTER DATE	CIND	ENT/VER	FILL QTY	REFILL						
AUTH NBR	AUTH BY									

01/31/2013	BJG/BJG	180	ORIG		24.29	0.00	01/31/2013			
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PAT PHONE# BIRTH DATE

PAT ADDRESS

FIRST

PAT LAST NAME

RX NUMBER	DRUG NAME	DOC ADDRESS	REFILLS	DAYS SUPPLY	RX COMMENTS	DRUG MFR	CTL	PLAN	DOC PHONE#	RX IMAGE ID	DEA#	PARTIAL CODE	PLAN
DOC NAME	QTY	ENTER DATE	CIND	ENT/VER	FILL QTY	REFILL	TOT AMT	FILL SOLD DATE	CLAIM #				
RX 1389313	DOXYCYCLINE HYCLATE 50MG CAPSULES	WATSON											
CASEY, S 71107 HWY 21 COVINGTON, LA 70471													
SIG: TK ONE C PO BID													
XFER TO STORE: 5382	RX#: 1455286	RPH INIT: BUG	ENT INIT: XXX	02/17/2013									
07/02/2012	60	2	30										
07/02/2012	60												
08/27/2012	60												
11/22/2012	60												
RX 1455286	DOXYCYCLINE HYCLATE 50MG CAPSULES	WATSON											
CASEY, S 71107 HWY 21 COVINGTON, LA 70471													
SIG: TK ONE C PO BID													
02/18/2013	60	1	30										

BODIN , JEFFREY 528 BEAU CHENE DR MANDEVILLE, LA 70471 (985)845-0969 05/22/1997

RX 1389313 DOXYCYCLINE HYCLATE 50MG CAPSULES WATSON RX PAID 0538277134124771211 (985)893-2580 BC2820810

SIG: TK ONE C PO BID XFER TO STORE: 5382 RX#: 1455286 RPH INIT: BUG ENT INIT: XXX 02/17/2013 XFER FROM STORE DEA: BW6636003 RPH INIT: BUG

07/02/2012 60 2 30 07/02/2012 60 0.00 07/05/2012 EHP1P9M PAID

08/27/2012 60 XXX/BUG 7.10 08/27/2012 F79MLLT PAID

11/22/2012 60 XXX/JTP 7.10 11/23/2012 MLD79E1 PAID

RX 1455286 DOXYCYCLINE HYCLATE 50MG CAPSULES WATSON RX PERX 0538235136122894115 (985)893-2580 BC2820810

CASEY, S 71107 HWY 21 COVINGTON, LA 70471 SIG: TK ONE C PO BID

02/18/2013 60 1 30

PAT PHONE# BIRTH DATE

PAT ADDRESS

FIRST

PAT LAST NAME

RX NUMBER	DRUG NAME	DOC ADDRESS	QTY	REFILLS	DAYS SUPPLY	RX COMMENTS	DRUG MFR	CTL	PLAN	RX IMAGE ID	DOC PHONE#	DEA#	PATIAL CODE	PLAN
DOC DATE	ENTER DATE	CIND	ENT/VER	FILL QTY	REFILL			TOT AMT	FILL SOLD DATE	CLAIM #				
02/18/2013	KLK/JWT	60	0	0	0	ORIG		74.19	02/20/2013	63913811				PERX
02/17/2013	XXX/JWT	0	0	0	0	ADDRFL								
02/18/2013	KLK/JWT	2	0	0	0	ORIG		10.00						
	04/12/2013	XXX/LSR	60	0	0	REFL001	TEVA	61.73	04/13/2013	67739082	0538234136260892914			PERX
	RX 1460992	CEFDINIR 300MG CAPSULES							RX PERX	(985)893-2580	AT7414787			
		TERRAL, W 71107 HWY 21 COVINGTON, LA 70471												
		SIG: TK ONE C PO BID												
	03/06/2013	JTP/JTP	20	0	10	ORIG	ALCON	0.30	03/06/2013	64341604	0538234136260892914			PERX
	RX 1460999	CIPRODEX OTIC SUSPENSION (EAR)							RX PERX	(985)893-2580	AT7414787			
		TERRAL, W 71107 HWY 21 COVINGTON, LA 70471												
		SIG: INSTILL 5 DROPS INTO AFFECTED EAR(S) BID												
	03/06/2013	JTP/JTP	7.500	0	12	ORIG	FEDINOL	45.00	03/06/2013	64661146	0538201136381254813			PERX
	RX 1465225	GRIS-PEG 250MG TABLETS							RX PERX	(985)893-2580	AT7414787			
		TERRAL, W 71107 HWY 21 COVINGTON, LA 70471												
		SIG: TK 2 TS PO BID												
	03/20/2013	BIG/BJG	120	0	30	ORIG	TARO	785.36	03/21/2013	65108591	0538201136381254813			PERX
	RX 1465226	DESOXIMETASONE 0.25% CRM 60GM							RX PERX	(985)893-2580	AT7414787			
		TERRAL, W 71107 HWY 21 COVINGTON, LA 70471												
		SIG: REP BID												
	03/20/2013	BIG/BJG	60	0	15	ORIG		10.00	03/21/2013	65717415				PERX
	RX 1465226	DESOXIMETASONE 0.25% CRM 60GM												
		TERRAL, W 71107 HWY 21 COVINGTON, LA 70471												
		SIG: REP BID												

SEE FAX

LA WALGREENS PURGED DATA FOR STORE 05382

11/23/14

REPORT: RX0920

PAT PHONE# BIRTH DATE

PAT ADDRESS

FIRST

PAT LAST NAME

RX NUMBER	DRUG NAME	DRUG MFR	CTL	PLAN	RX IMAGE ID	DEA#
DOC NAME	DOC ADDRESS				DOC PHONE#	
ORIG DATE	CITY	REFILLS	DAYS SUPPLY	RX COMMENTS		
ENTER DATE	CIND	ENT/VER	FILL QTY	REFILL	FILL SOLD DATE	PARTIAL CODE
AUTH NBR	AUTH BY				CLAIM #	PLAN
			TOT AMT			
			CUST AMT			

(985)845-0969 05/22/1997

528 BEAU CHENE DR MANDEVILLE, LA 70471

BODIN, JEFFREY

RX 1482581 PATANASE 0.6% NASAL SPRAY (240 SPR) ALCON RX PERX 0538238136908666012
 TERRAL, W 71107 HWY 21 COVINGTON, LA 70471 (985)893-2560 AT7414787

SIG: 2 SPRAYS Q 8 H PEN
 05/20/2013 30.500 10

PAT PHONE# BIRTH DATE

PAT ADDRESS

FIRST

RX NUMBER	DRUG NAME	DRUG MFR	CTL	PLAN	RX IMAGE ID	DEA#
DOC NAME	DOC ADDRESS				DOC PHONE#	
ORIG DATE	CITY	REFILLS	DAYS SUPPLY	RX COMMENTS	FILL SOLD DATE	CLAIM #
ENTER DATE	CIND	ENT/VER	FILL QTY	REFILL	TOT AMT	PARTIAL CODE
AUTH NBR	AUTH BY				CUST AMT	PLAN

PERX

69805173

05/22/2013

139.76

30.00

ORIG

30.500

BJG/BJG

05/21/2013

LA WALGREENS PURGED DATA FOR STORE 05382

02/15/13

REPORT: RX0920

PAT PHONE# BIRTH DATE

PAT ADDRESS

FIRST

PAT LAST NAME

RX NUMBER	DRUG NAME	DRUG MFR	CTL	PLAN	RX IMAGE ID	DEA#
DOC NAME	DOC ADDRESS		FILL	SOLD DATE	CLAIM #	PARTIAL CODE
ORIG DATE	QTY	REFILLS	DAYS SUPPLY	REFILL	TOT AMT	PLAN
ENTER DATE	CIND	ENT/VER	FILL QTY	CUST AMT		
AUTH NBR	AUTH BY					

(985) 845-0969 05/22/1997

528 BEAU CHENE DR MANDEVILLE, LA 70471

, JEFFREY

BODIN

RX 1276517 PATADAY 0.2% OPHTH SOLUTION 2.5ML ALCON RX PAID 0538228130754322117
 ADEWA, P 2180 N CAUSEWAY BLVD MANDEVILLE, LA 70471 (985) 727-2077 MAL344148

SIG: INT ONE GTT IN BOTH EYES QAM FOR SEVEN DAYS
 05/08/2011 7.500 4 18

PAID

SWAFRRR

06/10/2011

71.05

45.00

ORIG

2.500

JLC/GJP

06/08/2011

PAT LAST NAME FIRST PAT ADDRESS DRUG MFR CTL PLAN DOC PHONE# RX IMAGE ID DEAN# PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DOC ADDRESS REFILLS DAYS SUPPLY RX COMMENTS CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN

ORIG DATE QTY ENT/VER FILL QTY REFILL

ENTER DATE CIND AUTH BY

AUTH NBR

BODIN , JEFFREY 528 BEAU CHENE DR MANDEVILLE, LA 70471 (985)845-0969 05/22/1997

RX 1383014 CLINDAMYCIN 1% PLEDGETS 60'S CLAY PARK RX PAID 0538234133899885016

BALDONE, R 150 LAKEVIEW CIRCLE MANDEVILLE, LA 70471 (985)892-3376 BE5488920

SIG: APP TO FACE BID

05/06/2012 60 2 30

LA WALGREENS PURGED DATA FOR STORE 05382

11/16/13

REPORT: RX0820

PAT PHONE# BIRTH DATE

PAT ADDRESS

FIRST

PAT LAST NAME

RX NUMBER	DRUG NAME	DRUG MFR	CTL	PLAN	DOC PHONE#	RX IMAGE ID	DEA#	PAT PHONE#	BIRTH DATE
06/06/2012	CMS/CMS	60	06/06/2012	AACLMMD	1.82	10.00	PAID		
06/06/2012	CMS/CMS	0							
0									

PAID

AACLMMD

06/06/2012

1.82

10.00

ORIG

60

CMS/CMS

0

06/06/2012

06/06/2012

0

LA WALGREENS PURGED DATA FOR STORE 05382

02/22/12

REPORT: RX0920

PAT PHONE# BIRTH DATE

PAT ADDRESS

FIRST

PAT LAST NAME

RX NUMBER	DRUG NAME	DOC ADDRESS	REFILLS	DAYS SUPPLY	RX COMMENTS	CUST AMT	TOT AMT	FILL SOLD DATE	CLAIM #	PARTIAL CODE	PLAN
DOC NAME	DOC ADDRESS	QTY	REFILLS	DAYS SUPPLY	RX COMMENTS	CUST AMT	TOT AMT	FILL SOLD DATE	CLAIM #	PARTIAL CODE	PLAN
ORIG DATE	DOC ADDRESS	QTY	REFILLS	DAYS SUPPLY	RX COMMENTS	CUST AMT	TOT AMT	FILL SOLD DATE	CLAIM #	PARTIAL CODE	PLAN
ENTER DATE	CIND	ENT/VER	FILL	QTY	REFILL						
AUTH NBR		AUTH BY									

CTL PLAN DOC PHONE# RX IMAGE ID DEA#

BODIN , JEFFREY 528 BEAU CHENE DRIVE MANDEVILLE, LA 70471-3317 (985)845-0969 05/22/1997

RX 1181372 EPIDUO GEL 45GM CALDERMA RX PERX 0538285128275100317

BALDONE, R 150 LAKEVIEW CIRCLE MANDEVILLE, LA 70471-3317 (985)892-3376 BE5488920

SIG: APPLY A FEA SIZE TO FACE D 08/24/2010 45 2 30

LA WALGREENS PURGED DATA FOR STORE 05382

08/24/12

REPORT: RX0920

PAT PHONE# BIRTH DATE

PAT ADDRESS

FIRST

PAT LAST NAME

RX NUMBER DRUG NAME DOC NAME DOC ADDRESS DOC ADDRESS RX COMMENTS CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
 ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
 ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
 AUTH NBR AUTH BY

(985)845-0969 05/22/1997

528 BEAU CHENE DRIVE MANDEVILLE, LA 70471-3317

, JEFFREY

BODIN

RX 1259501 GABAPENTIN 100MG CAPSULES AMNEAL

HERZOG, C MD ANDERSON CANCER CENTER BOX 87, TX 70471-3317

RX PAID (713) - 0538280130281803611

SIG: TK ONE C TID FOR 3 DAYS, 2 CS TID FOR 3 DAYS, THEN 3 CS QD THEREAFTER

03/21/2011 200 3 30

03/21/2011 200 3 30

PAID

SHEPP9H

04/14/2011

0.00

10.00

ORIG

200

SMM/BJG

LA WALGREENS PURGED DATA FOR STORE 05382

11/29/12

REPORT: RX0920

PAT LAST NAME FIRST PAT ADDRESS DRUG NFR CTL PLAN RX IMAGE ID PAT PHONE# BIRTH DATE

RX NUMBER DRUG NAME DOC NAME DOC ADDRESS CITY REFILLS DAYS SUPPLY RX COMMENTS CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN

ENTER DATE CIND ENT/VER FILL QTY REFILL

AUTH NBR AUTH BY

BODIN , JEFFREY 528 BEAU CHEME DRIVE MANDEVILLE, LA 70471-3317 (985)845-0969 05/22/1997

RX 1155177 PATADAY 0.2% OPHTH SOLUTION 2.5ML ALCON RX PERX 0538285127540651911 (985)727-2077 MAL344148

ADEMA, P 2180 N CAUSEWAY BLVD MANDEVILLE, LA 70471-3317

SIG: INSTILL ONE GTT IN OU QAM FOR 7 DAYS

XFER TO STORE: 5382 RX#: 1276488 RPH INIT: GJP ENT INIT: XXX 06/08/2011 XFER FROM STORE DEA: BW6636003 RPH INIT: BJJ

06/01/2010 2.500 5 7 45.00 52.44 06/03/2010 34405880 PERX

06/01/2010 LSR/BJG 2.500 ORIG 45.00 52.44 06/03/2010 34405880 PERX

06/01/2010 XXX/LSR 0 ADDRFL

06/01/2010 LSR/LSR 6 6

09/08/2010 DR ADEMA/COMP FAX 2.500 RFL001 45.00 58.19 09/08/2010 36241461 PERX

RX 1276220 VELTIN GEL 60GM GLAXO SMITH KLINE RX PAID 0538253130746506615 (985)892-3376 BB5488920

BALDONE, R 150 LAKEVIEW CIRCLE MANDEVILLE, LA 70471-3317

SIG: APP PEA SIZED AMOUNT AA QPM

06/07/2011 60 JLC/GJP 3 28 30.00 247.03 06/10/2011 ONEMDJC PAID

RX 1276488 PATADAY 0.2% OPHTH SOLUTION 2.5ML ALCON RX 0538204130754062519 (985)727-2077 MAL344148

ADEMA, P 2180 N CAUSEWAY BLVD MANDEVILLE, LA 70471-3317

SIG: INSTILL ONE GTT IN OU QAM FOR 7 DAYS

06/08/2011 2.500 0 7 0 0 06/08/2011 0 0

06/08/2011 XXX/GJP 0 ADDRFL

PAT PHONE# BIRTH DATE

PAT ADDRESS

FIRST

RX NUMBER DRUG NAME DOC ADDRESS DAYS SUPPLY RX COMMENTS CUST AMT TOT AMT CTL PLAN RX IMAGE ID DEB#
 DOC NAME QTY REFILLS ENTER DATE CND ENT/VER FILL QTY REFILL AUTH BY

BODIN , JEFFREY 528 BEAU CHENE DRIVE WANDEVILLE, LA 70471-3317 (985)845-0969 05/22/1997

RX 1008405 NASACORT AQ NASAL (120SPRAY) 16.5GM AVENTIS RX PERX 0538271123877807516 BC2820810
 CASEY, S 71107 HWY 21 COVINGTON, LA 70471-3317
 SIG: USE 1 SPRAY IEN QD
 04/03/2009 16.500 3 30

04/03/2009 NMT/KJP 16.500 ORIG 43.00 51.43 PERX
 08/17/2009 VPB/JWT 16.500 REL001 35.00 64.98 PERX
 RX 1049272 AMOXICILLIN 500MG CAPSULES TEVA
 POWW, I 1430 LINDBERG DR. SLIDELL, LA 70471-3317
 SIG: TK ONE C PO BID FOR 10 DAYS

08/03/2009 20 0 10 7.93 0.00 PERX
 RX 1063260 VIGAMOX 0.5% OPTH SOLUTION 3ML ALCON
 CASEY, S 71107 HWY 21 COVINGTON, LA 70471-3317
 SIG: INT 1 GTT AXY BID
 09/10/2009 3 0 10

09/10/2009 BJG/BJG 3 10 35.00 35.23 PERX
 RX 1075562 RANITIDINE 15MG/ML (75MG/5ML) SYRUP AMNEAL
 BROWN, C 3434 PRYATANIA STREET NEW ORLEANS, LA 70471-3317
 SIG: G "JEFFREY" 100 MG (6.6 ML) PO BID FOR 1 MONTH
 10/15/2009 400 0 30 10.00 26.64 PERX

10/15/2009 LSR/JWT 400 30 35.00 35.00 PERX
 RX 1075563 CARAFATE 1GM/10ML SUSPENSION AXCAN
 BROWN, C 3434 PRYATANIA STREET NEW ORLEANS, LA 70471-3317
 SIG: SW AND G "JEFFREY" 8ML PO BID FOR 2 WEEKS
 10/15/2009 240 0 14 35.00 2.84 PERX

10/15/2009 JWJ/JWT 240 14 35.00 35.00 PERX
 RX 1079027 CYPROHEPTADINE 4MG TABLETS TEVA
 BROWN, R CHILDREN'S HOSPITAL GASTROENTEROLOGY 20 NEW ORLEANS, LA 70471-3317
 SIG: G "JEFFREY" ONE T PO TID FOR 2 WEEKS
 10/26/2009 42 0 14 10.00 1.00 PERX

10/26/2009 DSB/LSR 42 14 10.00 10.00 PERX
 RX 1079028 RANITIDINE 150MG TABLETS GLENMARK
 BROWN, R CHILDREN'S HOSPITAL GASTROENTEROLOGY 20 NEW ORLEANS, LA 70471-3317
 SIG: G "JEFFREY" 1/2 T PO QAM AND 1 T PO QHS
 10/26/2009 45 1 30 28.29 0.00 PERX

10/26/2009 LSR/LSR 45 30 28.29 28.29 PERX
 RX 1080809 CEFDINIR 300MG CAPSULES SANDOZ
 TERRAL, W (SR) 21107 HIGHWAY 21 SUITE 1 COVINGTON, LA 70471-3317
 SIG: G "JEFFREY" 1 C PO QD
 10/30/2009 10 10

LA WALGREENS PURGED DATA FOR STORE 05382

02/20/11

REPORT: RX0920

PAT PHONE# BIRTH DATE

PAT ADDRESS

FIRST

RX NUMBER	DRUG NAME	DRUG MFR	CTL	PLAN	RX IMAGE ID	DEA#
DOC NAME	DOC ADDRESS				DOC PHONE#	
ORIG DATE	QTY	REFILLS	DAYS SUPPLY	RX COMMENTS		
ENTER DATE	CIND	ENT/VER	FILL QTY	REFILL	TOT AMT	FILL SOLD DATE
AUTH NBR	AUTH BY				CUST AMT	CLAIM #
						PARTIAL CODE
						PLAN

10/30/2009	RNJ/JWT	10	ORIG		10.00	2.60	10/30/2009	28612791	PERX
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PAT PHONE# BIRTH DATE

PAT ADDRESS

FIRST

RX NUMBER DRUG NAME DOC NAME DOC ADDRESS QTY REFILLS DAYS SUPPLY RX COMMENTS CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN

ENTER DATE CND ENT/VER FILL QTY REFILL AUTH BY

BODIN , JEFFREY 528 BEAU CHENE DRIVE MANDEVILLE, LA 70471-3317 (985)845-0969 05/22/1997

RX 1031938 SUMATRIPTAN 25MG TABLETS DR. REDDY'S RX PERX 0538256124475280910

SLOPIS, J 1515 HOLCOMBE HOUSTON, TX 70471-3317 DR. REDDY'S RX PERX (713)792-2121 B51951121

SIG: G "JEFFREY" = I AT ONSET OF HA. MAY REPEAT IN 2 HOURS IF NO RELIEF. MAX OF 2 TS IN 24 HOURS

06/11/2009 20 3 3 MAX INSURANCE PAYS IS 9 TABLETS

06/11/2009 SMM/PNH 9 ORIG 10.00 195.37 06/12/2009 25665715 PERX

01/26/2010 XXX/GJP 9 REL001 10.00 9.49 01/26/2010 31743002 PERX

RX 1080810 AMBI 60PSE/400GFN TABLETS AMBI 10.00 0538233125693114216

TERRAL, W (SR) 71107 HIGHWAY 21 SUITE 1 COVINGTON, LA 70471-3317

SIG: G "JEFFREY" = T PO Q 6 HOURS (985)893-2580 AT7414787

10/30/2009 30 0 7 ORIG 41.09 0.00 11/06/2009 29012487 PERX

11/02/2009 DSB/JWT 30 ORIG 41.09 0.00 11/06/2009 0538219125988214117

RX 1092268 AMOXICILLIN 875MG TABLETS TEVA RX PERX (985)893-2580 BC2820810

CASEY, S 71107 HWY 21 COVINGTON, LA 70471-3317

SIG: G "JEFFREY" = I T PO BID FOR 10 DAYS

12/03/2009 20 0 10 ORIG 10.00 5.37 12/03/2009 29012487 PERX

RX 1097885 FERROUS SULFATE 325MG TABLETS WALGREENS

MORGAN, C 200 HENRY CLAY NEW ORLEANS, LA 70471-3317

SIG: G "JEFFREY" = I T PO QD WITH JUICE

12/17/2009 90 1 1 NMT/RJG 90 0.00 12/19/2009 0538202126124621915

12/19/2009 90 1 1 NMT/RJG 90 5.45 12/19/2009 (504)899-9511 BM7387043

PAT PHONE# BIRTH DATE

PAT ADDRESS

FIRST

PAT LAST NAME

RX NUMBER	DRUG NAME	DOC ADDRESS	CTL PLAN	RX IMAGE ID	DEA#
DOC NAME	QTY	REFILLS	FILL SOLD DATE	DOC PHONE#	PARTIAL CODE
ENTER DATE	CIND	ENT/VER	TOT AMT	CLAIM #	PLAN
AUTH NBR	AUTH BY	REFILL	CUST AMT		

ECODIN , JEFFREY 528 BEAU CHENE DRIVE MANDEVILLE, LA 70471-3317 (985)845-0969 05/22/1997

RX 1027025 MULTI-VIT/FLUORIDE IMG CHEW TABS QUALITEST RX 0538261124352550617 (985)845-8042 AF2697817

FOY, C 204 ST. JOHN MADISONVILLE, LA 70471-3317

SIG: CSW ONE T D

XFER TO STORE: 5382 RX#: 1119231 REH INIT: JMT ENT INIT: DSB 02/10/2010 XFER FROM STORE DEA: BW6636003 REH INIT: BJJ

05/28/2009 100 PRN 100 0.00 05/28/2009

05/28/2009 NMT/JWT 100 ORIG 34.99 0.00

05/28/2009 XXX/JWT 0 ADDRFL

05/28/2009 DR ROY PER FAX 0

08/19/2009 DSB/GJP 100 REL001 34.99

RX 1083247 VERAMYST 27.5MCG NASAL SP (120 INH) GLAXO SMITH KLINE

HASSETT, C 2750 GAUSE BLVD SLIDELL, LA 70471-3317

SIG: TWO SPRAYS IEN D

11/06/2009 10 30 35.00 59.29

11/06/2009 KJP/KJP 10 ORIG 45.00 53.14

03/01/2010 HMA/KTN 10 REL001

RX 1097111 FEMAZEPAM 7 5MG CAPSULES MALLINCKRODT

BLUNDELL, G 178 HIGHWAY 22 EAST SUITE 100 MADISONVILLE, LA 70471-3317

SIG: G "JEFFREY" ONE C PO HS PRF SLP

XFER TO STORE: 5382 RX#: 1128890 REH INIT: LSR ENT INIT: NMT 03/09/2010 XFER FROM STORE DEA: BW6636003 REH INIT: BJJ

12/18/2009 30 2 10.00 217.99

12/18/2009 BJG/GJP 30 ORIG 10.00 217.89

01/02/2010 JLC/BJG 30 REL001 10.00 217.89

01/19/2010 SMM/JWT 30 REL002

RX 1117964 AMOXICILLIN 500MG CAPSULES TEVA

CASEY, S 71107 HWY 21 COVINGTON, LA 70471-3317

SIG: G "JEFFREY" ONE C PO BID FOR 10 DAYS

02/06/2010 20 0 7.92 0.00

02/06/2010 JLC/GJP 20 ORIG 7.92 0.00

RX 1119231 MULTI-VIT/FLUORIDE IMG CHEW TABS QUALITEST

FOY, C 204 ST. JOHN MADISONVILLE, LA 70471-3317

SIG: CSW ONE T D

05/28/2009 100 PRN 100 34.99 0.00

02/10/2010 DSB/JWT 100 ORIG 0.00 0.00

RX 1128327 LIDOCAINE/ERLOCAINE CREAM 30GM FOUGERA

CASEY, S 71107 HWY 21 COVINGTON, LA 70471-3317

SIG: REP SS HOUR PRIOR TO PROCEDURE

02/24/2010 30 0 10

REPORT: RXC920 08/21/11 LA WALGREENS PURGED DATA FOR STORE 05382

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE

RX NUMBER	DOC NAME	DRUG NAME	QTY	REFILLS	DAYS SUPPLY	RX COMMENTS	REFILL	CUST AMT	TOT AMT	FILL SOLD DATE	CTL PLAN	RX IMAGE ID	DEA#	PARTIAL CODE	PLAN
03/08/2010		BJG/JWT	30			ORIG		10.00	0.75	03/09/2010	C4	32817070			PERX
RX 1128889	TEMAMZEPAM	7.5MG CAPSULES				MALLINCKRODT						0538241126816135013			
BLUNDELL	G 178 HIGHWAY 22	EAST SUITE 100	MADISONVILLE, LA	70471-3317								(985)845-8101	BBI440724		
SIG: C	"JEFFREY"	ONE C FO HS PRF SLP													
03/09/2010		BJG/LSR	0			ADDFEL									
03/09/2010		BJG/LSR	0			ADDFEL									
RX 1128890	TEMAMZEPAM	7.5MG CAPSULES				MALLINCKRODT						0538243126816139318			
BLUNDELL	G 178 HIGHWAY 22	EAST SUITE 100	MADISONVILLE, LA	70471-3317								(985)845-8101	BBI440724		
SIG: G	"JEFFREY"	ONE C FO HS PRF SLP													
03/09/2010		LSR/JWT	2			ORIG		10.00	217.89	03/09/2010	C4	32814490			PERX
03/09/2010		NMT/LSR	0			ADDFEL									
03/09/2010		LSR/LSR	3			ADDFEL									
DR BLUNDELL/COMP FAX															
04/21/2010		BJG/JWT	30			REFL001		10.00	217.89	04/21/2010	RX	33329908			PERX
RX 1145487	AMOXICILLIN	500MG CAPSULES				TEVA						053824512763248217			
CASEY, S	71107 HWY 21	COVINGTON, LA	70471-3317									(985)893-2580	BC2820810		
SIG: G	"JEFFREY"	ONE C FO BID FOR 10 DAYS													
04/30/2010		JWT/JWT	20			ORIG		7.87	0.00	04/30/2010		33219230			PERX
04/30/2010		JWT/JWT	20			ADDFEL									

LA WALGREENS PURGED DATA FOR STORE 05382

11/23/11

PAT PHONE# BIRTH DATE

FAT ADDRESS

FIRST

RX NUMBER DRUG NAME DOC NAME DOC ADDRESS CITY REFILLS DAYS SUPPLY RX COMMENTS CUST AMT TOT AMT CTL PLAN RX IMAGE ID DOC PHONE# DEA#
 ENTER DATE CND. ENT/VER FILL QTY REFILL AUTH BY

BODIN, JEFFREY 528 BEAU CHENE DRIVE MANDEVILLE, LA 70471-3317 (985)845-0969 05/22/1997

RX 1035179 PATADAY 0.2% OPHTH SOLUTION 2.5ML ALCON RX PERX 0538224124567719215
 ADEMA, P 2180 N CAUSEWAY BLVD MANDEVILLE, LA 70471-3317 (985)727-2077 MA1344148

SIG: INSTILL ONE GTT IN OU QAM FOR 7 DAYS
 XFER TO STORE: 5382 RX#: 1155177 RPH INIT: LSR ENT INIT: XXX 06/01/2010 XFER FROM STORE DEA: BW6636003 RPH INIT: BJJ
 06/22/2009 2.500 3 7

DATE	VPB/GJP	XXX/GJP	ORIG	ADDREFL	AMT	DATE	PERX	AMT	DATE	PERX
06/22/2009	0	0			35.00	06/24/2009	25398179			PERX
06/22/2009	4	4			56.38	09/08/2009	27437573			PERX
09/05/2009	2.500	2.500	REF001		91.73	01/08/2010	30087567			PERX
01/07/2010	2.500	2.500	REF002		45.00	03/02/2010	31253792			PERX
02/26/2010	2.500	2.500	REF003							

LA WALGREENS PURGED DATA FOR STORE 05382

02/08/10

REPORT: RX0920

PAT PHONE# BIRTH DATE

PAT ADDRESS

FIRST

PAT LAST NAME

RX NUMBER DRUG NAME RX IMAGE ID RX PLAN DOC PHONE# DEA#
 DOC NAME DOC ADDRESS QTY REFILLS DAYS SUPPLY RX COMMENTS CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
 ENTER DATE CIND ENT/VER FILL QTY REFILL
 AUTH NBR AUTH BY

BODIN , JEFFREY 528 BEAU CHEME DRIVE MANDEVILLE, LA 70471-3317 (985)845-0969 05/22/1997

RX 0905702 ONDANSETRON 4MG TABLETS DR. REDDY'S RX PERX 0538290121313839014
 GEDALIA, A 200 HENRY CLAY AVENUE NEW ORLEANS, LA 70471-3317 (504)899-9511 BG3081635

SIG: G "JEFFREY" ONE T PO Q 8 H PRN NV
 XFER TO STORE: 5382 RX#: 0938884 RPH INIT: JWT ENT INIT: XXX 09/21/2008 XFER FROM STORE DEA: BW6636003 RPH INIT: JWT

06/10/2003	SMW/JWT	12	ORIG	10.00	7.48	06/11/2008	19262833	PERX
06/22/2003	XXX/JWT	12	REF001	10.00	7.48	06/27/2008	19488542	PERX
07/16/2003	XXX/JWT	12	REF002	10.00	7.48	07/17/2008	19513076	PERX

PAT PHONE# BIRTH DATE

PAT ADDRESS

RX NUMBER	DRUG NAME	CTL	PLAN	RX IMAGE ID	DEA#
09/06/2008	XXX/LSR 4	09/09/2008		20444100	
0906560	FLOXETINE 10MG CAPSULES	RX	PERX	0538242121336913614	PERX
CASEY, S 71107 HWY 21 COVINGTON, LA 70471-3317				(985)893-2580	BC2820810
SIG: G "JEFFREY" ONE C PO QAM					
06/13/2008	LSR/LSR 30	06/27/2008			
06/17/2008	LSR/LSR 1				
06/13/2008	BVG/JWT 0				
06/17/2008	LSR/JWT 2				
08/11/2008	PER 2				
0925082	KEPPRA 250MG TABLETS	08/14/2008		19624088	PERX
DESMOND, S 200 HENRY CLAY AVE KENNER, LA 70471-3317		RX	PERX	0538242121824450814	
SIG: G TWO TS PO QAM AND TWO QPM FOR 7 DAYS, THEN G TWO TS QAM AND THREE TS QPM				(504)889-9511	
XFER TO STORE: 5382 RX#: 0931212 RPH INIT: JWT ENT INIT: XXX 08/27/2008					
08/08/2008	143				
08/08/2008	SMM/JWT 24				
08/08/2008	DSB/BVG 119				
08/08/2008	REFL001				
0931212	KEPPRA 250MG TABLETS	08/09/2008		19362792	R
DESMOND, S 200 HENRY CLAY AVE KENNER, LA 70471-3317		RX	PERX	19397028	PERX
SIG: G TWO TS PO QAM AND TWO QPM FOR 7 DAYS, THEN G TWO TS QAM AND THREE TS QPM				0538242121824450814	
08/27/2008	143				
08/27/2008	XXX/JWT 0				
08/27/2008	ADDREL				
0931427	CARAFATE 1GM/10ML SUSPENSION				
MORALES, J 200 HENRY CLAY AVE NEW ORLEANS, LA 70471-3317					
SIG: SAS 1 TEA QID					
XFER TO STORE: 5382 RX#: 0936470 RPH INIT: JWT ENT INIT: XXX 09/14/2008					
08/27/2008	200				
08/27/2008	BVG/BVG 200				
0931429	MAGIC MOUTHWASH	08/27/2008		19720349	PERX
MORALES, J 200 HENRY CLAY AVE NEW ORLEANS, LA 70471-3317		RX	PERX	0538264121987114613	
SIG: SAS 2 TES QID. SKAKE WELL				(504)896-9740	BM9735169
XFER TO STORE: 5382 RX#: 0936471 RPH INIT: JWT ENT INIT: XXX 09/14/2008					
08/27/2008	360				
08/27/2008	BVG/BVG 360				
0932119	KEPPRA 250MG TABLETS	08/27/2008		19247349	PERX
MORALES, J 200 HENRY CLAY AVE NEW ORLEANS, LA 70471-3317		RX	PERX	0538218121996112714	
SIG: G "JEFFREY" 3 TS PO BID				(504)896-9740	BM9735169
08/28/2008	180				
08/28/2008	DSB/JWT 2				
08/28/2008	XXX/BVG 180				
0927/2008	REFL001				
0934786	CHLORHEXIDINE ORAL RINSE 473ML	08/29/2008		19918439	PERX
MORALES, J 200 HENRY CLAY AVE NEW ORLEANS, LA 70471-3317		RX	PERX	20533171	PERX
SIG: SWISH AND SPIT OUT 10MLS PO TID				0538235122097845612	
09/09/2008	473				
09/09/2008	ADDREL				

PAT PHONE# BIRTH DATE

PAT ADDRESS

PAT LAST NAME FIRST

RX NUMBER	DOC NAME	DRUG NAME	DOC ADDRESS	QTY	REFILLS	DAYS SUPPLY	RX COMMENTS	REFILL	CUST AMT	TOT AMT	CTL	PLAN	FILL SOLID DATE	CLAIM #	PARTIAL CODE	PLAN	
RX 0936470		CARFATE 1GM/10ML SUSPENSION					AXCAN				RX	PERX		0538264121987114613			
		MORALES, J 200 HENRY CLAY AVE NEW ORLEANS, LA 70471-3317												(504)896-9740	BM9735169		
		SIG: SAS 1 TEA QID															
		09/14/2008 200							35.00	0.00			09/17/2008	20523093		PERX	
		09/17/2008 200															
		09/14/2008 0															
		09/17/2008 3															
		FAX															
RX 0936471		*MAGIC MOUTHWASH					N				RX	PERX		0538264121987114613			
		MORALES, J 200 HENRY CLAY AVE NEW ORLEANS, LA 70471-3317												(504)896-9740	BM9735169		
		SIG: SAS 2 TES QID. SRAKE WELL															
		09/14/2008 360															
		09/17/2008 360							35.00	0.00			09/17/2008	20553093		PERX	
		09/14/2008 0															
		09/17/2008 3															
		FAX															
RX 0938884		ONDANSETRON 4MG TABLETS					DR.REDDY'S				RX			0538264122204120713			
		HOSPITAL, C 200 HENRY CLAY AVE NEW ORLEANS, LA 70471-3317												(504)899-9511	AT3365295		
		SIG: G "JEFFREY" ONE T PO Q 8 H PRN NV															
		09/21/2008 20															
		09/21/2008 0															
		09/21/2008 3															
		09/21/2008 0															

PAT PHONE# BIRTH DATE

PAT ADDRESS

FIRST

RX NUMBER DRUG NAME DOC NAME DOC ADDRESS CITY REFILLS DAYS SUPPLY RX COMMENTS CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN

ENTER DATE CIND ENT/VER FILL QTY REFILL

AUTH NBR AUTH BY

CTL PLAN RX IMAGE ID DEAN#

DOC PHONE#

DRUG MFR

RX COMMENTS

CUST AMT

TOT AMT

FILL SOLD DATE

CLAIM #

PARTIAL CODE

PLAN

BODIN , JEFFREY 528 BEAU CHENE DRIVE MANDEVILLE, LA 70471-3317 (985)845-0969 05/22/1997

RX 0841566 CYPROHEPTADINE 4MG TABLETS ELIVA RX PERX 0538277119764749015

POUW, T 1850 GAUSE BLVD SLIDELL, LA 70471-3317 RX PERX (985)882-7077 EP3877365

SIG: G "JEFFREY" SS TO ONE T FO BID 12/13/2007 60 6

12/14/2007 DSB/JWT 60 ORIG 10.00 9.37 12/15/2007 17479838 PERX

02/04/2008 XXX/JWT 60 REL001 10.00 11.47 02/07/2008 18598318 PERX

07/02/2008 XXX/ALK 60 REL002 10.00 13.57 07/06/2008 19144055 PERX

11/11/2008 XXX/JWT 60 REL003 10.00 14.38 11/13/2008 20266167 PERX

RX 0908248 SMZ/TMP REGULAR STRENGTH TABS LANNETT RX PERX 0538204121382524014

ZHAO, T 1532 TULANE NEW ORLEANS, LA 70471-3317 XFER FROM STORE DEA: BM6636003 RPH INIT: JWT

SIG: G "JEFFREY" ONE T FO BID Q MON. WED. AND FRI. XFER TO STORE: 5382 RX#: 0959484 RPH INIT: BJJ ENT INIT: RNJ 11/18/2008 24.09 06/18/2008 19588004 PERX

06/16/2008 90 CWK/HEB 90 ORIG 10.00 24.09 06/18/2008 0538214122705456614 PERX

RX 0959484 SMZ/TMP REGULAR STRENGTH TABS AMNEAL RX PERX (504)903-3000 AT3365295

ZHAO, T 1532 TULANE NEW ORLEANS, LA 70471-3317 SIG: G "JEFFREY" ONE T FO BID Q MON. WED. AND FRI.

06/16/2008 90 RNJ/JWT 3 10.00 11.47 11/21/2008 20107448 PERX

11/18/2008 90 ORIG 10.00

LA WALGREENS PURGED DATA FOR STORE 05382

09/02/10

REPORT: RX0920

FAT PHONE# BIRTH DATE

FAT ADDRESS

FIRST

FAT LAST NAME

RX NUMBER	DRUG NAME	DOC NAME	DOC ADDRESS	REFILLS	DAYS SUPPLY	RX COMMENTS	CTL	PLAN	DOC PHONE#	RX IMAGE ID	DEA#
ENTER DATE	QTY	REFILL	REFILL	REFILL	REFILL	REFILL	TOT AMT	FILL SOLD DATE	CLAIM #	PARTIAL CODE	PLAN
AUTH NBR	ENT/VER	FILL QTY	CUST AMT	TOT AMT							

ECODIN , JEFFREY 528 BEAU CHENE DRIVE MANDEVILLE, LA 70471-3317 (985)845-0969 05/22/1997

RX 1002692 CYPROHEPTADINE 4MG TABLETS PLIVA RX PERX 0538262123740690117
 FOUW, V 27360 HWY 190 LACOMBE, LA 70471-3317 (985)882-7077 BF3877365

SIG: G "JEFFREY" ONE T PO OD TO BID APPEITTE STIMULATION
 03/18/2009 60 5 30

03/18/2009 RNJ/JWT 60 ORIG 10.00 4.79 03/19/2009 23592359 PERX

LA WALGREENS PURGED DATA FOR STORE 05382

11/22/10

REPORT: RX0920

PAT PHONE# BIRTH DATE

PAT ADDRESS

FIRST

RX NUMBER	DRUG NAME	DOC NAME	DOC ADDRESS	CTL	PLAN	RX IMAGE ID	DEA#
0891046	PATADAY 0.2% OPHTH SOLUTION 2.5ML	ALCON	528 BEAU CHENE DRIVE MANDEVILLE, LA 70471-3317	RX	PERX	0538203120946865219	(985)845-0969 05/22/1997

ENTER DATE	CIND	ENT/VER	FILL QTY	REFILL	RX COMMENTS	CUST AMT	TOT AMT	FILL SOLD DATE	CLAIM #	PARTIAL CODE	PLAN
04/29/2008	2.500	4	7		SIG: INSTILL ONE GTT IN OU QAM FOR 7 DAYS						

XFER TO STORE	5382	RX#	1035179	RPH INIT	GJP	ENT INIT	XXX	06/22/2009	XFER FROM STORE	DEA	BM6636003	RPH INIT	BJG
04/29/2008	2.500	4	7										

04/29/2008	GJP/BJG	2.500	ORIG	35.00	51.59	04/30/2008	19651070
04/29/2008	XXX/JWT	0	ADDREL				

04/29/2008	GJP/JWT	5	FAX
04/29/2008	GJP/JWT	5	

PAT PHONE# BIRTH DATE

PAT ADDRESS

FIRST

PAT LAST NAME

RX NUMBER	DRUG NAME	DOC ADDRESS	QTY	REFILLS	DAYS SUPPLY	RX COMMENTS	CUST AMT	TOT AMT	CTL PLAN	FILL SOLD DATE	CLAIM #	PARTIAL CODE	PLAN
06/26/2008	KLK/JWT	2.500	REL001				35.00	51.59	06/27/2008	19420446			PERX
08/13/2008	DSE/BJG	2.500	REL002				35.00	51.59	08/14/2008	19712238			PERX
11/12/2008	XXX/JWT	2.500	REL003				35.00	51.59	11/13/2008	20885699			PERX
02/09/2009	XXX/ALK	2.500	REL004				92.00	0.00	02/10/2009	22308968			PERX

RX 0920472 MULTI-VIT/FLUORIDE IMG CHEW TABS
 FOY, C 204 ST., JOHN MADISONVILLE, LA 70471-3317
 QUALITEST

SIG: CSW ONE T D
 XFER TO STORE: 5382 RX#: 1027025 RPH INIT: JMT ENT INIT: XXX 05/28/2009 XFER FROM STORE DEA: BM6636003 RPH INIT: BJJ

02/23/2008 100 PRN
 07/26/2008 100 KLK/GJP
 12/01/2008 100 JLC/BJG
 01/28/2009 9 RNJ/GJP
 02/17/2009 100 BJG/BJG

RX 1001408 PROPRANOLOL 10MG TABS
 SLOPIS, J 15.5 HOLCOMBE MD ANDERSON DFS L0072545 HOUSTON, TX 70471-3317
 DANBURY

SIG: G "JEFFREY" ONE T PO QHS FOR HA
 03/14/2009 30 JLC/BJG
 03/14/2009 5 JLC/BJG
 03/31/2009 30 XXX/JWT
 05/01/2009 30 XXX/BJG

RX 1023503 AMOX-CLAV 500MG TABLETS
 TEREAL, W (SON) 71107 HWY 21 COVINGTON, LA 70471-3317
 GENEVA

SIG: G "JEFFREY" ONE I PO BID
 05/18/2009 20 DSE/JMT
 05/18/2009 20 DSE/JMT

RX 1031937 PROPRANOLOL 10MG TABS
 SLOPIS, J 15.5 HOLCOMBE HOUSTON, TX 70471-3317
 DANBURY

SIG: G "JEFFREY" 1/4 T PO BID
 05/11/2009 95 SMM/PNH
 06/11/2009 30 SMM/PNH

05/18/2009 10.00
 05/18/2009 8.70
 06/12/2009 10.00

07/26/2008 0.00
 12/02/2008 0.00
 02/05/2009 0.00
 02/18/2009 0.00

03/14/2009 10.00
 04/01/2009 10.00
 05/02/2009 10.00

05/18/2009 25459003
 05/18/2009 25464715

05382255124475280016
 (713)792-2121 BSL951121

0538242123705397910
 (713)794-4833 BSL951121

23847050
 23418888
 24170863
 0538260124266565111
 (985)893-2580 AT7414787

PERX
 PERX
 PERX
 PERX
 PERX

06/12/2009 25464715

LA WALGREENS PURGED DATA FOR STORE 05382

04/20/09

REPORT: RX0920

PAT PHONE# BIRTH DATE

PAT ADDRESS

FIRST

PAT LAST NAME

RX NUMBER	DRUG NAME	DOC ADDRESS	REFILLS	DAYS SUPPLY	RX COMMENTS	CTL	PLAN	DOC PHONE#	RX IMAGE ID	DEA#
DOC NAME	DOC ADDRESS	REFILLS	DAYS SUPPLY	RX COMMENTS	CTL	PLAN	DOC PHONE#	RX IMAGE ID	DEA#	
ENTER DATE	CIND	ENT/VER	FILL QTY	REFILL	TOT AMT	FILL SOLD DATE	CLAIM #	PARTIAL CODE	PLAN	
AUTH NBR	AUTH BY									

BODIN, JEFFREY 528 BEAU CHENE DRIVE WANDEVILLE, LA 70471-3317 (985)845-0969 05/22/1997

RX 0620223 MULTI-VITA-F 0.5MG CHEW TABS AMIDE (985)845-8042 AF2697617

FOY, C 204 ST. JOHN MADISONVILLE, LA 70471-3317
SIG: CHEW AND SWALLOW ONE T PO QD
XFER TO STORE: 5382 RX#: 0815999 RPH INIT: BJJ ENT INIT: XXX 10/03/2007 XFER FROM STORE DEA: BM6636003 RPH INIT: BJJ
07/28/2006 100 1 100

LA WALGREENS PURGED DATA FOR STORE 05382

11/19/09

REPORT: RX0920

PAT PHONE# BIRTH DATE

PAT ADDRESS

FIRST

PAT LAST NAME

RX NUMBER	DRUG NAME	DOC ADDRESS	REFILLS	DAYS SUPPLY	RX COMMENTS	CUST AMT	TOT AMT	FILL SOLD DATE	CLAIM #	PARTIAL CODE	PLAN
0868157	MULTI-VITA-F 1MG CHEW TABS	528 BEAU CHEME DRIVE MANDEVILLE, LA 70471-3317									
	FOY, C 204 ST. JOHN MADISONVILLE, LA 70471-3317										
	SIG: CSW ONE T D										
	XFER TO STORE: 5382										
	02/23/2008										
	100 PRN										
	02/27/2008										
	BJG/JWT										
	100										
	ORIG										
	16.19										
	0.00										
	03/05/2008										

BODIN, JEFFREY 528 BEAU CHEME DRIVE MANDEVILLE, LA 70471-3317 (985)845-0969 05/22/1997

RX 0868157 MULTI-VITA-F 1MG CHEW TABS AMIDE RX 0538214119152923012 (985)845-8042 AF2697817

SIG: CSW ONE T D XFER TO STORE: 5382 RX#: 0920472 RPH INIT: GJP ENT INIT: KLK 07/26/2008 XFER FROM STORE DEA: BM6636003 RPH INIT: JMT

02/23/2008 100 PRN 02/27/2008 BJG/JWT 100 ORIG 16.19 0.00 03/05/2008

PAT PHONE# BIRTH DATE

PAT ADDRESS

FIRST

RX NUMBER	DRUG NAME	CTL	PLAN	RX IMAGE ID	DEA#
DOC NAME	DOC ADDRESS			DOC PHONE#	
ORIG DATE	QTY	REFILLS	DAYS SUPPLY	FILL SOLD DATE	CLAIM #
ENTER DATE	CIND	ENT/VER	FILL QTY	TOT AMT	PARTIAL CODE
AUTH NBR	AUTH BY			CUST AMT	PLAN

07/30/2008	GJP/GJP	10	ORIG	35.00	33.02	07/30/2008	19671971	PERX
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LA WALGREENS PURGED DATA FOR STORE 05382

11/23/08

REPORT: RX0920

PAT PHONE# BIRTH DATE

PAT ADDRESS

FIRST

PAT LAST NAME

RX NUMBER	DRUG NAME	DOC ADDRESS	REFILLS	DAYS SUPPLY	RX COMMENTS	CUST AMT	TOT AMT	FILL SOLD DATE	CLAIM #	PARTIAL CODE	PLAN
05/07/2007	OMNICEF 250MG/5ML SUSPENSION 60ML	528 BEAU CHENE DRIVE MANDEVILLE, LA 70471-3317	0	10	REFILL	30.00	69.88				

BODIN, JEFFREY

528 BEAU CHENE DRIVE MANDEVILLE, LA 70471-3317

05/07/2007

RX 0770504
 TERRAL, W (SDN) 71107 HWY 21 *INSURANCE OFFICE* COVINGTON, LA 70471-3317
 SIG: SW AND G "JEFFREY" ONE TEA PO QD FOR 10 DAYS
 05/07/2007 60 10

RX PERX

ABBOTT

0538217117856986185

(985)893-2580

AT7414787

PERX

46476853

05/07/2007

69.88

30.00

ORIG

60

JLC/GJP

05/07/2007

PAT PHONE# BIRTH DATE

PAT ADDRESS

FIRST

PAT LAST NAME

RX NUMBER DRUG NAME DOC NAME DOC ADDRESS CITY REFILLS DAYS SUPPLY RX COMMENTS CUST AMT TOT AMT CTL PLAN RX IMAGE ID DEA# PAT PHONE# BIRTH DATE

DOC NAME CITY REFILLS DAYS SUPPLY RX COMMENTS CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN

ENTER DATE CIND ENT/VER FILL QTY REFILL AUTH BY

BODIN , JEFFREY 528 BEAU CHENE DRIVE MANDEVILLE, LA 70471-3317 (985)845-0969 05/22/1997

RX 0804378 PATADAY 0.2% OPHTH SOLUTION 2.5ML ALCON RX PERX 0538238118831053319 47891540 PERX
 ADEMA, P 2180 N CAUSEWAY BLVD MANDEVILLE, LA 70471-3317 (985)727-2077 MA1344148 47606858 PERX

SIG: INSTILL ONE GTT IN OU QAM FOR 7 DAYS
 XFER TO STORE: 5382 RX#: 0891046 RPH INIT: BJJG ENT INIT: XXX 04/29/2008 XFER FROM STORE DEA: BW6635003 RPH INIT: BJJG
 08/21/2007 2.500 4 7

08/28/2007 JLN/LSR 2.500 ORIG 30.00 52.39 08/29/2007 47891540 PERX
 09/27/2007 XXX/LSR 2.500 REL001 30.00 52.39 09/30/2007 47606858 PERX
 11/03/2007 XXX/LSR 2.500 REL002 30.00 52.39 11/05/2007 85052840 PERX
 01/23/2008 XXX/BJG 2.500 REL003 35.00 51.59 01/27/2008 18502122 PERX
 03/16/2008 XXX/LSR 2.500 REL004 35.00 51.59 03/18/2008 18723556 PERX

RX 0816237 MULTII-VITA-F IMG CHEW TABS AMIDE RX 0538214119152923012 47891540 PERX
 FOY, C 204 ST. JOHN MADISONVILLE, LA 70471-3317 (985)845-8042 AF2697817

SIG: CSW ONE T D
 XFER TO STORE: 5382 RX#: 0868157 RPH INIT: LSR ENT INIT: LSR 02/23/2008 XFER FROM STORE DEA: BW6635003 RPH INIT: BJJG
 10/04/2007 100 JLN/BJG 0 100 10/07/2007 0538235120811217412

RX 0885821 SMZ/TMP REGULAR STRENGTH TABS ORIG LANNETT 16.19 0.00 10/07/2007 0538235120811217412
 CASEY, S 71107 HWY 21 *INSURANCE OFFICE* COVINGTON, LA 70471-3317 (985)893-2580 BC2820810

SIG: G "JEFFREY" I T PO BID FOR 10 DAYS
 04/13/2008 20 BJJ/BJG 0 10 04/13/2008 18281808 PERX

RX 0888168 LORAZEPAM 0.5MG TABLETS ORIG RANEAAXY 10.00 0.00 04/13/2008 18281808 PERX
 CASEY, S 71107 HWY 21 *INSURANCE OFFICE* COVINGTON, LA 70471-3317 (985)893-2580 BC2820810

SIG: G "JEFFREY" 1/2 T PO PRIOR TO PROCEDURES
 04/19/2008 10 0 04/19/2008 18281808 PERX

FAT LAST NAME

FAT ADDRESS

FIRST

FAT PHONE# BIRTH DATE

RX NUMBER	DRUG NAME	DOC NAME	DOC ADDRESS	QTY	REFILLS	DAYS SUPPLY	RX COMMENTS	REFILL	CUST AMT	TOT AMT	FILL SOLD DATE	CLAIM #	DEA#	PLAN
04/19/2008	SMR/LSR	10	ORIG	10.00	0.00	04/19/2008	18947293	PERX						
RX 090600	HYDROCORTISONE 1% CREAM 28.35GM	FOUGERA					0538227120933498615							
	CALLENDER, G 1515 HOLCOMBE BLVD UNIT 90 HOUSTON, TX 70471-3317						(713)792-2121							
	SIG: APPLY TO GROIN AREA BID PRN FOR ITCHING/RASH						AJ3354177							
04/27/2008	28.400	3	15											
04/27/2008	KLK/JWT	28.400	ORIG	11.99	0.00	04/27/2008								

PAT LAST NAME	FIRST	PAT ADDRESS	LA WALGREENS PURGED DATA FOR STORE	05382	PAT PHONE#	BIRTH DATE
RX NUMBER	DOC NAME	DRUG NAME	CTL	PLAN	RX IMAGE ID	DEA#
DOC DATE	QTY	REFILLS	DAYS SUPPLY	RX COMMENTS	CUST AMT	TOT AMT
ENTER DATE	CIND	ENT/VER	FILL QTY	REFILL	ORIG	ADDRFL
AUTH NBR	AUTH BY					
07/28/2006	JLH/LSR	100	0	ORIG	14.99	0.00
07/28/2006	XXX/BJG	0	2	ADDRFL		
07/28/2006	BJG/BJG	2				
11/14/2006	ERE/JBS	100		REL001	16.19	0.00
RX 0802466	LOTEMAX 0.5% OPHTHALMIC SUSP 10ML			BAUSCH & LOMB		
ADEMA, P 2180 N CAUSEWAY BLVD MANDEVILLE, LA 70471-3317						
SIG: PLACE ONE DROP INTO OU QID FOR 7 DAYS						
08/21/2007	10	20				
08/21/2007	SMM/BJG	10		ORIG	30.00	61.55
RX 0804220	CEFDINIR 250MG/5ML SUSPENSION 60ML			SANDOZ		
CASEY, S 606 WEST 12TH AVE *MEDICAID OFFICE* COVINGTON, LA 70471-3317						
SIG: SW AND G "JEFFREY" ONE TEA PO QD FOR 10 DAYS. DR						
08/27/2007	60	10		ORIG	10.00	59.50
08/27/2007	SMM/GJP	60		ALCON		
RX 0807631	TOBRADEX OPTH SUSP 5ML					
ADEMA, P 2180 N CAUSEWAY BLVD MANDEVILLE, LA 70471-3317						
SIG: INSTILL ONE GTT IN OU QID FOR 7 DAYS						
09/07/2007	5	7				
09/07/2007	JLH/JWT	5		ORIG	50.00	19.35
RX 0808607	CEFDINIR 250MG/5ML SUSPENSION 100ML			SANDOZ		
CASEY, S 71107 HWY 21 *INSURANCE OFFICE* COVINGTON, LA 70471-3317						
SIG: SW AND G "JEFFREY" 3/4 TES PO BID FOR 10 DAYS						
09/11/2007	100	10				
09/11/2007	DSB/LSR	100		ORIG	10.00	98.88
RX 0815999	MULTI-VITA-F 0.5MG CHEW TABS					
FOY, C 204 ST. JOHN MADISONVILLE, LA 70471-3317						
SIG: CHEW AND SWALLOW ONE T PO QD						
10/03/2007	100	0		ADDRFL		
10/03/2007	XXX/BJG	0				

PAT PHONE# BIRTH DATE

PAT ADDRESS

FIRST

PAT LAST NAME

RX NUMBER	DRUG NAME	DOC ADDRESS	REFILLS	DAYS SUPPLY	RX COMMENTS	CTL	PLAN	DOC PHONE#	RX IMAGE ID	DEA#	FILL SOLID DATE	CLAIM #	PARTIAL CODE	PLAN
083518	AMOXICILLIN 400MG/5ML SUSP 100ML	528 BEAU CHENE DRIVE MANDEVILLE, LA 70471-3317	0	10	TEVA	RX	PERX	(985)893-2560	0538279119621598612	BC2820810				

----- (985)845-0969 05/22/1997 -----

RX 083518 AMOXICILLIN 400MG/5ML SUSP 100ML TEVA

CASEY, S 71107 HWY 21 *INSURANCE OFFICE* COVINGTON, LA 70471-3317

SIG: SW AND G "JEFFREY" 2 TES FO BID FOR 10 DAYS

11/27/2007 200 10

LA WALGREENS PURGED DATA FOR STORE 05382

06/19/09

REPORT: RX0920

PAT PHONE# BIRTH DATE

FAT ADDRESS

FIRST

PAT LAST NAME

RX NUMBER	DRUG NAME	DOC NAME	DOC ADDRESS	CITY	REFILLS	DAYS SUPPLY	RX COMMENTS	REFILL	CUST AMT	TOT AMT	FILL SOLD DATE	CLAIM #	DOC PHONE#	RX IMAGE ID	DEA#	PARTIAL CODE	PLAN
11/27/2007	RNJ/BJG	200	ORIG						10.00	9.20	11/27/2007		17386307				PERX
RX 0837323	ALITHROMYCIN 200MG SUS 22.5ML		SANDOZ	COVINGTON, LA	70471-3317								0538277119672298117				
	CASEY, S 71107 HWY 21 *INSURANCE OFFICE* COVINGTON, LA 70471-3317																
	SIG: SW AND G *JEFFREY* 1 1/4 TEA PO ON DAY ONE, THEN G *JEFFREY* 3/4 TEA PO ON DAYS 2 - 5																
12/03/2007		22.500	5						10.00	17.26	12/04/2007		17131847				PERX
12/03/2007	SNW/GJP	22.500	ORIG														

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE
 RX NUMBER DRUG NAME DRUG MFR CTL PLAN RX IMAGE ID
 DOC NAME DOC ADDRESS DEPT REFILLS DAYS SUPPLY RX COMMENTS RX PHONE# DEA#
 ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
 AUTH BY AUTH NBR

----- (985)845-0969 05/22/1997

BODIN , JEFFREY 528 BEAU CHENE DR MANDEVILLE, LA 70471

RX 1482580 MONTELUKAST 10MG TABLETS MYLAN RX PERX 0538238136908666012
 TERRAL, W 71107 HWY 21 COVINGTON, LA 70471 (985)893-2580 AT7414787
 SIG: TK ONE T PO D
 XFER TO STORE: 5382 RX#: 1561765 RPH INIT: BJJ ENT INIT: XXX 02/17/2014 XFER FROM STORE DEA: BW6636003 RPH INIT: BJJ
 05/20/2013 90 10

05/20/2013 BJJ/LSR 90 ORIG 30.00 8.48 05/20/2013 69078708 PERX
 09/07/2013 XXX/LSR 90 REL001 30.00 0.00 09/08/2013 74587289 PERX
 11/20/2013 XXX/BJJ 90 REL002 30.00 0.00 11/22/2013 78655279 PERX
 RX 1554989 RIZATRIPTAN 5MG TABLETS AYROBINDO
 AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
 SIG: TK 1 T PO WITH ONSET OF HEADACHE, MAY BE REPEATED IN 30 MINUTES IF NECESSARY
 XFER TO STORE: 5382 RX#: 1558906 RPH INIT: LSR ENT INIT: DSB 02/06/2014 XFER FROM STORE DEA: BW6636003 RPH INIT: BJJ
 12/05/2013 28 10 ONLY HAVE 8 IN STOCK. MED IS UNAVAILABLE FOR ORDER
 01/23/2014 DSB/LSR 28 ORIG 10.00 36.16 01/23/2014 D3R9C3X PERX
 RX 1558906 RIZATRIPTAN 5MG TABLETS AYROBINDO RX (504)842-3900 BAI315375
 AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471
 SIG: TK 1 T PO WITH ONSET OF HEADACHE, MAY BE REPEATED IN 30 MINUTES IF NECESSARY
 02/06/2014 28 0 ONLY HAVE 8 IN STOCK. MED IS UNAVAILABLE FOR ORDER
 02/06/2014 DSB/LSR 0 0 ADDR

LA WALGREENS PURGED DATA FOR STORE 05382

08/26/15

REPORT: RX0920

PAT LAST NAME	FIRST	PAT ADDRESS	DRUG MFR	CTL	PLAN	DOC PHONE#	RX IMAGE ID	DEA#	PAT PHONE#	BIRTH DATE	
RX NUMBER	DOC NAME	DOC ADDRESS	REFILLS	DAYS SUPPLY	RX COMMENTS	CUST AMT	TOT AMT	FILL SOLD DATE	CLAIM #	PARTIAL CODE	PLAN
ENTER DATE	CIND	ENT/VER	FILL QTY	REFILL							
AUTH NBR	AUTH BY										
03/31/2014	XXX/BJG	0	ADDRL								
RX 157442	AMTRIPTYLINE 25MG TABLETS	MYLAN							0538282139708209619		
AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471								(504)842-3900	BA1315375	
SIG: IK 2 TS FO HS UTD											
04/09/2014	60	0	0								
04/09/2014	BJG/BJG	0									
RX 1581749	AMTRIPTYLINE 25MG TABLETS	MYLAN							0538291139835995010		
AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471								(504)842-3900	BA1315375	
SIG: TK ONE T PO QHS											
04/24/2014	30	2	0								
04/24/2014	DSB/LSR	0									
0											

PAT LAST NAME FIRST

PAT ADDRESS

PAT PHONE# BIRTH DATE

RX NUMBER	DOC NAME	QTY	REFILLS	DAYS SUPPLY	RX COMMENTS	DRUG MFR	TOT AMT	CTL	PLAN	RX IMAGE ID	DEA#	PARTIAL CODE	PLAN
DOC NAME	ENTER DATE	CIND	ENT/VER	FILL QTY	REFILL					DOC PHONE#	CLAIM #		
AUTH BY													

04/07/2014	GNP/GNP	90	0	90	ORIG		10.00		04/08/2014	ODKNHAD			PERX
05/26/2014	XXX/LSR	90	0	90	REFL001		10.00		05/27/2014	0L9XLHP			PERX
RX 1581754	AMTRIPTYLINE 100MG (HUNDRED MG)TAB				MYLAN				RX PERX	0538295139836022411			
AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471									(504)842-3900	BA1315375		
SIG: TK 1 T PO QHS													
04/24/2014	RNJ/LSR	2	0	30	ORIG		0.84		04/24/2014	OXAFOQM			PERX
04/24/2014	RNJ/LSR	0	0	0									
05/22/2014	XXX/LSR	30	0	30	REFL001		0.00		05/25/2014	ULTF7DE			PERX
06/28/2014	XXX/LSR	30	0	30	REFL002		0.00		06/28/2014	3A7FTXA			PERX
RX 1589632	VIGAMOX 0.5% OPHTH SOLUTION 3ML				ALCON				RX PERX	0538228140062141513			
CASEY, S	71107 HWY 21 COVINGTON, LA 70471									(985)893-2580	BC2820810		
SIG: INT 1 DROP IN RIGHT EYE BID													
05/20/2014	RNJ/B/J	0	0	30	ORIG		68.71		05/20/2014	WK33HIT			PERX
05/20/2014	RNJ/B/J	3	0	30	ORIG		25.00		RX PERX	0538276140260804810			
RX 1596318	AZITHROMYCIN 250MG TABLETS 6-PAK				TEVA					(985)893-2580	BC2820810		
CASEY, S	606 WEST 12TH AVE *MEDICAID OFFICE* COVINGTON, LA 70471												
SIG: TK 2 TS PO AT ONCE TODAY, THEN TK 1 T PO ONCE D FOR 4 DAYS													
06/12/2014	RNJ/JWT	0	0	5	ORIG		5.10		06/12/2014	YFNFHKE			PERX
06/12/2014	RNJ/JWT	6	0	6	ORIG		10.00		RX PERX	0538279140260805416			
RX 1596320	ONEPRAZOLE 20MG CAPSULES				ZYDUS					(985)280-6770	BS0336001		
SEDRISH, M	1051 GAUSE BLVD SLIDELL, LA 70471												
SIG: TK 1 C PO BID PRN WHILE TAKING NAPROSYN													
06/12/2014	RNJ/JWT	3	0	30	ORIG		11.94		06/12/2014	WHNIALE			PERX
06/12/2014	RNJ/JWT	60	0	60	ORIG		10.00		RX PERX	0538205140302579818			
RX 1597470	CEFDINIR 300MG CAPSULES				AUROBINDO					(985)893-2580	BC2820810		
CASEY, S	606 WEST 12TH AVE *MEDICAID OFFICE* COVINGTON, LA 70471												
SIG: TK 1 C PO BID FOR 10 DAYS													
06/17/2014	B/J/LSR	0	0	10	ORIG		12.10		06/17/2014	M39K7CQ			PERX
06/17/2014	B/J/LSR	20	0	20	ORIG		10.00		RX	0538272140431943210			
RX 1601688	AMTRIPTYLINE 100MG (HUNDRED MG)TAB				MYLAN					(504)842-3900	BA1315375		
AFRICK, D	1315 JEFFERSON HWY NEW ORLEANS, LA 70471												
SIG: TK 2 TS PO QHS													
XFER TO STORE: 5382	RX#: 1602803	RPH INIT: JMT	ENT INIT: NJR	07/07/2014									
07/02/2014	RDO/RDO	5	0	0									
07/02/2014	RDO/RDO	0	0	0									
RX 1602497	LEVETIRACETAM 250MG TABLETS				LUPIN								
VINCENT, D	1202 S. TYLER ST. COVINGTON COVINGTON, LA 70471												
SIG: TK ONE T PO BID													
07/06/2014		0	0	30									
		60	0	30									

XFER FROM STORE DEA: BW6636003 RPH INIT: B/JG

RX PERX 0538245140467207811

(985)898-4000 FV3966655

LA WALGREENS PURGED DATA FOR STORE 06382

11/26/15

REPORT: RX0920

PAT LAST NAME		FAT ADDRESS		PAT PHONE# BIRTH DATE						
RX NUMBER	DOC NAME	DOC ADDRESS	DRUG MFR	CTL PLAN	FILL SOLD DATE	CLAIM #	RX IMAGE ID	DEA#	PARTIAL CODE	PLAN
07/06/2014	LSR/LSR	60	ORIG	07/06/2014	YKXQ9W	0538242140475495812	PERX			
RX 1602718	AMITRIPTYLINE 25MG TABLETS	MYLAN		RX PERX	(504)842-3900	BAL1315375				
AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471										
SIG: TK 3 TS HS X 2 DAYS, 2 TS HS X2 DAYS, THEN 1 T PO QHS										
07/07/2014	60	KNE/JWT	2	30	ORIG	10.00	0.00	07/07/2014	9CLKKMF	PERX
07/07/2014	RNJ/LSR	0								
07/07/2014	AMITRIPTYLINE 100MG (HUNDRED MG) TAB	MYLAN		RX PERX	(504)842-3900	BAL1315375				
AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471										
SIG: TK 2 TS PO QHS										
07/02/2014	60	NJR/JWT	5	15	ORIG	10.00	0.00	07/07/2014	RDKXW3C	PERX
07/07/2014	30									
RX 1607760	AMITRIPTYLINE 25MG TABLETS	MYLAN		RX PERX	(504)842-3900	BAL1315375				
AFRICK, D 1315 JEFFERSON HWY NEW ORLEANS, LA 70471										
SIG: TK 3 TS HS FOR 5 DAYS, 2 TS FOR 5 DAYS, THEN 1 HS FOR 5 DAYS										
07/23/2014	60	BJG/BJG	2	15	ORIG	10.00	1.42	07/24/2014	UTXAQLE	PERX
07/23/2014	0									

PAT LAST NAME	FIRST	PAT ADDRESS	DRUG MFR	CTL	PLAN	DOC PHONE#	RX IMAGE ID	DEA#	PAT PHONE#	BIRTH DATE
BODIN	JEFFREY	528 BEAU CHENE DR MANDEVILLE, LA 70471	TEVA	RX	PAID	(985)893-2580	0538264134540879918	BC2820810		
RX 1401143	KETOCONAZOLE 2% CREAM 30GM									
DOC NAME	REFILLS	DAYS SUPPLY	RX COMMENTS							
QTY	30	1								
ENTER DATE	08/19/2012									
CIND										
ENT/VER										
FILL QTY	30									
REFILL										
AUTH BY										

RX 1412285	AZITHROMYCIN 500MG TABLETS 3-PK									
DOC NAME	REFILLS	DAYS SUPPLY	RX COMMENTS							
QTY	3	3								
ENTER DATE	10/01/2012									
CIND										
ENT/VER										
FILL QTY	3									
REFILL										
AUTH BY										

RX 1412286	MAXIFED 60-400MG TABLETS									
DOC NAME	REFILLS	DAYS SUPPLY	RX COMMENTS							
QTY	3	3								
ENTER DATE	10/01/2012									
CIND										
ENT/VER										
FILL QTY	3									
REFILL										
AUTH BY										

RX 1417596	ACANYA 1.2-2.5% GEL 50GM									
DOC NAME	REFILLS	DAYS SUPPLY	RX COMMENTS							
QTY	30	7								
ENTER DATE	10/01/2012									
CIND										
ENT/VER										
FILL QTY	30									
REFILL										
AUTH BY										

RX 1417596	ACANYA 1.2-2.5% GEL 50GM									
DOC NAME	REFILLS	DAYS SUPPLY	RX COMMENTS							
QTY	30	7								
ENTER DATE	10/01/2012									
CIND										
ENT/VER										
FILL QTY	30									
REFILL										
AUTH BY										

RX 1417596	ACANYA 1.2-2.5% GEL 50GM									
DOC NAME	REFILLS	DAYS SUPPLY	RX COMMENTS							
QTY	30	7								
ENTER DATE	10/01/2012									
CIND										
ENT/VER										
FILL QTY	30									
REFILL										
AUTH BY										

RX 1417596	ACANYA 1.2-2.5% GEL 50GM									
DOC NAME	REFILLS	DAYS SUPPLY	RX COMMENTS							
QTY	30	7								
ENTER DATE	10/01/2012									
CIND										
ENT/VER										
FILL QTY	30									
REFILL										
AUTH BY										

RX 1417596	ACANYA 1.2-2.5% GEL 50GM									
DOC NAME	REFILLS	DAYS SUPPLY	RX COMMENTS							
QTY	30	7								
ENTER DATE	10/01/2012									
CIND										
ENT/VER										
FILL QTY	30									
REFILL										
AUTH BY										

RX 1417596	ACANYA 1.2-2.5% GEL 50GM									
DOC NAME	REFILLS	DAYS SUPPLY	RX COMMENTS							
QTY	30	7								
ENTER DATE	10/01/2012									
CIND										
ENT/VER										
FILL QTY	30									
REFILL										
AUTH BY										

RX 1417596	ACANYA 1.2-2.5% GEL 50GM									
DOC NAME	REFILLS	DAYS SUPPLY	RX COMMENTS							
QTY	30	7								
ENTER DATE	10/01/2012									
CIND										
ENT/VER										
FILL QTY	30									
REFILL										
AUTH BY										

RX 1417596	ACANYA 1.2-2.5% GEL 50GM									
DOC NAME	REFILLS	DAYS SUPPLY	RX COMMENTS							
QTY	30	7								
ENTER DATE	10/01/2012									
CIND										
ENT/VER										
FILL QTY	30									
REFILL										
AUTH BY										

RX 1417596	ACANYA 1.2-2.5% GEL 50GM									
DOC NAME	REFILLS	DAYS SUPPLY	RX COMMENTS							
QTY	30	7								
ENTER DATE	10/01/2012									
CIND										
ENT/VER										
FILL QTY	30									
REFILL										
AUTH BY										

RX 1417596	ACANYA 1.2-2.5% GEL 50GM									
DOC NAME	REFILLS	DAYS SUPPLY	RX COMMENTS							
QTY	30	7								
ENTER DATE	10/01/2012									
CIND										
ENT/VER										
FILL QTY	30									
REFILL										
AUTH BY										

RX 1417596	ACANYA 1.2-2.5% GEL 50GM									
DOC NAME	REFILLS	DAYS SUPPLY	RX COMMENTS							
QTY	30	7								
ENTER DATE	10/01/2012									
CIND										
ENT/VER										
FILL QTY	30									
REFILL										
AUTH BY										

RX 1417596	ACANYA 1.2-2.5% GEL 50GM									
DOC NAME	REFILLS	DAYS SUPPLY	RX COMMENTS							
QTY	30	7								
ENTER DATE	10/01/2012									
CIND										
ENT/VER										
FILL QTY	30									
REFILL										
AUTH BY										

RX 1417596	ACANYA 1.2-2.5% GEL 50GM									
DOC NAME	REFILLS	DAYS SUPPLY	RX COMMENTS							
QTY	30	7								
ENTER DATE	10/01/2012									
CIND										
ENT/VER										
FILL QTY	30									
REFILL										
AUTH BY										

RX 1417596	ACANYA 1.2-2.5% GEL 50GM									
DOC NAME	REFILLS	DAYS SUPPLY	RX COMMENTS							
QTY	30	7								
ENTER DATE	10/01/2012									
CIND										
ENT/VER										
FILL QTY	30									
REFILL										
AUTH BY										

RX 1417596	ACANYA 1.2-2.5% GEL 50GM									
DOC NAME	REFILLS	DAYS SUPPLY	RX COMMENTS							
QTY	30	7								
ENTER DATE	10/01/2012									
CIND										
ENT/VER										
FILL QTY	30									
REFILL										
AUTH BY										

RX 1417596	ACANYA 1.2-2.5% GEL 50GM									
DOC NAME	REFILLS	DAYS SUPPLY	RX COMMENTS							
QTY										

Original P2.0
- TD copy
- Entry of P2
= P2.0

LA WALGREENS PURGED DATA FOR STORE 05382

02/17/14

REPORT: RX0920

PAT PHONE# BIRTH DATE

PAT ADDRESS

FIRST

PAT LAST NAME

RX NUMBER	DOC NAME	DRUG MFR	CTL	PLAN	RX IMAGE ID	DEA#	PAT PHONE#	BIRTH DATE
1418486	AZITHROMYCIN 250MG TABLETS 6-PAK	TEVA	RX	PAID	0538226135093815511		(985)892-3122	EG2257625

DOC NAME	DOC ADDRESS	RX COMMENTS	CUST AMT	TOT AMT	FILL SOLD DATE	CLAIM #	PARTIAL CODE	PLAN
10/22/2012	6	DSB/JWT	10.00	0.00	10/23/2012	YHXAWKH		PAID

RX 1418486 AZITHROMYCIN 250MG TABLETS 6-PAK
 GUILLOT, R 804 HEAVAND DR SUITE 203 MANDEVILLE, LA 70471
 SIG: TK TWO TS AT ONCE TAY, THEN TK ONE I - D FOR FOUR DAYS
 10/22/2012 6 DSB/JWT 6 ORIG 10.00 0.00 10/23/2012 YHXAWKH PAID

FAT PHONE# BIRTH DATE

PAT ADDRESS

FIRST

RX NUMBER DRUG NAME DOC ADDRESS QTY REFILLS DAYS SUPPLY RX COMMENTS RX IMAGE ID DEA#
 DOC NAME QTY REFILLS DAYS SUPPLY RX COMMENTS RX IMAGE ID DEA#
 ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
 AUTH NBR AUTH BY

BODIN , JEFFREY 528 BEAU CHENE DR MANDEVILLE, LA 70471 (985)845-0969 05/22/1997

RX 1383013 VELTIN GEL 30GM BALDONE R 150 LAKEVIEW CIRCLE MANDEVILLE, LA 70471 GLAXO SMITH KLINE 053823313389881419
 SIG: APP PER SIZE AMOUNT TO FACE QHS 06/06/2012 30 2 30

06/06/2012 CMS/CMS 30 ORIG 45.00 135.08 06/06/2012 5RFHOX7 PAID
 06/06/2012 CMS/CMS 0

01/27/2013 BJB/BJB 30 RFL001 65.00 124.58 01/31/2013 61859094 PERX
 RX 1433316 CEDAX 400MG CAPSULES CASEY, S 71107 HWY 21 COVINGTON, LA 70471 0538282135507427410
 SIG: TK 1 C PO QD FOR 10 DAYS 12/09/2012 10

12/09/2012 KLK/LSR 10 ORIG 65.00 115.25 12/09/2012 SDELWE PAID
 RX 1450646 AZITHROMYCIN 250MG TABLETS 6-PAK CASEY, S 71107 HWY 21 COVINGTON, LA 70471 0538215135967048713
 SIG: TK TWO TS AT ONCE TAY, THEN TK ONE T - D FOR FOUR DAYS 01/31/2013 6 5

01/31/2013 BJB/BJB 6 ORIG 9.84 0.00 01/31/2013 61556380 PERX
 RX 1450647 CHLO-TUSS LIQUID CASEY, S 71107 HWY 21 COVINGTON, LA 70471 0538215135967048713
 SIG: TK 1 TO 1 = TEA PO Q 8 H PRN 01/31/2013 180 5

LA WALGREENS PURGED DATA FOR STORE 05382

05/19/14

REPORT: RX0920

PAT PHONE# BIRTH DATE

PAT ADDRESS

FIRST

PAT LAST NAME

RX NUMBER	DRUG NAME	DRUG MFR	CTL	PLAN	RX IMAGE ID	DEA#
DOC NAME	DOC ADDRESS				DOC PHONE#	
ORIG DATE	QTY	REFILLS	DAYS	SUPPLY	RX COMMENTS	
ENTER DATE	CIND	ENT/VER	FILL	QTY	REFILL	
AUTH NBR						PARTIAL CODE
					TOT AMT	PLAN
					FILL SOLD DATE	
					CUST AMT	
					TOT AMT	

01/31/2013 BJJ/BJG 180 ORIG 24.29 0.00 01/31/2013

PAT LAST NAME FIRST PAT ADDRESS PAT PHONE# BIRTH DATE
 RX NUMBER DRUG NAME DOC ADDRESS DRUG MFR CTL PLAN RX IMAGE ID DEA#
 DOC NAME DOC ADDRESS
 ORIG DATE QTY REFILLS DAYS SUPPLY RX COMMENTS RX PHONE#
 ENTER DATE CIND ENT/VER FILL QTY REFILL CUST AMT TOT AMT FILL SOLD DATE CLAIM # PARTIAL CODE PLAN
 AUTH NBR AUTH BY

 BODIN , JEFFREY 528 BEAU CHENE DR MANDEVILLE, LA 70471 (985)845-0969 05/22/1997
 RX 1389313 DOXYCYCLINE HYCLATE 50MG CAPSULES WATSON RX PAID 0538277134124771211
 CASEY, S 71107 HWY 21 COVINGTON, LA 70471 (985)893-2580 BC2820810
 SIG: TK ONE C PO BID
 XFER TO STORE: 5382 RX#: 1455286 RPH INIT: B.JG ENT INIT: XXX 02/17/2013 XFER FROM STORE DEA: EW6636003 RPH INIT: B.JG
 07/02/2012 60 2 30
 07/02/2012 B.JG/B.JG 60 ORIG 7.10 0.00 07/05/2012 EHP1P9M PAID
 08/27/2012 XXX/B.JG 60 REL001 7.10 0.00 08/27/2012 F79MLLT PAID
 11/22/2012 XXX/JTP 60 REL002 7.10 0.00 11/23/2012 MLD79E1 PAID
 RX 1455286 DOXYCYCLINE HICLATE 50MG CAPSULES WATSON
 CASEY, S 71107 HWY 21 COVINGTON, LA 70471
 SIG: TK ONE C PO BID
 02/18/2013 60 1 30 (985)893-2580 BC2820810

LA WALGREENS PURGED DATA FOR STORE 05382

11/23/14

REPORT: RX0920

PAT LAST NAME	FIRST	PAT ADDRESS	CTL	PLAN	DOC PHONE#	RX IMAGE ID	DEA#	PAT PHONE#	BIRTH DATE
RX NUMBER	DOC NAME	DRUG MFR	FILL	SOLD DATE	CLAIM #	PARTIAL CODE	PLAN		
DOC NAME	DOC ADDRESS	DRUG COMMENTS	TOT AMT	CUST AMT					
ORIG DATE	QTY	REFILLS	DAYS SUPPLY	RX COMMENTS					
ENTER DATE	CIND	ENT/VER	FILL QTY	REFILL					
AUTH NBR	AUTH BY								

BODIN , JEFFREY 528 BEAU CHENE DR MANDEVILLE, LA 70471 (985)845-0969 05/22/1997

RX 1482581 PATANASE 0.6% NASAL SPRAY (240 SPR) AICON RX PERX 0538238136908666012

TERRAL, W 71107 HWY 21 COVINGTON, LA 70471 (985)893-2580 AT7414787

SIG: 2 SPRAYS Q 8 H PRN

05/20/2013 30.500 10 10

LA WALGREENS PURGED DATA FOR STORE 06382

11/23/14

REPORT: RX0920

PAT LAST NAME	FIRST	FAT ADDRESS	DRUG MFR	CTL	PLAN	DOC PHONE#	RX IMAGE ID	DEA#	PAT PHONE#	BIRTH DATE	
RX NUMBER	DOC NAME	DOC ADDRESS	REFILLS	DAYS SUPPLY	RX COMMENTS	CUST AMT	TOT AMT	FILL SOLD DATE	CLAIM #	PARTIAL CODE	PLAN
DOC NAME	QTY	ENT/VER	FILL QTY	REFILL	AUTH BY						
ENTER DATE	CIND										
AUTH NBR											
05/21/2013	BJG/BJG	30.500	ORIG			30.00	139.76	05/22/2013	69805173		PERX

LA WALGREENS PURGED DATA FOR STORE 05382

02/15/13

REPORT: RX0920

PAT PHONE# BIRTH DATE

PAT ADDRESS

FIRST

PAT LAST NAME

RX NUMBER	DRUG NAME	DOC NAME	DOC ADDRESS	REFILLS	DAYS SUPPLY	RX COMMENTS	DRUG MFR	CTL	PLAN	DOC PHONE#	RX IMAGE ID	DEA#	PAT PHONE#	BIRTH DATE
1276517	PATADAY 0.2% OPHTH SOLUTION 2.5ML	ALCON	528 BEAU CHENE DR MANDEVILLE, LA 70471											
			ADEMA, P 2180 N CAUSEWAY BLYD. MANDEVILLE, LA 70471											
			SIG: INT ONE GTT IN BOTH EYES QAM FOR SEVEN DAYS											
			06/08/2011 7:500 4 18											
			06/08/2011 JLC/GJP 2.500 ORIG 45.00 71.05 06/10/2011 SWAFRFR PAID											

BODIN / JEFFREY 528 BEAU CHENE DR MANDEVILLE, LA 70471 (985)845-0969 05/22/1997

RX 1276517 PATADAY 0.2% OPHTH SOLUTION 2.5ML ALCON RX PAID 0538228130754322117 (985)727-2077 MA1344148

ADEMA, P 2180 N CAUSEWAY BLYD. MANDEVILLE, LA 70471

SIG: INT ONE GTT IN BOTH EYES QAM FOR SEVEN DAYS

06/08/2011 7:500 4 18

06/08/2011 JLC/GJP 2.500 ORIG 45.00 71.05 06/10/2011 SWAFRFR PAID

LA WALGREENS PURGED DATA FOR STORE 05382

11/16/13

REPORT: RX0920

FAT PHONE# BIRTH DATE

FAT ADDRESS

FIRST

FAT LAST NAME

RX NUMBER	DRUG NAME	DOC ADDRESS	DRUG MFR	CTL	PLAN	DOC PHONE#	RX IMAGE ID	DEA#	FILL SOLD DATE	CLAIM #	PARTIAL CODE	PLAN
DOC NAME	DOC ADDRESS	REFILLS	QTY	DAYS SUPPLY	RX COMMENTS	CUST AMT	TOT AMT					
ENTER DATE	CIND	ENT/VER	FILL QTY	REFILL								
AUTH NBR												

----- (985)845-0969 05/22/1997

BODIN , JEFFREY 528 BEAU CHENE DR MANDEVILLE, LA 70471

RX PAID 0538234133899885016

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