													NAN Please inch	MN BOARD OF PH	CARACO	NAME OF WHOLES
				7	9								NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	RMACY LICENSE NUMBER	CARACO PHARMACEUTICAL	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
1					+1	10000	+00	h					ADDRESS OF	MINNESOTA STATUTES REQUIRE WHOLE REIMBURSEMENT OTHER COMPENSATIO CALENDAR YEAR. THE REPORT SHALL II AND SHALL IDENTIFY THE PRACTITIONE	CABS, CTD	
	:											÷	ADDRESS OF PRACTITIONER	ISALE DRUG DISTRIBUTORS TO FILE WITH THE NAUTHORIZED UNDER SECTION 151.461, CLAIDENTIFY THE NATURE AND VALUE OF ANY FARE REPORTS FILED UNDER THIS PROVISION A	1150 ECISAH M	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER
			·		. W								PAYMENTS	BOAID OF FIXEMACY AN ANNU- ISES (3) TO (5), FAID TO PRACTITI YMENTS TOTALING \$100 OR MOR RE PUBLIC DATA.	Coy OR	R/MANUFACTURER
								MINNESOTA BOARD	DEC 07 1998	RECEIVED AI			TYPE OF PAYMENTS	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOAKD OF FIXAMACY AN ANNUAL REPORT DESTRETATION AND FAR THE PROCEDING REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), FAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	SETROIT MI YEARS	

	•		
	1# -		
		-	
MANY SOTA BOARD OF PHARMACY			
DEC 07 1930			
NECE ALD			
			l
		4 CT 111TU IN 1998 *	*No Bowhlob Arm
TYPE OF PAYMENTS	PAYMENTS	ADDRESS OF PRACTITIONER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)
UAL REPORT IDENTIFYING ALL FAYMENTS, HONDRARIA, TONERS IN MINNESOTA DURING THE PRECEDING UP, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	HE BOARD OF FILARMACY AN ANNU AURES (3) TO (5), FAID TO PRACTITU FAYMENTS TOTALING \$100 OR MORI ARE PUBLIC DATA.	TOTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH T OTHER COMPENSATION AUTHORIZED UNDER SECTION 151-461, CL THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY I FIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION	IN BOARD OF PHARMACY LICENSE NUMBER 459962-7
SAN DIMAS, OR 91773	, SAN DIMAS	US, INC. 600 CLIFFSIDE DR.,	NEXSTAR PHARMACEUTICALS INC
*	MANUFACTURER	I ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER	AND OF WHOLESALE DRIED DISTRIBUTOR MANUFACTURED

 	 	 	 						 	 		 		7	
					4							NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	* A CONTROL OF THE PROPERTY OF	Thomas Pharmacal	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
										activity	No reportable	ADDRESS OF PRACTITIONER	REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 187.461, CLAUSES (3) TO (5). PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	MINNESOTA STATUTES RECOURSE WHICH ESALE DRUG DISTRIBUTORS TO THE WITH THE	LESALE DRUG DISTR
						May	0	en e				PAYMENTS	SES (3) TO (5), PAID TO PRACTII MENTS TOTALING \$100 OR MOI E PUBLIC DATA.	BOARD OF PHARMACY AN AM	MANUFACTURER ()
						MINESOTA BOARD	DEC 07 1998	TECHYED A				TYPE OF PAYMENTS	10NERS IN MINTESOTA DURING THE PRECEDING 12, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	THE BOARD OF PHARMACY AN ANNUAL REPORT DENTIFYING ALL PAYMENTS, HONORABIA,	

NUFACTURER		ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER	NEW	BRIGHTON, MIX
TEPHRON SAU	\mathbb{E}_S	CUCNIS OR LA	TARMACY AN ANNUAL REPORT	DENTIFYING ALL PAYMENTS, HONORARIA,
AND DOUGH TO COUNTY OF THE PARTY OF THE PART	REIMBURGENERY OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING REIMBURGENERY OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	NDER BECTION 151.461, CLAUSES (2) TO (5), URE AND VALUE OF ANY PAYMENTS TOT/ D UNDER THIS PROVISION ARE PUBLIC DA	PAID TO PRACTITIONERS IN MI LING \$100 OR MORE, TO A PART 'A.	NNESOTA DURING THE FRECEDING 'ICULAR PRACTITIONER DURING THE YEAR,
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER		PAYMENTS	TYPE OF PAYMENTS
NO-REPORT	DRYABLE ACT	4/1/74 —		
		/		
			RE	RECEIVED AV
•		-		
			Harding	
			Q.	OF PHARMACY
		1er		
		-		

WIE OF WHOLESALE DRUG DISTRIBUTORMANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER	MANUFACTURER	
Endo Pharmaceuticals Inc. NBOARD OF PHARMACY LICENSE NUMBER 360732-9	223 Wilmington West Chester Pike, Chadds Ford, PA 19317 MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED INDER EXCTION 151.441, CLAUSES 9) TO 93, PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALLENDAR YEAR, THE REPORT SHALL IDENTIFY THE MATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL INDEPENDENT OF THE PRACTITIONER PRACTITIONER DURING THE YEAR, AND SHALL INDEPENDENT OF THE PRACTITIONER PRACTITIONER DURING THE YEAR, AND SHALL INDEPENDENT OF THE PRACTITIONER PRACTITIONER DURING THE YEAR, AND SHALL INDEPENDENT OF THE PRACTITIONER PRACTITIONER DURING THE YEAR, AND SHALL INDEPENDENT OF THE PRACTITIONER DURING THE YEAR, AND SHALL INDEPENDENT OF THE PRACTITIONER DURING THE YEAR, AND SHALL INDEPENDENT OF THE PRACTITIONER DURING THE YEAR.	Chester Pike, Chadds Ford, Thir board of phakhacy an annual report clauses by to (5), faid to practitioners in my payments totaling \$100 or more, to a par don are fublic data.	FORD, PA 19317 AL REPORT DENTIFYING ALL PAYMENTS, HONORARIA, ONERS IN MINNESOTA DURING THE PRECEDING PARTICULAR PRACTITIONER DURING THE YEAR,
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
NONE	NONE	NONE	NONE
		:	
			-
	•	·	
			-

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER P. P. J.	, U	1 HWAZO LS M 868	TERMANUFACTURER	ST CLOUD NO
MN BOARD OF PHARMACY LICENSE NUMBER RI CL	MINNESOTA STATUTES REQUIRE WHOLE REIMBURSEMENT OTHER COMPENSATIO CALENDAR YEAR. THE REPORT SHALL I AND SHALL INDENTIFY THE PRACTITION	MANNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PEAR REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAI CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY FAYMENTS TOTALIN AND SHALL I INFERTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	EBOARD OF PEARMACY AN ANN 18ES (3) TO (5), PAID TO PRACTIT YMENTS TOTALING \$100 OR MOF RE PUBLIC DATA.	MINISOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORAMA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL I IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.
NAME OF PRACTITIONER	ADDRESS OF	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
Tiests menue near training (1901) 2007				
1				
		:		
		4		

HOME HEALTH SERVICES of douglas county hospital



1525 broadway south, alexandria, minnesota 56308 ● (320) 762-6036 ● Fax (320) 762-6089

Десешрек ф 1998

Minneapolis, MM 55414-3251 2892 University Ave. SE, #530 Minnesota Board of Pharmacy Executive Director Mr. David Holmstrom

Dear Mr. Holmstrom,

Our office does nto make any such gifts. This notice is in response to the annual report for gifts to practitioners.

(320) 762-6036. Should you have any questions, please contact me. My phone number is

Alexandria, MM 56308 1525 S Broadway Home Health Services Coordinator Susan Leinhart

La\la

		TOTAL DESIGNATION OF THE PROPERTY OF THE PROPE	ABBILL JESTINETO	
NAME OF WHOLESALE DRUG DISTRIBUTORMANUFACTURER		ADDRESS OF WISOLESALE DRUG DISTAIDULES	OMORIOZACIONEN	
HOME HEALTH SERVICES		1525 S BROADWAY,	ALEXANDRIA, MN	56308
MN BOARD OF PHARMACY LICENSE NUMBER 360227-2	MINNESOTA STAYUTES REQUIRE WHOLL REIMBURSEMENT OTHER COMPENSATIC CALENDAR YEAR. THE REPORT SHALL I AND GRAFT INDENTIFY THE PRACTITION	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTIORS TO FILE WITH THE BOARD OF FILA MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTION SIL461, CLAUSES (3) TO (5), PAR REIMBURSEMENT OTHER COMPENSATION AUTHORIST UNDER SECTION ISL461, CLAUSES (3) TO (5), PAR CALLENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY FAYMENTS TOTALIN AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	; BOARD OF PHARMACY AN ANN ISES (3) TO (5), PAID TO PRACTIT: (MENTS TOTALING \$100 OR MOR LE PUBLIC DATA.	WINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF FILAMACY AN ANNUAL METOR IN THE ALLE FAR METORS. REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), FAID TO PRACTITIONERS IN MINNESOTA PURING THE PRECEDING REIMBURSEMENT THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
	-			
•				
			tv	
			·	
	·			
			1	

		ASSESSMENT OF THE BUILD OF THE PARTY OF THE	A A ALLIE A CYTHEED	
CNTRAL ADMIXTURE PHAR	PHARMACH SCHOOL	37497 SCHOOLCEART 1	CART 1 CIVODIA	02184, W. 410
MN BOARD OF PHARMACY LICENSE NUMBER	MINNESOTA STATUTES REQUIRE WHOLESA REIMBURSEMENT OTHER COMPENSATION A	LE DRUG DISTRIBUTORS TO FILE WITH THE I AUTHORIZED UNDER SECTION 151.461, CLAUS	BOARD OF PHARMACY AN ANNO ES (3) TO (5), PAID TO PRACTIT!	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING
459983-4	CALENDAR YEAR. THE REPORT SHALL IDEN	CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALIN AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	MENTS TOTALING \$100 OR MORI	CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	RACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
Ø		Ø	0	8
			•	
				RECEIVED AT
				NOV 2 0 1998



December 7, 1998

Minnesota Board of Pharmacy 2829 University Ave. SE, #530 Minneapolis, MM 55414-3251

To whom it may concern:

Medisca, Inc. has not made any type of payments listed in your attached letter to any licensed practitioners in Minnesota during the preceding calendar year. If you have any questions please contact me at 518/563-4636.

may

Sincerely,

Brenda Lee De Marte NYS Supervisor-in-Charge

		Ī									() ³	
						·				NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	360731-6	Medisca Inc
										ADDRESS OF PRACTITIONER	REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR, THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	1
										PAYMENTS	USES (3) TO (5), PAID TO PRACTIT LYMENTS TOTALING \$100 OR MOI RE PUBLIC DATA.	te PIAHSU
										TYPE OF PAYMENTS	TONERS IN MINNESOTA DURING THE PRECEDING RE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	Sbuch W. Y. 1290/