NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER	R/MANUFACTURER	
WENDT PROFESSIONAL LABORATORIES	IES INC. 100 NANCY DRIVE/P.O.	BOX 128, BELLE P	PLAINE MN 56011
MN BOARD OF PHARMACY LICENSE NUMBER 459745-4	MINRESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF FHARMACY AN ANNUAL REPORT IDENTIFYING ALL PARMENTS, HONORAMA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO FRACTITIONERS IN MINNESOTA DURING THE FRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY FAYNENTS TOTALING \$100 OR MORE, TO A PARTICULAR FRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE FRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	E BOARD OF PHARMACY AN ANN USES (3) TO (5), PAID TO PRACTII YMENTS TOTALING \$100 OR MOI RE PUBLIC DATA.	UAL REPORT IDENTIFYING ALL PAYMENTS, HONOKAHA, IONERS IN MINNESOTA DURING THE FRECEDING UP, TO A PARTICULAR PRACTITIONER DURING THE YEAR,
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
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TYPE OF PAYMENTS	VALUE OF PAYMENTS	ADDRESS OF PRACTITIONER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)
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PLAINE, MN 56011	. BOX 89, BELLE F	200 W. BEAVER ST./P.O. BOX 89, BELLE PLAINE, MN	UNIVERSAL LABORATORIES INC.
	RMANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER	NAME OF WHOLESALE DRUG DISTRIBUTORMANUFACTURER

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER	RMANUFACTURER	
WENDT LABORATORIES INC.	200 W. BEAVER STREET/P.O. BOX 128,	o.O. BOX 128, BEL	BELLE PLAINE MN 56011
MN BOARD OF PHARMACY LICENSE NUMBER 400231–8	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF FHARMACY AN ANNUAL REPORT DENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION ISI.461, CLAUSES (3) TO (5), FAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE RATURE AND VALUE OF ANY FAVMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	IE BOARD OF PHARMACY AN ANN USES (3) TO (5), PAID TO PRACTITI NYMENTS TOTALING \$100 OR MOI URE PUBLIC DATA.	TUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, TONERS IN MINNESOTA DURING THE PRECEDING TO A PARTICULAR PRACTITIONER DURING THE YEAR,
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NAME OF WHOLESALE DROW DISTAIROLONIMATORACTORES	THE ALLOW OF THE PARTY OF THE P	2	A LINEARY OF
Spectrum Sockery	1230 Eagan Ind.	d. Kd Si	Just 180 35 431
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NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ΙΥ	MANUFACTURER	
PSA Healthcare	74 5th St Sw) New Bric	New Brighton, MN 55/13
MN BOARD OF PHARMACY LICENSE NUMBER	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PELARMÁCY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORAHIA, REIMBURSEMENT OTHER COMPENSATION AUTORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PALD TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING REIMBURSEMENT OTHER COMPENSATION AUTORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PALD TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING REIMBURSES (3) TO (5), PALD TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING THE PRECEDIN	BOARD OF PHARMACY AN ANNU SES (3) TO (5), PAID TO PRACTITI MENTE TOTAL INC. SIM OR MOR!	JAL REPORT IDENTIFYING ALL PAYMENTS, HONOKAKIA, ONERS IN MINNESOTA DURING THE PRECEDING 7- YOLA BARTICHTAR PRACTITHONER DURING THE YEAR.
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PSA Healthrance	711 5th St SW New Brighton NW	Ø	NA
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TYPE OF PAYMENTS	PAYMENTS PAYMENTS	address of practitioner \mathcal{N}/\mathcal{A}	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.) $\mathcal{M} \mathcal{A}$
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NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER MN BOARD OF PHARMACY LICENSE NUMBER 300/80-4 Please include designation (i.e., MD, etc.) NAME OF PRACTITIONER MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF FHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, 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. APOTHECARY SHOP ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER
280 NO. SMITH
ST. PAUL, MN 55102 ADDRESS OF PRACTITIONER **PAYMENTS** VALUE OF TYPE OF PAYMENTS

2829 University Ave. SE, #530 Minneapolis, MN 55414-3251 MINNESOTA BOARD OF PHARMACY

										Q	NAME OF PRACITIONER Please include designation (i.e., MD, etc.)	360116-3 REINBERGEROLD REPORT THE REP	Garvey Company
										Q	ADDRESS OF PRACTITIONER	REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.441, CLAUSES 8) TO (5), FAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING REIMBURSEMENT OTHER COMPENSATION THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 CR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	NO Transfer De. St. Paul Mr. S
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									NONE	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	360513- 0	Fairview Southdale Medi
-										ADDRESS OF PRACTITIONER	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.	Fairview Southdale Medical Pharmacy 6545 France the S. Suite 100 Edinar than 55 435
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									None	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	304642-7	Continental Safety Equipment	
										ADDRESS OF	MINNESOTA STATUTES REQUIRE WHOLE REIMBURSEMENT OTHER COMPENSATIO CALENDAR YEAR. THE REPORT SHALL III AND SHALL IDENTIFY THE PRACTITIONE		
									Andrews with the last of the contract of the c	ADDRESS OF PRACTITIONER	MINNESOTA STATUTES REQUIKE WHOLESALE UNDER SECTION 151.461, CLAUSES (3) TO (5), PA REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PA 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.	890 Apollo RI En	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER
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		19								TYPE OF PAYMENTS	MINNESOTA STATUTES REQUIRE WHOLESALE UNDER DISTRIBUTIONS TO THE FIRE BOADS OF THE PRACTITIONERS IN MINNESOTA DURING THE PRECEDING 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.	890 Apollo RI Eagon MV 6712 (
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									,				rrease and under designation (i.e., MD, etc.)	NAME OF PRACTITIONER	WHOLESALE DRUG DISTRUBUTORINA AND ACTURED TO THE AC
MINNESOTA BOARD OF PHARMACY 2829 University Ave. SE, #530 Minneapolis, MN 55414-3251					 TORAPCA C	TOUNT , SON				-			ADDRESS OF PRACTITIONER	MINDESOLASTATUTES SECOND WHOLESLE DRUG DISTRIBUTORS TO FILE WITS THE BOARD OF PELEVINATE AR ANNUAL BENOTE DESCRIBENCE ALL FAVOREDED UNDER SECTION 65.40.4 CLAUSES OF TO 65. FAID TO FEACUTIONEES IN AUROSSOTA DURING THE PRECEDING AND SHALL IDENTIFY THE PRACTITIONEES. REPOSTS SILES UNDER THE SECTION 65.40.4 PANY MAYMENTS TOTALING 1400 OR MORE, TO A PARTICULAR PRACTITIONEES DURING THE PROVISION ARE PUBLIC DATA.	ADDRESS OF WHOLESALE DRUG DESTRIBUTERAREMURACTURES
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NAME OF WIIOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER		
Morton Grove Pharmaceuticals,	Inc. 6451 W. Main Street, Mor	Morton Grove, IL 6	60053
MN BOARD OF PHARMACY LICENSE NUMBER	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REFORT IDENTIFYING ALL FAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING	BOARD OF PHARMACY AN ANN SES (3) TO (5), PAID TO PRACTIF	TOAL REPORT IDENTIFYING ALL FAYMENTS, HONORARIA, HONERS IN MINNESOTA DURING THE PRECEDING
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NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER MN BOARD OF PHARMACY LICENSE NUMBER Please include designation (i.e., MD, etc.) No activity to report 360303-5 NAME OF PRACTITIONER Chapin Medical Company MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL FAYMENTS, HONORARIA, 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. ADDRESS OF PRACTITIONER ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER Post Office Box 699, Corona, CA **PAYMENTS** VALUE OF 91718 MINNESOTA BOARD OF PHARMACY TYPE OF PAYMENTS

Genetco, Inc.

711 Union Parkway — Ronkonkoma, N.Y. 11779 516-585-1000 800-969-8007 Fax: 516-585-1289

MON 1 6 1998

MINNESOTA BOARD OF PHARMACY November 11, 1998

Mr. David E. Holmstrom Executive Director Minnesota Board of Pharmacy 2829 University Avenue SE, #530 Minneapolis, MN. 55414-3251

SUBJECT: Gifts to Practitioners

We are in receipt of your letter regarding gifts. Genetco has not given any gifts to Practitioners in the state of Minnesota, during the calendar year of 1998.

Sincerely Yours,

Carol Reinbold President



RECEIVED AT

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OF PHARMACY MINNESOTA BOARD November 12, 1998

Minneapolis, MN 55414-3251 Suite 530 2829 University Avenue SE Minnesota Board of Pharmacy

Dear Board of Pharmacy:

Please be advised that our offices have moved to a new location. Our new

12635 HEMLOCK address is:

12635 Hemlock Biotech America, Inc.

Overland Park, KS 66213

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KS 66225-7242. You may contact us at (913) 685-0029. Our License Also, please note our mailing address as P.O. Box 27242, Shawnee Mission,

number is 360772-7. Thank you.

Sincerely,

913.685.2381 Fax

888.800.4050

913.685.0029

K2 66225-7242

Shawnee Mission

P.O. Box 27242

'15 PHILIPPICE EXEC

General Manager Jeff McEnroe

											;	NO ACTIVITY TO REPORT	NAME OF PRACTITIONER ADDRESS OF PRACTITIONER Please include designation (i.e., MD, etc.) Please include designation (i.e., MD, etc.)	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTIONS TO FILE WHILE HE BOARD OF FRANCISCION CONTROL OF THE PRECEDING REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), FAID TO FRACTITIONERS IN MINNESOTA DURING THE PRECEDING REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), FAID TO FRACTITIONERS IN MINNESOTA DURING THE PRECEDING REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), FAID TO FRACTITIONERS IN MINNESOTA DURING THE PRECEDING REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), FAID TO FRACTITIONERS IN MINNESOTA DURING THE PRECEDING REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), FAID TO FRACTITIONERS IN MINNESOTA DURING THE PRECEDING REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), FAID TO FRACTITIONERS IN MINNESOTA DURING THE PRECEDING REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), FAID TO FRACTITIONERS IN MINNESOTA DURING THE PRECEDING REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), FAID TO FRACTITIONERS IN MINNESOTA DURING THE PRECEDING REIMBURSEMENT OTHER PRECEDING REI	•
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P.O. Box 1957 La Crosse WISH602-1957	P.O. Box 1957	1637 St. James St. P.O. Box 1	1	Fleming Companies, Inc.

									N Chi S) M/P	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	MY BOARD OF PHARMACY LICENSE NUMBER 36049/-/	GUAVAN KED RUGDISTRIBUTORMANUFACTURER	
	<i>*</i>										ADDRESS OF PRACTITIONER	MINNESOTA STATULES REQUIRE WHOLESALE DAGG DISTANCION ISLAM, CLAUSES 6) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION ISLAM, CLAUSES 6) TO (5), PAID TO PRACTITIONERS OF MINNESOTA DURING THE YEAR, 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.	ADDRESS OF WHOLESALE DRUG DISTRIBUTE ROARD OF PHARMACY AN ANNOLL REPORT DERTIFYING ALL FAYMENTS, HONORARIA;	
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TYPE OF PAYMENTS	PAYMENTS	ADDRESS OF PRACTITIONER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)
61, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRACEDING ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR SION ARE PUBLIC DATA.	SES (3) TO (5), PAID TO PRACTITI MENTS TOTALING \$100 OR MORI E PUBLIC DATA.	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 PAYMENTS TOTALIN AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	300375-8
UAL REPORT IDENTIFYING ALL FAYMENTS, HONORARI.	BOARD OF PHARMACY AN ANNU	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO HILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARI	MICKESSON LICENSE NOMBER
	MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

		CANADA PO OR DAVENTA	
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			Please include designation (i.e., ML), etc.)
TYPE OF PAYMENTS	VALUE OF PAYMENTS		NAME OF PRACTITIONER
H: (1, H, U)H, 4'36 6 6 IAL REPORT IDENTIFYING ALL FAYMENTS, HONORABIA, 10 NEBS IN MINNESOTA DURING THE PRECEDING EN THE YEAR, 2, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	MANUFACTURES THE WHAT BOARD OF PEABUACY AN ANNU 182 AN TO SALE TO PRACTIFE THE TOTALING 3100 OR MORE TO PUBLIC DATA.	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURES ADDRESS OF WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PLARMACY AN ANNUAL REPORT IDENTIFYING ALL FAVMENTS, HONORABIA, MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PRACTITIONEDS IN MINNESOTA DUBING THE PRECEDING REIMBURSSEMENT OTHER COMPENSATION AUTHORIZED UNDER SCHOOL SI. 481, CLAIRES OF TOTALING THE OF ACTITIONED IN MINNESOTA DUBING THE PRECEDING CALREDAR YEAR. THE REPORT SHALL DENTIFY THE NATURE AND VALUE OF ANY FAVMENTS TOTALING THE ORDER, TO A PARTICULAR PRACTITIONER DUBING THE YEAR, CALREDAR YEAR. THE REPORT SHALL DENTIFY THE NATURE AND VALUE OF ANY FUBLIC DATA.	MIN BOARD OF PHARMACY LICENSE NUMBER MIN BOARD OF PHARMACY LICENSE NU

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TYPE OF PAYMENTS	PALUE OF	ADDRESS OF PRACTITIONER	NAME OF PRACTITIONER
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Hymouth mn of the honorania.	BOARD OF PHARMACY AN ARMU	,	77
	1	ADDRESS OF WHOLESALE DRUG DIST RIBUT SEMIANUFACTURER	

 Praxair Medical

 1610 3rd Avenue, S.E.

 Rochester, Minnesota
 55904

 Tel
 (507) 282-1952

 Tel
 (800) 776-0120

 Fax
 (507) 282-4295

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TO: WINNESOTA BOARD OF PHARMACY MINNESOTA BOARD OF PHARMACY

MINNEAPOLIS, MN 55414-3251

DATE: NOVEMBER 17, 1998

RE: CILLS IO PRACTITIONERS

PRAXAIR MEDICAL does not compensate our doctors by giving them gifts. We try to build a relationship with them by giving the best possible service that we can.

Please call if you have any questions. Thank You.

Kim Denzer RCP Praxair Medical

Sincerely,

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HURE CAREDAMOND + INTEDICAL EDINAMON	TOPE CALVIDAGE SAN E 416	5	DECUTY MW SSED
HIN BOARD OF PHARMACY LICENSE NUMBER	Mignesota francies require wholesale drug distributors to filk with the board of Pharmacy an annual report identifying all payments, hondraela, Reduberhement other compersation authorized under section islass, classes () to (5), tad to thactifioners in minnesota during the perceding Calendar year. The report shall identify the nature and value of any payments totaling sim or more, to a particular practifioner reports filed under this provision are yublic data.	e board of phabmacy an ani unes (1) to (5), tade to fractii Ymenth totaling sum on moi Be fablic data.	wal report identifying all payments, hondabela, honers in minnesota dubing the preceding ur, to a particular practitioner during the year,
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,											ADDRESS OF PRACTITIONER	REIMBURESMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION ISI.46I, CLAUSES (3) TO (5), FAID TO FRACTITIONERS IN MINNESOTA DURING THE PRECEDING REIMBURESMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION ISI.46I, CLAUSES (3) TO (5), FAID TO FRACTITIONER COMPINE THE PRACTITIONER DURING THE YEAR, CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A FARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	months 7373 France ALS	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER
				tv							PAYMENTS	SES (3) TO (5), FAID TO PRACTITION MENTS TOTALING \$100 OR MORE PUBLIC DATA.	S # 20C	
								Of Aur	MININESOTA BOARD	NOV 20 1998	TYPE OF PANELERINED A	NERS IN MINNESOTA DURING THE PRECEDING , TO A PARTICULAR PRACTITIONER DURING THE YEAR,	EDINA MALL PAYMENTS, HONORARIA.	