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The Supreme Court of Ohio

CLERK OF COURT
SUPREME COURT OF OHIO

Ruth Ann Holzhauser, M.D.

Case No. 2007-2079

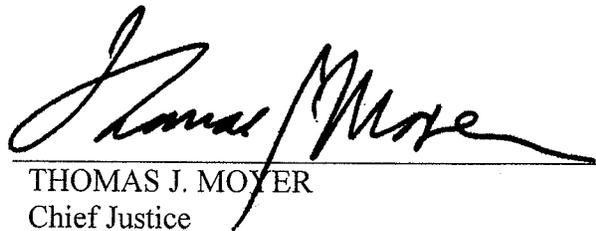
v.

ENTRY

State Medical Board of Ohio

Upon consideration of the jurisdictional memoranda filed in this case, the Court declines jurisdiction to hear the case and dismisses the appeal as not involving any substantial constitutional question.

(Franklin County Court of Appeals; No. 06AP1031)



THOMAS J. MOYER
Chief Justice

OHIO ATTORNEY
GENERAL'S OFFICE

FEB 22 2008

HEALTH AND
HUMAN SERVICES

IN THE SUPREME COURT OF OHIO

RUTH ANN HOLZHAUSER, M.D.,

Appellant,

v.

STATE MEDICAL BOARD OF OHIO,

Appellee.

: On Appeal From The
: Franklin County Court of Appeals
: Tenth Appellate District

: Case No. 06 AP-1031

: 07-2079

NOTICE OF APPEAL OF
APPELLANT RUTH ANN HOLZHAUSER, M.D.

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Counsel for Appellee
State Medical Board of Ohio

HEALTH & HUMAN
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SERVICES SECTION

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SUPREME COURT OF OHIO

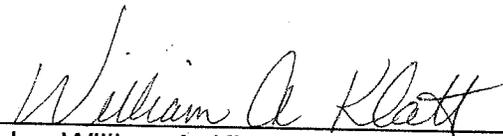
IN THE COURT OF APPEALS OF OHIO
TENTH APPELLATE DISTRICT

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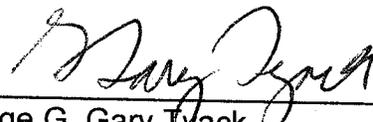
Ruth Ann Holzhauser, M.D., :
Appellant-Appellant, :
v. : No. 06AP-1031
State Medical Board of Ohio, : (REGULAR CALENDAR)
Appellee-Appellee. :

JOURNAL ENTRY

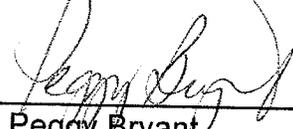
Appellant's October 25, 2007 motion for a continuation of the stay of the February 8, 2006 order of appellee pending appeal to the Supreme Court of Ohio is granted.



Judge William A. Klatt



Judge G. Gary Tyack



Judge Peggy Bryant



HEALTH & HUMAN

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SERVICES SECTION

ON COMPUTER 12

IN THE COURT OF APPEALS OF OHIO
TENTH APPELLATE DISTRICT

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Ruth Ann Holzhauser, M.D., :
Appellant-Appellant, : No. 06AP-1031
v. : (C.P.C. No. 06CVF02-2625)
State Medical Board of Ohio, : (REGULAR CALENDAR)
Appellee-Appellee. :

JUDGMENT ENTRY

For the reasons stated in the opinion of this court rendered herein on September 25, 2007, appellant's assignments of error are overruled, and it is the judgment and order of this court that the judgment of the Franklin County Court of Common Pleas is affirmed. Costs assessed against appellant.

KLATT & BRYANT, JJ.

By William A. Klatt
Judge William A. Klatt

HEALTH & HUMAN
OCT 01 2007
SERVICES SECTION

ON COMPUTER 12

IN THE COURT OF APPEALS OF OHIO

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FRANKLIN CO. OHIO

TENTH APPELLATE DISTRICT

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CLERK OF COURTS

Ruth Ann Holzhauser, M.D., :

Appellant-Appellant, :

v. :

State Medical Board of Ohio, :

Appellee-Appellee. :

No. 06AP-1031
(C.P.C. No. 06CVF02-2625)

(REGULAR CALENDAR)

O P I N I O N

Rendered on September 25, 2007

Collis, Smiles & Collis, LLC, Elizabeth Y. Collis and Terri-Lynne B. Smiles, for appellant.

Marc Dann, Attorney General, and Kyle C. Wilcox, for appellee.

APPEAL from the Franklin County Court of Common Pleas.

KLATT, J.

{¶1} Appellant, Ruth Ann Holzhauser, M.D., appeals from a judgment of the Franklin County Court of Common Pleas affirming the order of the appellee, State Medical Board of Ohio ("board"), permanently revoking her medical license. For the following reasons, we affirm that judgment.

{¶2} Appellant has been a licensed physician in Ohio since the early 1980's. Since that time, she taught at The Ohio State University and worked for the Ohio Department of Health, the Ohio Department of Mental Retardation and Developmental

HEALTH & HUMAN
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Disabilities, and the Ohio Department of Youth Services. In 1998, she took a job as the Medical Director of Maryhaven, a treatment facility for chemically-dependent individuals.

{¶3} In the fall of 2003, appellant decided to leave her position with Maryhaven. She saw a classified ad in a local newspaper for Medsnationwide.com, a company that prescribes medications over the internet. Intrigued, she contacted the company's CEO, Mrs. O'Shea, to learn more about the company. Mrs. O'Shea told appellant about the company and assured her that prescribing medications over the internet was legal. She also put appellant in contact with an attorney for the National Center for Telemedicine Law, who assured appellant that the services performed by physicians working for Medsnationwide.com were legal. Appellant did not consult with any other attorney, nor did she contact anyone with the board to determine whether prescribing medications over the internet was permissible in Ohio.

{¶4} Appellant started working for Medsnationwide.com on September 30, 2003. Patients seeking medications from Medsnationwide.com filled out questionnaires that provided information about their general health, medical history, and current medications. They also were required to provide medical records for the past two years. The records had to support what the patient claimed was his or her "chief complaint." Patients were also required to provide a photo I.D. All of this information was given to appellant, who would normally review it the day before her telephone consultation with the patients. Appellant would then consult with each patient, over the phone, typically for 20 to 30 minutes. She never met with any of the patients in person. If she felt that the patient warranted a prescription, appellant would electronically sign a prescription, which then

went to another legal entity that sent the prescription to the dispensing pharmacy. She also filled out a hard copy of the prescription form that was also sent to the pharmacy.

{¶5} In seven months with Medsnationwide.com, appellant wrote almost 900 prescriptions for more than 600 people. She testified that she prescribed medication to 90 percent of the people with whom she consulted. The vast majority of the prescriptions she wrote were for Hydrocodone, a Schedule 3 controlled substance. Appellant stopped working for Medsnationwide.com on April 21, 2004, the day she received a phone call from a board investigator who informed her that the work she had been performing for Medsnationwide.com violated of the board's rules.

{¶6} As a result of her actions while employed with Medsnationwide.com, the board notified appellant in a letter dated October 13, 2004 that it intended to determine whether her medical license should be sanctioned. Specifically, the board alleged that appellant prescribed controlled substances to patients without personally examining them in violation of R.C. 4731.22(B)(20) and Ohio Adm.Code 4731-11-09(A).¹ Appellant requested a hearing concerning her license.

{¶7} At the hearing, appellant admitted she prescribed controlled substances to patients without personally examining them. She claimed, however, that she did not intentionally violate the rules because she was told by people associated with Medsnationwide.com that there was nothing improper about her conduct. Appellant also testified that this was the first time in her medical career that she had been in trouble with the board, and that she had aided the board in its investigation of her conduct.

¹ The board also alleged that appellant inappropriately utilized controlled substances for purposes of weight loss treatment in violation of R.C. 4731.22(B)(20) and Ohio Adm.Code 4731-11-04(B) and (C). In a stipulation entered into by the parties, appellant admitted to these allegations. These allegations are not at issue in this appeal.

{¶8} The hearing examiner concluded that appellant's conduct violated Ohio Adm.Code 4731-11-09(A) and, therefore, also violated R.C. 4731.22(B)(20). The hearing examiner recommended that the board permanently revoke appellant's medical license. Appellant objected to the hearing examiner's recommendation, claiming that the mitigating factors in her case weighed in favor of a less severe sanction. The board disagreed and ordered the permanent revocation of appellant's medical license. Appellant appealed that order to the Franklin County Court of Common Pleas, which affirmed the board's order of revocation.

{¶9} Appellant appeals and assigns the following errors:

Assignment of Error 1:

The Court of Common Pleas abused its discretion in upholding the Medical Board's Order to permanently revoke Dr. Holzhauser's license based on the fact that the Medical Board charged Dr. Holzhauser with violating an administrative rule (O.A.C. 4731-11-09) that conflicts with R.C. 4731.296.

Assignment of Error 2:

The Court of Common Pleas erred in upholding the Medical Board's order to revoke Dr. Holzhauser's license by relying on testimony from its only witness who testified by telephone, when the Medical Board has no statutory authority for the testimony of a witness by telephone.

Assignment of Error 3:

The Court of Common Pleas erred by upholding the Medical Board's order to revoke Dr. Holzhauser's license by holding Dr. Holzhauser to a different standard of care from other physicians based on the fact that she was the former director of a drug and alcohol treatment center.

{¶10} In an administrative appeal pursuant to R.C. 119.12, the trial court reviews an order to determine whether it is supported by reliable, probative, and substantial

evidence and is in accordance with law. *Huffman v. Hair Surgeon, Inc.* (1985), 19 Ohio St.3d 83, 87. On appeal to this court, the standard of review is more limited. Unlike the court of common pleas, a court of appeals does not determine the weight of the evidence. *Rossford Exempted Village School Dist. Bd. of Edn. v. State Bd. of Edn.* (1992), 63 Ohio St.3d 705, 707. In reviewing the court of common pleas' determination as to whether the commission's order was supported by reliable, probative, and substantial evidence, this court's role is limited to determining whether the court of common pleas abused its discretion. *Roy v. Ohio State Med. Bd.* (1992), 80 Ohio App.3d 675, 680. The term "abuse of discretion" connotes more than an error of law or judgment; it implies that the court's attitude is unreasonable, arbitrary, or unconscionable. *Blakemore v. Blakemore* (1983), 5 Ohio St.3d 217, 219. However, on the question of whether the commission's order was in accordance with law, this court's review is plenary. *Univ. Hosp., Univ. of Cincinnati College of Medicine v. State Emp. Relations Bd.* (1992), 63 Ohio St.3d 339, 343.

{¶11} In appellant's first assignment of error, she contends the board could not revoke her license because the administrative rule she allegedly violated conflicts with R.C. 4731.296. An administrative rule that conflicts with a valid, existing statute is invalid. *State ex rel. Navistar Inter. Transp. Corp. v. Indus. Comm.*, Franklin App. No. 04AP-638, 2005-Ohio-3284, at ¶13, citing *Kelly v. Accountancy Bd. of Ohio* (1993), 88 Ohio App.3d 453, 458.

{¶12} Ohio Adm.Code 4731-11-09(A) ("the rule") prohibits a physician (except in certain situations not applicable here) from prescribing, dispensing, or otherwise providing any controlled substance to a person the physician has never personally physically

examined and diagnosed. Appellant claims the rule conflicts with R.C. 4731.296 ("the statute"), which allows physicians to practice telemedicine, that is, the practice of medicine through any communication, be it oral, written, or electronic, by a physician located outside of this state. Appellant argues that these provisions conflict because the statute permits physicians outside of Ohio to prescribe controlled substances to Ohio residents without a personal examination and diagnoses, something the rule prohibits. We disagree.

{¶13} The rule does not conflict with the statute, because the statute does not allow a physician outside of this state to prescribe controlled substances to an Ohio patient the physician has not personally examined and diagnosed. In fact, it prohibits it. Specifically, R.C. 4731.296(D) provides that a physician with a telemedicine certificate may be disciplined for any violation of R.C. 4731.22, which includes a violation of the board's rules. See R.C. 4731.22(B)(20). Therefore, telemedicine certificate holders must comply with the board's rules, including the rule violated herein, which prohibits physicians from prescribing medications to a patient they have not personally examined and diagnosed. Thus, the two provisions do not conflict.²

{¶14} Because Ohio Adm.Code 4731-11-09(A) does not conflict with R.C. 4731.296, appellant's first assignment of error is overruled.

{¶15} By her second assignment of error, appellant contends the board erred by allowing a witness to testify by telephone. Appellant claims the board lacked the authority to allow such testimony. We disagree.

² Because in-state and out-of-state physicians are all subject to the same requirements, we find appellant's constitutional claims unavailing.

{¶16} Robert Neeley, the former husband of a woman who obtained prescriptions over the internet from appellant, testified about his ex-wife's addiction to both alcohol and hydrocodone. He testified that she had achieved a level of sobriety, but that she relapsed in December 2003, when she received a large amount of hydrocodone over the internet from appellant and Medsnationwide.com. Over appellant's objection, Mr. Neeley testified by telephone, because he lives in Alabama. He was the only witness to testify at the hearing other than appellant.

{¶17} Generally speaking, a hearing officer has broad discretion in conducting administrative hearings. *Althof v. Ohio State Bd. of Psychology*, Franklin App. No. 05AP-1169, 2007-Ohio-1010, at ¶61. The hearing examiner did not abuse that discretion in this case. Although there is no rule that specifically permits the board to take telephone testimony, Ohio Adm.Code 4731-13-03(C) requires a hearing examiner to "conduct hearing in such a manner as to prevent unnecessary delay, maintain order and ensure the development of a clear and adequate record." The language of the rule is broad enough to allow a hearing examiner to take telephone testimony when such testimony prevents delay and is helpful to the development of an adequate record. In this case, Mr. Neeley is a resident of Alabama and apparently could not attend the administrative hearing in Ohio. Thus, telephone testimony was an acceptable method of obtaining his testimony to ensure the development of an adequate record under the circumstances of this case. We also note that appellant was allowed to fully cross-examine Mr. Neeley.

{¶18} Appellant also claims that she was prejudiced by the admission of Mr. Neeley's testimony. We disagree. His testimony described his life with his ex-wife, her addiction to drugs and alcohol, the effect of her addiction on their marriage, and how she

acquired controlled substances over the internet. Appellant's only substantive objection³ to the testimony was a hearsay objection. The board overruled appellant's objection.

{¶19} As a general rule, administrative agencies are not bound by the strict rules of evidence applied in courts. *Haley v. Ohio State Dental Bd.* (1982), 7 Ohio App.3d 1, 6; *Felice's Main Street, Inc. v. Ohio Liquor Control Comm.*, Franklin App. No. 01AP-1405, 2002-Ohio-5962. The hearsay rule is relaxed in administrative proceedings. *Id.*; *Adanich v. Ohio Optical Dispensers Bd.* (Oct. 8, 1991), Franklin App. No. 91AP-300. Thus, hearsay is permitted in administrative hearings, but the "discretion to consider hearsay evidence cannot be exercised in an arbitrary manner." *Fox v. Parma Community Gen. Hosp.*, 160 Ohio App.3d 409, 2005-Ohio-1665, at ¶59, quoting *Menon v. Stouder Mem. Hosp.* (Feb. 21, 1997), Miami App. No. 96-CA-27. Statements that would elsewhere be excluded as hearsay will be admissible in an administrative proceeding where they are not inherently unreliable, and may constitute reliable, probative, and substantial evidence. *Doersam v. Gahanna* (Sept. 30, 1997), Franklin App. No. 96APF12-1766; *In re Petition for Annexation of 162.631 Acres* (1988), 52 Ohio App.3d 8.

{¶20} The trial court did not abuse its discretion when it failed to find that the board erred by admitting Mr. Neeley's hearsay testimony. There is nothing in this record to indicate that his testimony was inherently unreliable. Mr. Neeley is an Assistant United States Attorney and he testified about his life and his experiences dealing with his ex-wife. Also, appellant never disputed that Mr. Neeley's ex-wife obtained the prescriptions from her while she worked for Medsnationide.com. Mr.

³ Appellant made a foundational objection to Mr. Neeley's testimony about his wife's addiction. The board sustained her objection and requested counsel to lay a foundation for that testimony. Counsel then proceeded to lay a foundation for this testimony.

Neeley's ex-wife was identified as patient #423 in the records of the prescriptions appellant wrote for Medsnationwide.com. Appellant stipulated that she personally authorized each of the prescriptions in those records. Thus, appellant admitted that she wrote a prescription for controlled substances for Mr. Neeley's ex-wife. The substance of Mr. Neeley's testimony was already in evidence. Therefore, the trial court did not abuse its discretion when it determined that Mr. Neeley's testimony was admissible before the board because it was not inherently unreliable.

{¶21} Appellant also claims that Mr. Neeley's testimony was prejudicial because it was not indicative of appellant's "average patient" at Medsnationwide.com and was used to make it appear that the vast majority of her patients were drug addicts. Even assuming this to be true, appellant did not raise this issue in front of the board. Errors which are not brought to the attention of the administrative agency by objection or otherwise are waived and may not be raised on appeal. *Staschak v. State Med. Bd. of Ohio*, Franklin App. No. 03AP-799, 2004-Ohio-4650, at ¶33; *Morgan v. Bd. of Edn. of Girard City School Dist.* (1993), 90 Ohio App.3d 627, 631.

{¶22} For all of these reasons, appellant's second assignment of error is overruled.

{¶23} Appellant contends in her third assignment of error that the board held her to a higher standard of care because of her former position with Maryhaven, a drug and alcohol treatment and rehabilitation center. She claims that the board sanctioned her because she was the former director of Maryhaven and, therefore, should have known

better than to prescribe addictive, controlled substances without personally examining the patient. She also argues that the board failed to consider her mitigation evidence. We disagree.

{¶24} The board did not hold appellant to a higher standard by taking into account her former employment. Instead, the board considered her former employment as an aggravating factor that weighed against evidence in favor of a lesser sanction. This was entirely proper, as her history of treating patients with drug and alcohol addictions makes her conduct in prescribing potentially addictive, controlled substances to patients she did not personally examine difficult to justify. Further, there is no evidence that the board failed to consider her evidence in mitigation. Merely because the board imposed a severe sanction does not lead to the conclusion that the board failed to consider her mitigation evidence. See *Belcher v. Ohio State Racing Comm.*, Franklin App. No. 02AP-998, 2003-Ohio-2187, at ¶21; *Auchi v. Liquor Control Comm.*, Franklin App. No. 06AP-493, 2006-Ohio-6003, at ¶13. Moreover, each board member acknowledged at the beginning of the hearing on appellant's case that they had received and considered the record of the case, including her objections, which adequately set forth her mitigation evidence in support of a lesser sanction.⁴

{¶25} In the hearing before the board, appellant did not dispute that her conduct violated the board's rules. Instead, she argued to the board for a moderate sanction based on her past history and willingness to assist the board in its investigation. In essence, her argument in this assignment of error boils down to her claim that the board's

⁴ We note that the board was not even required to consider such evidence. *Reed v. State Med. Bd. of Ohio*, 162 Ohio App.3d 429, 2005-Ohio-4071, at ¶39.

sanction was too harsh. Even if this court were to view her mitigating factors more favorably and disagree with the board's choice of sanction, we have no power to modify the board's lawfully imposed sanction. *Reed*. Appellant's third assignment of error is overruled.

{¶26} Lastly, we grant the board's motion to strike additional evidence appellant seeks to introduce on appeal. The evidence, consisting of documents relating to the practice of telemedicine, was not presented to the board for its review and is not newly discovered evidence under R.C. 119.12.

{¶27} Appellant's three assignments of error are overruled, and the judgment of the Franklin County Court of Common Pleas is affirmed.

*Motion to strike granted;
judgment affirmed.*

BRYANT, J., concurs.

TYACK, J., dissents.

TYACK, J., dissenting.

{¶1} I respectfully dissent.

{¶2} First, I believe the admission of the telephone call from Robert Neeley was improper. Much of what he had to say was not based upon personal knowledge but was based upon his conjecture about matters related to his ex-wife's addiction problems. To suggest that she somehow "relapsed" because she was successful in getting a controlled substance through the use of the internet is to fail to understand the whole concept of addiction to controlled substances. The "relapse" was well underway since she was no longer attempting to stay clean and sober one day at a time. She obviously was not maintaining sobriety, or she would not have been seeking the controlled substance again.

Dr. Holzhauser is no more responsible for the woman's addiction problem than the local pharmacy which sold the controlled substance to the woman.

{¶3} To suggest that Mr. Neeley's telephone testimony was necessary to "ensure the development of an adequate record" is to ignore the reality of the hearing before the hearing officer for the State Medical Board of Ohio. The facts about how Dr. Holzhauser prescribed medication were fully developed because Dr. Holzhauser could not have been more cooperative in stipulating the pertinent facts. The telephone testimony of Mr. Neeley was to add emotional impact to the hearing, not develop more facts. The testimony was not needed "to ensure the development of an adequate record." Since no legal procedure was in place to allow the testimony via telephone, it should not have been permitted. To permanently revoke a doctor's right to practice medicine based even in part upon such telephone testimony is a serious mistake.

{¶4} Permitting Mr. Neeley's telephone call as evidence is further complicated by the problem presented in the third assignment of error. The fact that, as a part of her medical career, Dr. Holzhauser devoted five years of 80 to 100 hour weeks to service as the medical director of a rehabilitation center for low-income people with drug and alcohol problems is a fact for which Dr. Holzhauser should be commended, not penalized. All physicians are or should be aware of the diseases of alcoholism and drug addiction. Physicians who work to address those diseases directly should be commended. The evidence does not indicate that Dr. Holzhauser thought she was enabling people with addiction problems while prescribing over the internet. She should not have been penalized because of her noble past service—whether as a direct penalty consideration or as a counterbalance to the mitigation information she provided.

{¶5} I would sustain both the second and the third assignments of error. Since the majority of the panel does not, I respectfully dissent.

HEALTH & HUMAN
OCT 19 2006
SERVICES SECTION

NOTICE OF APPEAL TO A COURT OF APPEALS
FROM A JUDGMENT OR
APPEALABLE ORDER

IN THE COURT OF COMMON PLEAS, FRANKLIN COUNTY, OHIO

CLERK OF COURTS

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FILED
COMMON PLEAS COURT
FRANKLIN CO., OHIO

Ruth Ann Holzhauser, M.D.
7599 Grotto Court
Columbus, Ohio 43235
Appellant/Appellant

: Case No. 06-CVF-02-2625

NOTICE OF APPEAL

v. :

STATE MEDICAL BOARD OF OHIO :
77 South High Street, 16th floor
Columbus, Ohio 43215-6127
Appellee/Appellee :

Notice is hereby given that Ruth Ann Holzhauser, M.D., Appellant/Appellant, hereby appeals to the Court of Appeals of Franklin County, Ohio, Tenth Appellant District from the Judgment Entry entered in this action on the 3rdth day of October, 2006, (see attached)

Appellant/Appellant appeals the decision of the trial court based upon the fact that the trial court abused its discretion in finding that the decision of the Board was based on reliable, probative and substantial evidence and was in accordance with law.

Respectfully submitted,

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(614) 486-3909; (614) 486-2129 facsimile
Counsel for Appellant, Dr. Holzhauser

CLERK OF COURTS

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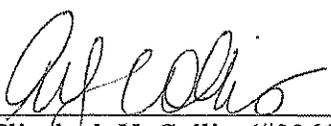
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FRANKLIN CO., OHIO

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Certificate of Service

I hereby certify that a copy of the foregoing Notice of Appeal has been served on Counsel for Appellee/Appellee, Kyle C. Wilcox, Assistant Attorney General, 30 E. Broad Street, 26th Floor, HHS, Columbus, Ohio 43215 by regular U.S. mail, this 13th day of October, 2006.


Elizabeth Y. Collis, (#0061961)

IN THE COURT OF COMMON PLEAS, FRANKLIN COUNTY, OHIO

RUTH ANN HOLZHAUSER, M.D.,

Appellant,

vs.

STATE MEDICAL BOARD OF OHIO

Appellee.

CASE NO. 06CVF-02-2625

JUDGE PFEIFFER

TERMINATION NO. 10
BY KB

DECISION AND JUDGMENT ENTRY
AFFIRMING THE ORDER OF THE OHIO STATE MEDICAL BOARD
AND
NOTICE TO CLERK

Rendered this 3rd day of October, 2006

PFEIFFER, J.

This case is before the Court on an appeal pursuant to R.C. 119.12. The relevant facts and procedural history are as follows.

On October 13, 2004, the State Medical Board (the "Board") issued a Notice of Opportunity for Hearing to Appellant Ruth Ann Holzhauser, M.D. The Notice stated that the Board intended to determine whether to take disciplinary action based on allegations that Appellant had inappropriately prescribed controlled substances to patients over the internet, without physically examining the patients, in violation of Ohio Admin. Code 4731-11-09(A). The Notice also alleged that Appellant had inappropriately prescribed controlled substances for weight loss, in violation of Ohio Admin. Code 4731-11-04(B) and (C).

Appellant requested a hearing, which was conducted on March 14, 15, and 16, 2005 before a Hearing Examiner. The Hearing Examiner issued a Report and Recommendation recommending permanent revocation of Appellant's medical license.

HEALTH & HUMAN
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SERVICES SECTION

On February 8, 2006, the Board issued its Order permanently revoking Appellant's medical license. The Order was mailed to Appellant on February 10, 2006. Appellant filed this appeal on February 24, 2006.

Appellant has been licensed to practice medicine in Ohio for over twenty years, with no prior Board disciplinary action. (Tr. 25). Appellant's work experience includes a position on the teaching faculty at The Ohio State University from 1981 through 1996 and as Medical Director of Maryhaven, a chemical dependency treatment facility, from 1998 to 2003. (Tr. 25-30).

In September, 2003, Appellant saw a newspaper advertisement in which MedsNationwide.com ("MedsNationwide") was seeking to hire a physician. (Tr. 45-46). Appellant learned that MedsNationwide provides prescription medications to patients via the internet. (Tr. 48). Appellant testified that she had concerns about the legality of prescribing medication over the internet, and that she discussed these concerns with the CEO of MedsNationwide and an attorney with the National Center for Telemedicine Law. (Tr. 49). Appellant did not obtain any documentation regarding the legality of prescribing over the internet and did not seek advice on this issue from her own legal counsel or the Board. (Tr. 51-52).

Appellant began work with MedsNationwide on September 30, 2003, and worked there for approximately six months. (Tr. 53-55). As a physician employee of MedsNationwide, Appellant reviewed online questionnaires completed by patients and documentation submitted by patients regarding their chief complaint. She also spoke with the patients by telephone. (Tr. 58-61). Appellant never met face-to-face with any of the patients at MedsNationwide. (Tr. 62-64).

The evidence showed that Appellant wrote prescriptions for controlled substances to over 600 patients during her employment with MedsNationwide. (St. Ex. 2 through 4 and 8). Appellant wrote prescriptions for approximately 90% of the patients with whom she consulted. (Tr. 69-70). Appellant received higher compensation for patient consultations in which prescriptions were issued. (Tr. 75-78). The vast majority of the prescriptions written by Appellant were for hydrocodone, a Schedule 3 controlled substance with a brand name such as Vicodin. (St. Ex. 2-4 and 8; Tr. 33-36, 87). Appellant agreed that hydrocodone is an addictive narcotic and is commonly abused. (Tr. 36-37, 88).

Appellant stipulated that she inappropriately prescribed controlled substance anorectics for purposes of weight reduction in the treatment of obesity for five patients over the internet. She also stipulated that she failed to determine and/or document that the patients had made a substantial effort to lose weight in a treatment program without using controlled substances, failed to physically examine the patients, and failed to determine and/or document the patients' Body Mass Index and co-morbid factors. (St. Ex. 15).

Appellant terminated her employment with MedsNationwide on April 21, 2004, after receiving a telephone call from a Board investigator stating that Appellant's work was in violation of Board rules. (Tr. 55-56).

On December 16, 2005, the Hearing Examiner filed a Report and Recommendation concluding that Appellant had committed the charged violations. The Board's February 8, 2006 Order approved and confirmed the findings of the Hearing Examiner and permanently revoked Appellant's application for medical licensure.

When considering an appeal from a medical board's order, a common pleas court must uphold the order if it is supported by reliable, probative, and substantial evidence and is in accordance with law. R.C. 119.12. Pons v. Ohio State Med. Bd. (1993), 66 Ohio St.3d 619, 621; Landefeld v. State Med. Bd. (2000), Tenth Appellate District No. 99AP-612, 2000 Ohio App. LEXIS 2556.

The Ohio Supreme Court has recognized that the General Assembly granted the medical board a broad measure of discretion. Arlen v. State (1980), 61 Ohio St.2d 168, 174. In Farrand v. State Med. Bd. (1949), 151 Ohio St. 222, 224, the court stated:

... The purpose of the General Assembly in providing for administrative hearings in particular fields was to facilitate such matters by placing the decision on facts with boards or commissions composed of men equipped with the necessary knowledge and experience pertaining to a particular field. ...

“Accordingly, when courts review a medical board order, they are obligated to accord due deference to the board's interpretation of the technical and ethical requirements of the medical profession.” Landefeld, supra, at pg. 9.

The Board found that Appellant violated Ohio Admin. Code 4731-11-09(A), which provides, subject to certain exceptions that are not applicable here, as follows: “a physician shall not prescribe, dispense or otherwise provide, or cause to be provided, any controlled substance to a person who the physician has never personally physically examined and diagnosed.” The Board also found that Appellant violated Ohio Admin. Code 4731-11-04(B) and (C), which establish preconditions to the use of controlled substances for treatment for weight reduction.

Based on the above rule violations, the Board concluded that Appellant violated R.C. 4731.22(B)(20) (prohibits violations of rules promulgated by the Board). Pursuant

to O.A.C. 4731-11-09(H) and 4731-11-04(D), the Board found that the above rule violations constituted failures to comply with minimal standards for administration of drugs under R.C. 4731.22(B)(2), (3), and (6).

Appellant's first argument in this appeal is that O.A.C. 4731-11-09(A), the rule prohibiting prescriptions without physical examinations, is invalid because it conflicts with R.C. 4731.296, a statute allowing issuance of a "Telemedicine certificate." Appellant argues that R.C. 4731.296 permits out-of-state physicians to prescribe without conducting physical examinations. Appellant has cited no statutory language or other authority supporting the argument that R.C. 4731.296 permits out-of-state physicians to prescribe controlled substances without physical examinations.

R.C. 4731.296 provides that persons licensed to practice medicine in, and practicing in, another state, and not licensed in Ohio, may apply for a certificate to practice "telemedicine" in Ohio. R.C. 4731.296(A) defines the "practice of telemedicine" as "the practice of medicine in this state through the use of any communication, including oral, written or electronic communication, by a physician located outside this state." R.C. 4731.296(D) provides that the Board "may revoke a certificate issued under this section or take disciplinary action against a certificate holder pursuant to section 4731.22 of the Revised Code on receiving proof ... that there are grounds for action against the holder under section 4731.22 of the Revised Code."

Appellee explains that a telemedicine certificate is useful only to a relatively small group of practitioners, such as radiologists and pathologists located out of Ohio who read or interpret tests or x-rays taken in Ohio. Under R.C. 4731.296(D), such holders of telemedicine certificates remain subject to all rules and regulations governing

physicians in Ohio, including the rule against prescribing controlled substances without physical examinations.

The Court finds that there is no conflict between the telemedicine statute and the rule prohibiting prescriptions without physical examinations. R.C. 4731.296(D) expressly provides that a holder of a telemedicine certificate is subject to discipline for any grounds under R.C. 4731.22. R.C. 4731.22(B)(20) prohibits a violation of any rule promulgated by the Board, including the rule against prescribing controlled substances without physical examinations set forth in O.A.C. 4731-11-09(A).

For the reasons set forth above, the Court finds that Appellant has not shown that the Board violated Appellant's right to equal protection nor unconstitutionally restrained interstate commerce by prohibiting only Ohio physicians from prescribing controlled substances without physical examinations.

Appellant next argues that the Board erred by permitting a witness to testify by telephone. Appellant contends the Board has no authority to allow telephone testimony and that the testimony is hearsay.

The Hearing Examiner permitted telephone testimony by Robert Neely, an Assistant U.S. Attorney residing in Montgomery, Alabama. Mr. Neely testified regarding how his ex-wife, patient 423, secured prescriptions over the internet written by Appellant. He testified that patient 423 was an addict and subsequently underwent treatment in a drug rehabilitation facility. (Tr. Vol. III at 8-28).

The Rules of Evidence are not controlling in administrative proceedings. Urban v. State Medical Board (2004), Tenth App. Dist. Case No. 03AP-426, 2004 Ohio App. LEXIS 99. In Felice's Main Street, Inc. v. Liquor Control Commission (2002), Tenth

App. Dist. Case No. 01AP-1405, 2002 Ohio App. LEXIS 5801, the Court stated that “The hearsay rule is relaxed in administrative proceedings.” In another administrative appeal, Doersam v. City of Gahanna (Sept. 30, 1997), Tenth Dist. App. No. 96APF12-1766, 1997 Ohio App. LEXIS 4468, the Court held that “[e]ven though * * * statements were hearsay, they were not inherently unreliable and were sufficient to constitute substantial, reliable and probative evidence.”

O.A.C. 4731-13-03(C) provides that, “The hearing examiner shall conduct hearings in such a manner as to prevent unnecessary delay, maintain order, and ensure the development of a clear and adequate record.” O.A.C. 4731-13-20(A) permits the hearing examiner to order that testimony be taken by deposition in lieu of live testimony if the witness is unavailable or prevented from attending the hearing.

Appellant has not shown that the testimony of Mr. Neely is inherently unreliable such that it could not have been considered by the Board. There is no showing that telephone testimony is less reliable than the deposition testimony expressly permitted by the Board’s rules. Further, there is nothing in the record to indicate that the witness was not subject to cross-examination by Appellant’s counsel.

Appellant also has not shown prejudice from the admission of Mr. Neely’s testimony. In Petti v. Perna (1993), 86 Ohio App.3d 508, the court held that an error in the admission of evidence is not grounds for reversal unless substantial rights of the complaining party were affected or if it appears that substantial justice was not done. This case involves prescriptions to over 600 patients, and Appellant has not shown that Mr. Neely’s testimony regarding patient 423 had a substantial effect on the outcome of this proceeding.

Appellant's final argument is that the Board's Order is not supported by reliable, probative and substantial evidence in that the Board did not review the specific facts in Appellant's case and instead held her to a higher standard as the former medical director of Maryhaven. As support for this argument, Appellant cites only a comment by one Board member that the medical director of Maryhaven should have known that it is inappropriate to prescribe narcotics to patients that she had never seen. (Meeting minutes at 15772).

Neither the Hearing Examiner's Report and Recommendation nor the Board's Order reflect that Appellant was held to a higher standard as the former medical director of Maryhaven. The 46 page Report of the Hearing Examiner reviews the specific facts of Appellant's case in great detail. All of these facts were before the Board, and Appellant has cited no evidence indicating that the Board failed to consider these facts or held Appellant to a higher standard.

The Court finds that the Board's Order is supported by reliable, probative, and substantial evidence and is in accordance with law. Accordingly, the Board's Order is hereby AFFIRMED. This is a final, appealable Order. Costs to Appellant.

Pursuant to Civil Rule 58, the Clerk of Court shall serve upon all parties notice of this judgment and its date of entry.

IT IS SO ORDERED.


BEVERLY Y. PFEIFFER, JUDGE

Copies to:
Elizabeth Y. Collis, Counsel for Appellant
Kyle C. Wilcox, Counsel for Appellee

**IN THE FRANKLIN COUNTY COURT OF COMMON PLEAS
FRANKLIN COUNTY, OHIO**

Ruth Ann Holzhauser, M.D.

Appellant, : Case No. 06 CVF 2625

vs. : Judge Pfeiffer

State Medical Board of Ohio :

Appellee. :

FILED
2006 APR -5 AM 10:02
CLERK OF COURTS

Motion to Stay Medical Board Order is Granted

Pursuant to Ohio Revised Code 119.12, Appellant, Dr. Holzhauser, has filed a Motion to Stay the Medical Board Order pending appeal in this case. Finding that Dr. Holzhauser has met the requirements of R.C. 119.12 for a Stay, the Stay is hereby granted. Dr. Holzhauser will be permitted to practice medicine in the State of Ohio during the administrative appeal process, but Dr. Holzhauser may not practice internet prescribing and may not be employed for a fee or on a voluntary basis for any business entity that provides medical advice or medications to patients via the internet during the appeal process in this case.

OHIO STATE MEDICAL BOARD

It is so ordered.

.1111 2 4 2006

Judge Pfeiffer

Cc: Elizabeth Y. Collis
Collis, Smiles & Collis, LLC
1650 Lake Shore Drive, Suite 225
Columbus, Ohio 43204
Counsel to Appellant

Kyle Wilcox
Assistant Attorney General
30 E. Broad Street, 26th Floor
Columbus, Ohio 43215
Counsel for Appellee

BEFORE THE STATE MEDICAL BOARD OF OHIO

Ruth Ann Holzhauser, M.D.
7599 Grotto Court
Columbus, OH 43235

06CVF 2 02026

Case No. _____

Appellant,

Judge _____

vs.

State Medical Board of Ohio
77 South High Street, 17th Floor
Columbus, OH 43215-3413,

Appeal from the Entry of Order
of February 8, 2006 and
Mailed February 10, 2006

Appellee.

FILED
COMMON PLEAS COURT
PARSONS CO. OHIO
2006 FEB 24 PM 2:27
CLERK OF COURTS - CV

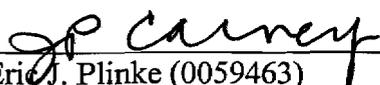
APPELLANT'S NOTICE OF APPEAL

Pursuant to Ohio Revised Code § 119.12, notice is hereby given that Appellant, Ruth Ann Holzhauser, M.D., appeals the State Medical Board of Ohio's Entry of Order February 8, 2006, and mailed February 10, 2006 (copy attached as Exhibit A). The State Medical Board of Ohio Entry Order is not supported by the requisite quantum of reliable, probative, and substantial evidence nor is it in accordance with law.

OHIO STATE MEDICAL BOARD

MAR - 9 2006

Respectfully submitted,



Eric J. Plinke (0059463)

John P. Carney (0074436)
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41 South High Street
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(614) 227-2000 Fax (614) 227-2100
Attorneys for Appellant
Ruth Ann Holzhauser, M.D.

STATE MEDICAL BOARD
OF OHIO
2006 FEB 24 A 10:40

CERTIFICATE OF SERVICE

I hereby certify that on this 24th day of February, 2006 the foregoing Notice of Appeal was filed via hand delivery with the State Medical Board of Ohio, via hand delivery with the Court of Common Pleas, Franklin County, Ohio, and that a copy was served via ordinary U.S. Mail, postage prepaid, upon:

Kyle Wilcox, Esq.
Assistant Attorney General
Health & Human Services Section
Ohio Attorney General
30 East Broad Street, 26th Floor
Columbus, Ohio 43215-3428


John P. Carney (0074436)

STATE MEDICAL BOARD
OF OHIO
2006 MAR - 9 P 1:12

OHIO STATE MEDICAL BOARD

MAR - 9 2006



State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.med.ohio.gov

February 8, 2006

Ruth Ann Holzhauser, M.D.
7599 Grotto Court
Columbus, OH 43235

Dear Doctor Holzhauser:

Please find enclosed certified copies of the Entry of Order; the Report and Recommendation of R. Gregory Porter, Esq., Hearing Examiner, State Medical Board of Ohio; and an excerpt of draft Minutes of the State Medical Board, meeting in regular session on February 8, 2006, including motions approving and confirming the Report and Recommendation as the Findings and Order of the State Medical Board of Ohio.

Section 119.12, Ohio Revised Code, may authorize an appeal from this Order. Such an appeal must be taken to the Franklin County Court of Common Pleas.

Such an appeal setting forth the Order appealed from and the grounds of the appeal must be commenced by the filing of an original Notice of Appeal with the State Medical Board of Ohio and a copy of the Notice of Appeal with the Franklin County Court of Common Pleas. Any such appeal must be filed within fifteen (15) days after the mailing of this notice and in accordance with the requirements of Section 119.12, Ohio Revised Code.

THE STATE MEDICAL BOARD OF OHIO

Lance A. Talmage, M.D.
Secretary

LAT:jam
Enclosures

CERTIFIED MAIL NO. 7003 0500 0002 4333 8961
RETURN RECEIPT REQUESTED

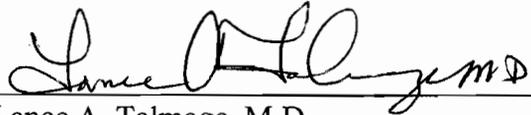
Cc: Eric J. Plinke and John P. Carney, Esqs.
CERTIFIED MAIL NO. 7003 0500 0002 4333 8985
RETURN RECEIPT REQUESTED

Mailed 2-10-06

CERTIFICATION

I hereby certify that the attached copy of the Entry of Order of the State Medical Board of Ohio; Report and Recommendation of R. Gregory Porter, State Medical Board Attorney Hearing Examiner; and excerpt of draft Minutes of the State Medical Board, meeting in regular session on February 8, 2006, including motions approving and confirming the Findings of Fact, Conclusions and Proposed Order of the Hearing Examiner as the Findings and Order of the State Medical Board of Ohio; constitute a true and complete copy of the Findings and Order of the State Medical Board in the matter of Ruth Ann Holzhauser, M.D., as it appears in the Journal of the State Medical Board of Ohio.

This certification is made by authority of the State Medical Board of Ohio and in its behalf.



Lance A. Talmage, M.D.
Secretary

(SEAL)

February 8, 2006
Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

*

*

RUTH ANN HOLZHAUSER, M.D.

*

ENTRY OF ORDER

This matter came on for consideration before the State Medical Board of Ohio on February 8, 2006.

Upon the Report and Recommendation of R. Gregory Porter, State Medical Board Attorney Hearing Examiner, designated in this Matter pursuant to R.C. 4731.23, a true copy of which Report and Recommendation is attached hereto and incorporated herein, and upon the approval and confirmation by vote of the Board on the above date, the following Order is hereby entered on the Journal of the State Medical Board of Ohio for the above date.

It is hereby ORDERED that:

The certificate of Ruth Ann Holzhauser, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED.

This Order shall become effective immediately upon the mailing of notification of approval by the Board.

(SEAL)



Lance A. Talmage, M.D.
Secretary

February 8, 2006

Date

**REPORT AND RECOMMENDATION
IN THE MATTER OF RUTH ANN HOLZHAUSER, M.D.**

The Matter of Ruth Ann Holzhauser, M.D., was heard by R. Gregory Porter, Esq., Hearing Examiner for the State Medical Board of Ohio, on March 14 through 16, 2005.

INTRODUCTION

I. Basis for Hearing

- A. By letter dated October 13, 2004, the State Medical Board of Ohio [Board] notified Ruth Ann Holzhauser, M.D., that it had proposed to take disciplinary action against her certificate to practice medicine and surgery in Ohio. The Board based its proposed action upon allegations that Dr. Holzhauser had inappropriately prescribed controlled substances over the Internet to 663 specified patients without first having examined those patients; and that she had inappropriately used controlled substance anorectics for purposes of weight reduction in the treatment of five of those patients.

Further, the Board alleged that Dr. Holzhauser's inappropriate prescribing of controlled substances over the Internet constitutes "'violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,' as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: 4731-11-09(A), Ohio Administrative Code. Pursuant to Rule 4731-11-09(H), Ohio Administrative Code, violation of Rule 4731-11-09, Ohio Administrative Code, also violates Sections 4731.22(B)(2), (3) and (6), Ohio Revised Code."

Moreover, the Board alleged that Dr. Holzhauser's inappropriate prescribing of controlled substance anorectics constitutes "'violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,' as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: 4731-11-04(B) and (C), Ohio Administrative Code. Pursuant to Rule 4731-11-04(D), Ohio Administrative Code, violation of Rule 4731-11-04, Ohio Administrative Code, also violates Sections 4731.22(B)(2), (3) and (6), Ohio Revised Code."

Accordingly, the Board advised Dr. Holzhauser of her right to request a hearing in this matter. (State's Exhibit 1A)

- B. By document received by the Board on November 12, 2004, Eric J. Plinke, Esq., requested a hearing on behalf of Dr. Holzhauser. (State's Exhibit 1B)

II. Appearances

- A. On behalf of the State of Ohio: Jim Petro, Attorney General, by Kyle C. Wilcox, Assistant Attorney General.
- B. On behalf of the Respondent: John P. Carney, Esq.

EVIDENCE EXAMINED

I. Testimony Heard

- A. Presented by the State
 - 1. Ruth Ann Holzhauser, M.D., as upon cross examination
 - 2. Robert Randolph Neely
- B. Presented by the Respondent
 - Ruth Ann Holzhauser, M.D.

II. Exhibits Examined

- A. Presented by the State
 - 1. State's Exhibits 1A through 1J: Procedural exhibits.
 - * 2. State's Exhibits 2 through 4: Patient records.
 - 3. State's Exhibits 5 and 6: Not admitted. See Proffered Exhibits, below.
 - 4. State's Exhibit 7: Withdrawn.
 - * 5. State's Exhibit 8: Confidential Patient Key.
 - * 6. State's Exhibit 9: Patient records for Patient 193.
 - * 7. State's Exhibit 10: Patient records for Patient 26.
 - * 8. State's Exhibit 11: Patient records for Patient 423.

- * 9. State's Exhibit 12: Patient records for Patient 98.
 - * 10. State's Exhibit 13: Patient records for Patient 112.
 - * 11. State Exhibit 14: Prescription bottle for Patient 423. [Note: This exhibit will be available for review by Board members at the Board's offices.]
 - 12. State's Exhibit 14A: Federal Express envelope. [Note: This exhibit will be available for review by Board members at the Board's offices.]
 - 13. State's Exhibit 15: Stipulations.
 - 14. State's Exhibit 16: Excerpt from the 2003 Physicians' Desk Reference concerning Bontril.
 - 15. State's Exhibit 17: July 1, 2004, letter to Board staff from R. Randolph Neely.
- B. Presented by the Respondent
- 1. Respondent's Exhibit A: Curriculum vitae of Ruth Ann Holzhauser, M.D.
 - 2. Respondent's Exhibit B: Printout of web page for MedsNationwide.com.
 - 3. Respondent's Exhibit C: Printout of web page for the Center for Telemedicine Law.
 - 4. Respondent's Exhibits D and E: Letters of support for Dr. Holzhauser.
- * Note: Exhibits marked with an asterisk (*) have been sealed to protect patient confidentiality.

PROFFERED MATERIAL

The following documents were neither admitted to the record nor considered, but are being sealed and held as proffered material for the State:

- I. State's Exhibit 5: Transcript of a September 9, 2004, deposition of Dr. Holzhauser.
- II. State's Exhibit 6: Dr. Holzhauser's written answers to Board Interrogatories.

PROCEDURAL MATTERS

The Hearing Examiner redacted patient names from Hearing Transcript Volume 3 at page 9, line 10, and page 17, line 25.

SUMMARY OF THE EVIDENCE

All exhibits and transcripts of testimony, even if not specifically mentioned, were thoroughly reviewed and considered by the Hearing Examiner prior to preparing this Report and Recommendation.

Background Information

1. Ruth Ann Holzhauser, M.D., obtained her medical degree in 1977 from The Ohio State University [OSU], following a joint six-year combined premedical and medical program at Yale University and OSU. In 1980, she completed a residency in pediatrics at Columbus Children's Hospital in Columbus, Ohio. From 1980 through 1981, Dr. Holzhauser served an additional year as chief resident in the pediatric residency department at Columbus Children's Hospital. Dr. Holzhauser testified that she was then asked to join and did join the teaching clinical faculty at OSU. Dr. Holzhauser held that position from 1981 through 1996. (Respondent's Exhibit [Resp. Ex.] A; Hearing Transcript Volume 1 [Tr. Vol. 1] at 24-25; Hearing Transcript Volume 3 [Tr. Vol. 3] at 44-46)

Dr. Holzhauser testified that, early in her medical training, she had been instilled with a desire to provide medical services to the underprivileged. Accordingly, Dr. Holzhauser testified, "I decided even before I completed my residency that I would devote my medical career, as it were, to the field of public health." (Tr. Vol. 1 at 26) From 1981 through 1996, in addition to her faculty position at OSU, Dr. Holzhauser held positions at several other institutions, including the Ohio Department of Health, Division of Maternal and Child Health; St. Mark's Community Health Center; the Ohio Department of Mental Retardation & Developmental Disabilities, Columbus Development Center; and the Ohio Department of Youth Services, Central Medical Facility. (Resp. Ex. A)

Dr. Holzhauser further testified that, in 1996, she suffered a severe leg fracture that required her to stay off of her feet for an extended period of time. During this period, from 1996 through 1998, Dr. Holzhauser worked as a medical consultant for Integrated Health Services. (Resp. Ex. A; Tr. Vol. 1 at 29)

Subsequently, from 1998 through 2003, Dr. Holzhauser served as the Medical Director of Maryhaven, a substance abuse treatment facility in Columbus, Ohio. In her curriculum vitae, Dr. Holzhauser indicated that, while at Maryhaven, she had been "[r]esponsible for 3000 patients, annually, ages 12-80, who presented for treatment of substance abuse." (Resp. Ex. A; Tr. Vol. 1 at 29)

Finally, from 1992 and continuing through the date of the hearing, Dr. Holzhauser has worked on a part-time basis for American Paraprofessional Systems performing examinations on “individuals who may be applying for some type of insurance.” Dr. Holzhauser testified that, at the time of the hearing, she had been working there “from eight to ten hours per week.” (Resp. Ex. A; Tr. Vol. 1 at 22-23)

2. Dr. Holzhauser testified that, as medical director for Maryhaven, she had worked very closely with patients who are addicted to drugs or alcohol. With regard to her training for that position, Dr. Holzhauser testified,

Even prior to going to Maryhaven, I have attended substance abuse seminars that are held typically twice a year, one of which is conducted by [OSU] usually in the summertime. There is actually a chemical dependency institute that goes for approximately a week every year. I had been intending the chemical dependency institute seminars for at least six years before I began my work at Maryhaven.

(Tr. Vol. 1 at 31)

3. Dr. Holzhauser testified that, although her five and half years at Maryhaven had been very rewarding, they had also been very stressful. Dr. Holzhauser testified that the patient load had appeared to be ever-increasing, which she attributed to other treatment facilities in central Ohio—at Riverside Hospital and at Harding Hospital—closing during the time that she had worked at Maryhaven. Dr. Holzhauser testified that she had spent between 80 and 100 hours per week at Maryhaven in order to properly take care of the patients. Moreover, Dr. Holzhauser testified that, even when she was not physically at Maryhaven, she had been on call around-the-clock, seven days per week. She estimated that she had spent between 10 to 15 hours per week on the telephone with nurses and counselors. Accordingly, Dr. Holzhauser testified, by the time she left her position at Maryhaven, she had been physically and mentally exhausted. She testified that she had looked for a position that would give her a break from such stress, and allow her to “kind of regroup and recoup” before going on to her next employment opportunity. (Tr. Vol. 1 at 46; Tr. Vol. 3 at 49-51)

Dr. Holzhauser’s Consideration of Employment with MedsNationwide.com

4. Dr. Holzhauser testified that, while concluding her responsibilities at Maryhaven, she had noticed an advertisement in the classified section of the *Columbus Dispatch* that had been placed by MedsNationwide.com [MedsNationwide]. Dr. Holzhauser said that she reviewed the MedsNationwide World Wide Web site and had been favorably impressed by what she saw. She testified concerning a statement on their web site that said, “MedsNationwide.com has taken a proactive approach to meet new guidelines for online prescription services.” This struck Dr. Holzhauser “as a worthwhile attitude and a worthwhile approach[,]” and

prompted her to look further into working for MedsNationwide. However, Dr. Holzhauser testified that she had had some concern regarding the legality of MedsNationwide's activities. (Resp. Ex. B; Tr. Vol. 1 at 45-47; Tr. Vol. 3 at 49, 51-53)

Dr. Holzhauser testified that, during her first telephone contact with MedsNationwide, she had been asked what state she was calling from. After responding that she was calling from Ohio, Dr. Holzhauser learned that MedsNationwide had placed advertisements in the major newspapers of Cincinnati, Cleveland, and Columbus. Dr. Holzhauser interpreted this as an indication "that they were able to utilize licensed physicians from the State of Ohio. Otherwise, you know, it seemed kind of obvious why would you advertise, you know, if that was not the case." (Tr. Vol. 3 at 53)

Dr. Holzhauser further testified that she had spoken with the CEO of MedsNationwide, Mrs. O'Shea. Dr. Holzhauser testified that Mrs. O'Shea had assured her that MedsNationwide was on the "cutting edge of Internet prescription services[,]," that it was one of the oldest companies in that business, and that "there would be no problem, certainly not from a legality standpoint." However, Mrs. O'Shea told Dr. Holzhauser that she would nevertheless "double check" with legal counsel for MedsNationwide. Later that day, Dr. Holzhauser spoke again to Mrs. O'Shea and Mrs. O'Shea reassured her that there was nothing "in terms of the law that was on the books at that time" that should "give [Dr. Holzhauser] pause" or be of any concern. (Tr. Vol. 1 at 48-49; Tr. Vol. 3 at 53-54)

Despite those assurances, Dr. Holzhauser testified that she had asked Mrs. O'Shea to direct her to an independent source that could corroborate the information that Mrs. O'Shea had given her. Mrs. O'Shea directed Dr. Holzhauser to the Center for Telemedicine Law, and specifically to an individual there who had been working with MedsNationwide. (Tr. Vol. 1 at 49-50; Tr. Vol. 3 at 54-55)

Dr. Holzhauser testified that she had reviewed the web site for the Center for Telemedicine Law and gained the impression that the Center for Telemedicine Law was a credible source of information. Dr. Holzhauser further testified that she "was glad to have an opportunity to confirm from an independent source outside of MedsNationwide that, in fact, what Mrs. O'Shea asserted to [Dr. Holzhauser] and that the representations that she made were in fact accurate." Moreover, Dr. Holzhauser testified that she had contacted the individual whom Mrs. O'Shea had recommended to her at the National Center for Telemedicine Law and was advised that MedsNationwide's activity "was not unlawful and was not in violation of any statute." (Resp. Ex. C; Tr. Vol. 1 at 50-51; Tr. Vol. 3 at 55-57)

Dr. Holzhauser further testified that, despite the assurances of Mrs. O'Shea and the Center for Telemedicine Law, she had considered it prudent to go back and review recent literature from the Board that she had in her possession. Dr. Holzhauser also testified that, believing that Internet prescribing was a very recent innovation, she had only researched

Board literature as far back as 2001¹. Nevertheless, Dr. Holzhauser testified that she did not contact anyone at the Board concerning the legality of Internet prescribing, nor did she review the Board's web site for information concerning the issue. Moreover, she did not consult her own attorney for advice. (Tr. Vol. 1 at 51-53; Tr. Vol. 3 at 57-59)

Dr. Holzhauser's Employment with MedsNationwide

5. Dr. Holzhauser testified she began work for MedsNationwide on September 30, 2003. She continued working for MedsNationwide through April 21, 2004. Dr. Holzhauser testified that she had not signed any written contract or agreement with MedsNationwide. (Tr. Vol. 1 at 53, 57)
6. Dr. Holzhauser testified that, as a physician employee of MedsNationwide, it had been her responsibility to consult with MedsNationwide patients by telephone. Dr. Holzhauser testified that these patients "had contacted MedsNationwide and expressed an interest in obtaining a medication by way of a prescription." (Tr. Vol. 3 at 59)

Dr. Holzhauser testified concerning the process by which patients would obtain medication from MedsNationwide. First, prior to any contact with Dr. Holzhauser, the patient filled out a questionnaire that contained demographic information, general health information, past medical history, and a list of the medications that the patient had been taking. Further, the patient was required to provide to MedsNationwide, via fax, mail, or e-mail, copies of medical records from within the past two years documenting their chief complaint. In addition, the patient was required to submit photo identification to MedsNationwide. Also, the patient was required to provide a consultation telephone number where the MedsNationwide physician could reach them. Dr. Holzhauser testified that all of that information needed to be in the hands of MedsNationwide prior to a consultation being scheduled with the physician. (Tr. Vol. 1 at 58-59; Tr. Vol. 3 at 59-60)

After MedsNationwide received all of the above documentation from the patient, it was scanned into the computer system. MedsNationwide notified the patient of the date and time of the telephone consultation with the MedsNationwide physician, and asked the patient to be available at their consultation telephone number at that particular time. Dr. Holzhauser testified that MedsNationwide provided to her a schedule of patients with whom she would be consulting via telephone the following day. (Tr. Vol. 1 at 59-61)

Dr. Holzhauser testified that, after she had received from MedsNationwide a list of the patients that she would consult with the following day, she spent at least two or three hours that evening reviewing the patients' responses to the MedsNationwide questionnaires, and the photo identification and medical documentation that they had provided. Dr. Holzhauser further testified that she had made sure that all of that information was consistent. Moreover, Dr. Holzhauser testified that she had written down any questions that she had for

¹ Dr. Holzhauser testified that she has since learned that in late 1999 or early 2000 the Board had adopted an administrative rule concerning the issue of Internet prescribing. (Tr. Vol. 3 at 58)

each patient, and noted any inadequacies in the information that the patient had provided. (Tr. Vol. 1 at 59-61; Tr. Vol. 3 at 60-61)

7. Dr. Holzhauser testified that she typically spoke with between five and fifteen patients during each consultation period. Dr. Holzhauser further testified that her telephone consultation with each patient typically lasted from 20 to 30 minutes. (Tr. Vol. 3 at 63-64)

Dr. Holzhauser further testified that, assuming the medical record documentation and other information received by MedsNationwide agreed with the patient's complaint and diagnosis, she would discuss with the patient the type of medication that he or she had received in the past and whether that had been beneficial to the patient. Following that discussion, Dr. Holzhauser would use the MedsNationwide software system to select the medication that she believed would be appropriate for the patient's condition, the strength of the medication, and the patient instructions. She would also indicate any precautions that should accompany the medication. Dr. Holzhauser testified she would then affix an electronic signature to the prescription. (Tr. Vol. 1 at 70-72)

Dr. Holzhauser testified that, after she had issued the prescription, it went to a company called Pharmaceutical Partners, which Dr. Holzhauser described as "an offshoot of MedsNationwide[.]" Dr. Holzhauser stated that Pharmaceutical Partners "served as sort of an intermediary or liaison" between the prescribing physician and the endpoint pharmacy that dispensed the medication. (Tr. Vol. 1 at 72)

Finally, Dr. Holzhauser testified that, for each prescription she issued, she printed out a patient prescription information form such as those found in State's Exhibit 2. She then physically signed the form and forwarded the completed form to MedsNationwide via overnight express. (Tr. Vol. 1 at 74-75)

8. Dr. Holzhauser acknowledged that she had never actually met face-to-face with any of the patients at MedsNationwide. However, Dr. Holzhauser testified that she believed that MedsNationwide had done a good job of requiring specific information from each of its patients so that Dr. Holzhauser could verify each patient's condition. Further, Dr. Holzhauser testified that the MedsNationwide patients "were individuals who had already been prescribed medication that they were requesting, you know, or at least this was what they attested to in the questionnaire that they completed." Therefore, Dr. Holzhauser stated, "They were not asking for medication that they had not taken previously." (Tr. Vol. 1 at 62-64)
9. When asked if the patients could have been untruthful concerning the medications they had previously taken, Dr. Holzhauser acknowledged that "[t]hey could have been." However, Dr. Holzhauser further testified that, very often, the medical records provided by the patient had included information from a primary care physician or specialist indicating that

the patient had received the medication previously. Moreover, Dr. Holzhauser testified,

The vast majority [of the patients] had a diagnosis that was not an acute self-limited diagnosis such as an earache or a sore throat or something that really required immediate verification of the facts or of the signs and the symptoms that they would portray. These are individuals who had a chronic long-term medical condition that in some cases had been present for as many as 20 years, sometimes it was less, but there were large number that had this medical condition established. And by asking them for medical confirmation and medical record documentation, I was able to read MRI reports, radiographic reports, CAT scan reports, consultative reports by some specialists such as neurologists, rheumatologists, orthopedic surgeons, you know, basically confirming that yes, indeed, these symptoms that the patient professed to have, they did in fact have and had for an extensive and lengthy period of time.

(Tr. Vol. 1 at 64-66)

Dr. Holzhauser testified that she had declined to prescribe medication to approximately ten percent of the patients with whom she consulted. She stated that, when this occurred, it had usually been based upon inadequate documentation or because the condition for which the patient had sought treatment did not match the patient's medical record information.

(Tr. Vol. 1 at 69-70)

10. Dr. Holzhauser testified that she believes that it is difficult for a physician to identify patients who use medication inappropriately whether the physician is in an office setting or in the kind of setting in which she had worked at MedsNationwide. Nevertheless, Dr. Holzhauser testified that, while working for MedsNationwide, she had been able to identify a small group of people in Kentucky who were obtaining medication fraudulently. Furthermore, Dr. Holzhauser testified that her experience at Maryhaven had enabled her to "ferret out" individuals who sought medication for inappropriate reasons. (Tr. Vol. 3 at 67-71)
11. With regard to the compensation that she had received from MedsNationwide, Dr. Holzhauser testified,

I was compensated using a system that MedsNationwide used whereby I received a certain amount for each patient that I spoke with. Basically they fell into two types. One would be the patient who was declined, and then the other one of course would be the individual who I spoke with and then who ultimately received a prescription.

(Tr. Vol. 1 at 75) Dr. Holzhauser testified that when she consulted with a patient and did not issue a prescription she had received \$15. However, when she consulted with a patient and issued a prescription she had received \$35. (Tr. Vol. 1 at 75-78)

Dr. Holzhauser was asked at hearing whether MedsNationwide's system of compensating physicians had given physicians an incentive to issue prescriptions. She replied,

With each person with whom I spoke, it made to me absolutely no difference whether they were declined or whether a prescription was written. What was important to me was to ascertain to the best of my ability whether the stated complaint or diagnosis or condition of a particular person warranted receiving medication regardless of compensation. I can honestly tell you that it really mattered not to me. In fact, I'm sure that I by far was the doc working for MedsNationwide that declined the most number of patients * * *.

(Tr. Vol. 1 at 78-79) When pressed further concerning whether MedsNationwide's system provided physicians with an incentive to issue prescriptions, she replied, "As far as I am concerned, there was no incentive for writing prescriptions." Dr. Holzhauser was upset by what she perceived as an implication that she would "churn out as many patients as possible." She stated that, while working for MedsNationwide, her income had been significantly less than she had received from any other position she had held during her career. (Tr. Vol. 1 at 79-81)

Dr. Holzhauser's Testimony Concerning Controlled Substance Medication

12. Dr. Holzhauser testified that controlled substance medications are classified by number—the lower the number, the higher the potential for abuse. As examples, Dr. Holzhauser testified that controlled substance anorectics such as Adipex or phentermine are Schedule 3 medications. Dr. Holzhauser further testified that benzodiazepines such as alprazolam, diazepam, and Valium are Schedule 4 medications. Moreover, Dr. Holzhauser testified that hydrocodone is a Schedule 3 controlled substance, and is found in brand name medications such as Vicodin, Zydone, and Norco. (Tr. Vol. 1 at 33-36)

Further, Dr. Holzhauser testified that, while working for MedsNationwide, she had been "limited to prescribing some of the less, if you will, addictive, just to kind of use the term loosely, or the medications that have less potential for abuse." Dr. Holzhauser stated that she did not prescribe Schedule 1 or 2 controlled substance medications while working for MedsNationwide. (Tr. Vol. 1 at 72-73)

13. When Dr. Holzhauser was asked if hydrocodone is known to be an addictive drug, the following exchange took place,

Q. [by Mr. Wilcox] Is Vicodin—excuse me, I should say hydrocodone, is that known to be an addictive drug, an addictive narcotic?

A. [by Dr. Holzhauser] I think you have to make the distinction between addiction, abuse, and physiological dependency and tolerance. When

you talk about addiction, that calls into question other factors, non-physiologic factors, in terms of emotional and mental factors as opposed to I think it's more maybe correct to specify that all of the—that hydrocodone, which is one of the opiates or opioid drugs which is not unlike some of the characteristics of morphine which might be kind of a prototype, that there is the potential for physiological dependency to occur, but it varies greatly from person to person, and that's really kind of outside of the realm of addiction per se.

- Q. How about this question: Would hydrocodone be known as a drug or narcotic that is commonly abused?
- A. You know, there is a large number of medications, prescription drugs, that can be abused. In fact, in a large number of over-the-counter drugs as we are finding out, even something like dextromethorphan, which is a non-narcotic cough suppressant, can be abused.

In fact, there was an unfortunate death of a youngster in Worthington not too long ago because of excessive intake of dextromethorphan which you can get, as I mentioned, over the counter.

- Q. I'm speaking though, doctor, of hydrocodone. Is that known to be an addictive narcotic?
- A. It can be.

(Tr. Vol. 1 at 36-37) Furthermore, when Dr. Holzhauser was asked if, as a former medical director of a substance abuse treatment facility, she had often seen people who were addicted to hydrocodone or who had abused hydrocodone, her answer was similarly evasive. (Tr. Vol. 1 at 37-39)

14. Dr. Holzhauser later testified that she believes hydrocodone is a middle-of-the-road drug in terms of abuse potential. She further testified that it may be a “commonly”² abused drug as a result “of the fairly ready accessibility of the medication.” In addition, Dr. Holzhauser indicated that it is relatively inexpensive compared to medications like OxyContin and morphine. “Therefore, you know, people would probably tend to obtain it for less, you know, if they were doing it unlawfully on the street, something like that. It wouldn't be as expensive as some of the alternatives.” (Tr. Vol. 1 at 87-89)

² When asked if she believes that hydrocodone is a commonly abused drug, Dr. Holzhauser replied, “If commonly, if you mean in terms of the numbers, you know, the numbers of people that might have a tendency toward chemical dependency issues, yes.” (Tr. Vol. 1 at 88)

Prescriptions Issued by Dr. Holzhauser for Controlled Substances While Employed by MedsNationwide

15. The evidence indicates that Dr. Holzhauser issued the following prescriptions for controlled substances while employed for MedsNationwide:

Patient	Rx Date	Medication	Qty	Refills
1	11/25/03	Hydrocodone/APAP 10/325	90	2
2	03/26/04	Hydrocodone/APAP 10/325	90	2
3	02/05/04	Acetaminophen/codeine No. 4	90	2
4	12/11/03	Hydrocodone/APAP 10/325	90	2
4	03/15/04	Hydrocodone/APAP 10/325	90	2
5	01/30/04	Hydrocodone/APAP 10/325	90	2
6	12/01/03	Hydrocodone/APAP 10/325	90	2
6	02/20/04	Hydrocodone/APAP 10/325	90	2
7	01/06/04	Hydrocodone/APAP 10/325	90	2
7	04/06/04	Hydrocodone/APAP 10/325	90	2
8	03/08/04	Hydrocodone/APAP 10/325	90	2
9	02/23/04	Hydrocodone/APAP 10/500	90	2
10	01/20/04	Fioricet/codeine	90	2
11	04/05/04	Hydrocodone/APAP 10/500	90	2
12	03/10/04	Hydrocodone/APAP 10/325	90	2
13	03/15/04	Vicoprofen 200/7.5	90	2
14	03/12/04	Vicodin HP 10/660	90	2
15	03/26/04	Hydrocodone/APAP 10/325	90	2
16	11/25/03	Hydrocodone/APAP 10/325	90	2
17	03/29/04	Hydrocodone/APAP 10/325	90	2
18	01/28/04	Hydrocodone/APAP 10/325	90	2
19*				
20	01/27/04	Hydrocodone/APAP 10/325	90	2
21	01/20/04	Hydrocodone/APAP 10/500	90	2
22	01/27/04	Hydrocodone/APAP 10/500	90	2
23	12/19/03	Hydrocodone/APAP 10/325	90	0
23	01/15/04	Hydrocodone/APAP 10/325	90	1
24	12/01/03	Hydrocodone/APAP 10/325	90	2
25	12/11/03	Hydrocodone/APAP 10/325	90	0
26	12/19/03	Hydrocodone/APAP 10/325	90	1
27	04/02/04	Hydrocodone/APAP 10/325	90	2
28	12/01/03	Hydrocodone/APAP 10/325	90	2
28	02/20/04	Hydrocodone/APAP 10/325	90	2
29	01/16/04	Hydrocodone/APAP 10/325	90	2
30	12/02/03	Hydrocodone/APAP 10/500	90	2

Patient	Rx Date	Medication	Qty	Refills
30	02/16/04	Hydrocodone/APAP 10/500	90	2
31	03/12/04	Hydrocodone/APAP 10/325	90	2
32	12/19/03	Hydrocodone/APAP 10/325	90	2
32	03/12/04	Hydrocodone/APAP 10/325	90	2
33	03/09/04	Hydrocodone/APAP 10/325	60	0
34	02/10/04	Hydrocodone/APAP 10/325	90	2
35*				
36*				
37	02/24/04	Hydrocodone/APAP 5/500	90	2
38	11/03/03	Adipex 37.5 mg	90	2
39	11/25/03	Alprazolam 2 mg	90	2
40	03/02/04	Hydrocodone/APAP 10/325	90	2
41	03/08/04	Hydrocodone/APAP 5/500	90	2
42	03/08/04	Hydrocodone/APAP 10/325	90	2
43	12/05/03	Hydrocodone/APAP 7.5/500	90	2
43	02/27/04	Hydrocodone/APAP 7.5/500	90	0
44	12/02/03	Hydrocodone/APAP 10/500	90	0
45	01/21/04	Hydrocodone/APAP 10/325	90	2
46	02/18/04	Hydrocodone/APAP 7.5/500	90	2
47	03/31/04	Hydrocodone/APAP 10/325	90	2
48	12/22/03	Hydrocodone/APAP 10/325	90	2
49	01/13/04	Hydrocodone/APAP 10/325	90	2
49	04/02/04	Hydrocodone/APAP 10/325	90	2
50	11/24/03	Hydrocodone/APAP 10/325	90	2
51	11/13/03	Vicodin HP 10/660	90	2
51	11/13/03	Ambien 10 mg	30	2
51	01/30/04	Vicoprofen 200/7.5	90	2
51	01/30/04	Ambien 10 mg	30	2
52	02/25/04	Hydrocodone/APAP 10/325	90	2
53	11/14/03	Hydrocodone/APAP 10/325	90	2
54	02/02/04	Hydrocodone/APAP 10/500	90	2
55	03/09/04	Acetaminophen/codeine No. 4	90	2
56	01/30/04	Hydrocodone/APAP 10/325	90	2
57	03/08/04	Hydrocodone/APAP 10/500	90	2
58	12/02/03	Hydrocodone/APAP 10/325	90	2
58	03/02/04	Hydrocodone/APAP 10/325	90	2
59	11/24/03	Hydrocodone/APAP 10/500	90	2
59	03/25/04	Hydrocodone/APAP 10/325	90	2
60	11/14/03	Hydrocodone/APAP 10/500	90	2
60	02/10/04	Hydrocodone/APAP 10/500	90	0
61	11/24/03	Vicoprofen 200/7.5	90	2

Patient	Rx Date	Medication	Qty	Refills
62*				
63	12/10/03	Hydrocodone/APAP 10/500	90	2
63	03/31/04	Hydrocodone/APAP 10/500	90	2
64	12/11/03	Hydrocodone/APAP 7.5/500	90	2
65	01/19/04	Hydrocodone/APAP 10/650	90	2
66	02/04/04	Hydrocodone/APAP 10/500	90	2
67	11/13/03	Hydrocodone/APAP 10/325	90	2
68	12/01/03	Hydrocodone/APAP 10/325	90	0
69	03/18/04	Hydrocodone/APAP 10/500	90	2
70	12/22/03	Hydrocodone/APAP 10/325	90	2
70	03/31/04	Hydrocodone/APAP 10/325	90	2
71	03/06/04	Hydrocodone/APAP 10/325	90	2
72	12/16/03	Hydrocodone/APAP 10/325	90	2
72	03/08/04	Hydrocodone/APAP 10/325	90	2
73	01/13/04	Hydrocodone/APAP 10/325	90	2
73	04/01/04	Hydrocodone/APAP 10/325	90	2
74	01/30/04	Hydrocodone/APAP 7.5/500	90	2
75	01/21/04	Hydrocodone/APAP 10/500	90	2
75	02/06/04	Darvocet N-100	90	2
75	03/31/04	Hydrocodone/APAP 10/500	90	2
76	01/13/04	Hydrocodone/APAP 10/325	90	2
77	12/01/03	Hydrocodone/APAP 10/325	90	2
77	02/27/04	Hydrocodone/APAP 10/325	90	2
78*				
79	02/27/04	Hydrocodone/APAP 10/325	90	2
80	12/19/03	Hydrocodone/APAP 10/325	90	2
80	03/05/04	Hydrocodone/APAP 10/325	90	2
81	11/26/03	Hydrocodone/APAP 7.5/750	90	2
81	03/08/04	Hydrocodone/APAP 7.5/500	90	2
82	02/11/04	Hydrocodone/APAP 10/325	90	2
83	01/06/04	Hydrocodone/APAP 7.5/500	90	2
84	03/26/04	Vicoprofen 200/7.5	90	2
85	11/25/03	Hydrocodone/APAP 10/325	90	2
86	03/10/04	Hydrocodone/APAP 7.5/500	90	2
87	03/10/04	Hydrocodone/APAP 10/325	90	2
88	01/06/04	Hydrocodone/APAP 10/500	60	1
88	03/29/04	Hydrocodone/APAP 10/500	90	2
89	11/26/03	Hydrocodone/APAP 10/325	90	2
90	11/18/03	Hydrocodone/APAP 10/325	90	2
91	01/30/04	Hydrocodone/APAP 10/325	90	2
92	12/16/03	Hydrocodone/APAP 10/325	90	2

Patient	Rx Date	Medication	Qty	Refills
93	02/23/04	Hydrocodone/APAP 10/325	90	2
94	01/23/04	Vicoprofen 200/7.5	90	2
95	02/19/04	Vicoprofen 200/7.5	90	2
96	12/24/03	Hydrocodone/APAP 10/325	90	2
96	03/11/04	Hydrocodone/APAP 10/325	90	2
97	02/09/04	Hydrocodone/APAP 10/325	90	2
98	12/05/03	Hydrocodone/APAP 10/325	90	2
98	12/05/03	Alprazolam 1 mg	60	0
98	04/06/04	Hydrocodone/APAP 10/325	90	2
99	11/17/03	Hydrocodone/APAP 10/500	90	2
100	01/05/04	Hydrocodone/APAP 10/325	90	2
101	11/18/03	Hydrocodone/APAP 10/325	90	2
102	12/12/03	Hydrocodone/APAP 10/325	90	2
103	12/24/03	Hydrocodone/APAP 7.5/500	90	2
104	01/13/04	Hydrocodone/APAP 7.5/500	90	2
105	12/19/03	Hydrocodone/APAP 10/325	90	2
105	03/22/04	Hydrocodone/APAP 10/325	90	2
106	02/03/04	Hydrocodone/APAP 10/325	90	2
107	04/05/04	Hydrocodone/APAP 10/325	90	2
108	11/14/03	Hydrocodone/APAP 10/500	60	2
109	11/18/03	Hydrocodone/APAP 10/325	90	2
110	02/23/04	Hydrocodone/APAP 10/500	90	2
111	03/25/04	Hydrocodone/APAP 10/325	90	2
112	11/04/03	Hydrocodone/APAP 10/325	90	2
112	01/22/04	Hydrocodone/APAP 10/325	90	2
112	04/07/04	Hydrocodone/APAP 10/325	90	2
113	01/13/04	Hydrocodone/APAP 7.5/500	90	2
114	11/17/03	Hydrocodone/APAP 10/500	90	2
114	02/11/04	Hydrocodone/APAP 10/500	90	2
115	11/14/03	Hydrocodone/APAP 10/500	90	2
115	02/20/04	Hydrocodone/APAP 10/500	90	2
116	11/18/03	Hydrocodone/APAP 10/325	90	2
117	12/03/03	Hydrocodone/APAP 10/325	90	2
117	03/02/04	Hydrocodone/APAP 10/325	90	2
118	01/27/04	Hydrocodone/APAP 10/500	90	2
119	03/22/04	Hydrocodone/APAP 10/325	90	0
120	01/23/04	Hydrocodone/APAP 10/325	90	2
121	03/04/04	Hydrocodone/APAP 7.5/500	90	2
122	01/14/04	Butalbital/APAP/caffeine/codeine	90	2
122	02/11/04	Butalbital/APAP/caffeine/codeine	90	1
122	04/05/04	Butalbital/APAP/caffeine/codeine	90	2

Patient	Rx Date	Medication	Qty	Refills
123	02/03/04	Propoxy-N/APAP 10/650	90	2
124	01/14/04	Hydrocodone/APAP 10/500	90	2
124	04/01/04	Hydrocodone/APAP 10/500	90	2
125	01/15/04	Hydrocodone/APAP 10/500	90	2
126	11/17/03	Hydrocodone/APAP 10/325	90	2
126	11/17/03	Ambien 10 mg	30	2
127	01/12/04	Hydrocodone/APAP 10/325	90	2
128	11/19/03	Hydrocodone/APAP 10/325	90	2
129	02/03/04	Hydrocodone/APAP 10/500	90	0
130	12/15/03	Propoxy-N/APAP 10/650	90	2
131*				
132	02/13/04	Hydrocodone/APAP 10/500	90	2
133	02/27/04	Hydrocodone/APAP 10/325	90	2
134	02/18/04	Hydrocodone/APAP 10/500	90	2
135	11/26/03	Hydrocodone/APAP 10/500	90	2
135	02/16/04	Hydrocodone/APAP 10/500	90	2
136	01/05/04	Hydrocodone/APAP 10/325	90	2
136	03/30/04	Hydrocodone/APAP 10/325	90	2
137	12/23/03	Hydrocodone/APAP 7.5/500	90	2
138	02/20/04	Hydrocodone/APAP 10/325	90	2
139	12/03/03	Vicoprofen 200/7.5	90	2
139	01/19/04	Hydrocodone/APAP 10/325	90	2
140	01/15/04	Hydrocodone/APAP 10/325	90	0
141	03/02/04	Hydrocodone/APAP 10/325	90	2
142*				
143	01/13/04	Hydrocodone/APAP 7.5/500	90	2
144	01/19/04	Hydrocodone/APAP 10/325	90	2
145	11/14/03	Acetaminophen/codeine No. 4	90	2
145	02/11/04	Acetaminophen/codeine No. 4	90	2
146	02/05/04	Hydrocodone/APAP 7.5/500	90	2
147	12/09/03	Hydrocodone/APAP 10/325	90	0
147	02/09/04	Hydrocodone/APAP 10/325	90	2
148	03/29/04	Vicoprofen 200/7.5	90	2
149	11/26/03	Hydrocodone/APAP 10/325	90	1
149	01/20/04	Hydrocodone/APAP 10/325	90	0
150	12/03/03	Hydrocodone/APAP 10/650	90	2
150	02/23/04	Hydrocodone/APAP 10/650	90	2
151	02/16/04	Hydrocodone/APAP 10/325	90	2
152	01/19/04	Adipex 37.5 mg	90	2
153	10/17/03	Adipex 37.5 mg	90	2
154	12/16/03	Acetaminophen/codeine No. 4	90	2

Patient	Rx Date	Medication	Qty	Refills
154	12/16/03	Diazepam 10 mg	30	2
154	03/09/04	Acetaminophen/codeine No. 4	90	2
154	03/09/04	Diazepam 10 mg	30	2
155	12/22/03	Hydrocodone/APAP 7.5/500	30	1
156	11/24/03	Hydrocodone/APAP 10/500	90	2
156	03/30/04	Hydrocodone/APAP 10/500	90	0
157	11/19/03	Hydrocodone/APAP 10/325	90	2
158	02/23/04	Hydrocodone/APAP 10/325	90	2
159	12/10/03	Hydrocodone/APAP 10/325	90	2
160	02/23/04	Hydrocodone/APAP 10/325	90	2
160	02/23/04	Diazepam 10 mg	60	0
161	03/08/04	Hydrocodone/APAP 10/325	90	2
162	01/16/04	Hydrocodone/APAP 10/650	90	2
163	11/24/03	Hydrocodone/APAP 10/325	90	2
164	11/24/03	Hydrocodone/APAP 10/325	90	2
165	01/20/04	Hydrocodone/APAP 10/325	90	2
166	03/22/04	Hydrocodone/APAP 10/325	90	2
167	03/22/04	Hydrocodone/APAP 10/325	90	2
168	01/07/04	Hydrocodone/APAP 10/325	90	2
169	01/23/04	Hydrocodone/APAP 10/325	90	2
170	09/29/03	Norco 10/325	90	2
170	12/22/03	Hydrocodone/APAP 10/325	90	2
170	03/15/04	Hydrocodone/APAP 10/325	90	2
171	02/26/04	Hydrocodone/APAP 10/500	90	2
172	01/16/04	Hydrocodone/APAP 10/325	90	2
173	12/16/03	Hydrocodone/APAP 10/325	90	2
173	02/18/04	Hydrocodone/APAP 10/325	90	2
174	02/11/04	Hydrocodone/APAP 10/325	90	2
174	02/11/04	Diazepam 5 mg	30	2
175	01/20/04	Hydrocodone/APAP 10/325	90	2
176	12/16/03	Hydrocodone/APAP 10/325	90	2
176	03/29/04	Hydrocodone/APAP 10/325	90	2
177	11/24/03	Acetaminophen/codeine No. 4	90	2
178	12/24/03	Hydrocodone/APAP 10/500	90	2
179	01/28/04	Hydrocodone/APAP 10/500	90	2
180	04/02/04	Temazepam 15 mg	60	2
181	11/12/03	Hydrocodone/APAP 10/325	90	2
182	02/02/04	Hydrocodone/APAP 10/325	90	2
183	03/26/04	Hydrocodone/APAP 10/325	90	2
184	12/23/03	Hydrocodone/APAP 10/325	90	2
184	03/12/04	Hydrocodone/APAP 10/325	90	2

Patient	Rx Date	Medication	Qty	Refills
185	12/04/03	Hydrocodone/APAP 10/325	90	0
186	04/05/04	Hydrocodone/APAP 10/325	90	2
187	01/21/04	Hydrocodone/APAP 10/500	90	2
188	01/30/04	Hydrocodone/APAP 10/500	90	2
189	11/19/03	Hydrocodone/APAP 10/325	90	2
189	11/19/03	Diazepam 10 mg	60	2
189	02/11/04	Hydrocodone/APAP 10/325	90	2
189	02/11/04	Diazepam 10 mg	60	2
190	02/13/04	Hydrocodone/APAP 10/325	90	2
191	11/18/03	Darvocet N-100	60	2
191	01/19/04	Hydrocodone/APAP 10/500	60	2
192	01/21/04	Hydrocodone/APAP 10/325	90	2
193	01/05/04	Hydrocodone/APAP 10/500	90	2
193	04/05/04	Hydrocodone/APAP 10/500	90	2
194	02/16/04	Hydrocodone/APAP 10/500	90	2
195	03/11/04	Hydrocodone/APAP 10/325	90	2
196	12/01/03	Hydrocodone/APAP 10/325	90	2
197	11/21/03	Hydrocodone/APAP 10/325	60	0
198	01/28/04	Hydrocodone/APAP 10/325	90	2
199	12/05/03	Hydrocodone/APAP 10/325	90	2
200	01/07/04	Hydrocodone/APAP 10/325	90	2
201	12/24/03	Hydrocodone/APAP 10/325	90	2
201	03/9/04	Hydrocodone/APAP 10/325	90	2
202	12/03/03	Hydrocodone/APAP 10/325	90	0
202	12/22/03	Hydrocodone/APAP 10/325	90	1
203	12/12/03	Hydrocodone/APAP 7.5/500	90	2
203	03/23/04	Hydrocodone/APAP 7.5/500	90	2
204	11/26/03	Hydrocodone/APAP 10/325	90	2
205	03/15/04	Hydrocodone/APAP 7.5/500	90	2
206	11/26/03	Hydrocodone/APAP 5/500	90	2
207	12/16/03	Hydrocodone/APAP 10/325	90	2
207	03/02/04	Hydrocodone/APAP 10/325	90	2
208	12/22/03	Hydrocodone/APAP 10/325	90	2
209	02/25/04	Hydrocodone/APAP 10/325	90	2
210	03/02/04	Hydrocodone/APAP 10/325	90	2
211	02/04/04	Hydrocodone/APAP 10/325	90	2
212	01/20/04	Hydrocodone/APAP 10/325	90	2
213	03/02/04	Hydrocodone/APAP 10/325	90	2
214	03/30/04	Hydrocodone/APAP 7.5/500	90	2
215	03/29/04	Hydrocodone/APAP 10/500	90	2
216	12/01/03	Hydrocodone/APAP 10/325	90	2

Patient	Rx Date	Medication	Qty	Refills
216	02/20/04	Hydrocodone/APAP 10/325	90	2
217	01/30/04	Hydrocodone/APAP 10/325	90	2
218	09/29/03	Hydrocodone/APAP 10/500	90	0
219	12/09/03	Hydrocodone/APAP 10/325	90	2
220	11/14/03	Vicoprofen 200/7.5	90	2
220	04/02/04	Vicoprofen 200/7.5	90	2
221	01/15/04	Hydrocodone/APAP 10/500	90	2
222	02/19/04	Hydrocodone/APAP 10/325	90	2
223	03/18/04	Stadol NS 2.5 ml	1	2
224	01/30/04	Hydrocodone/APAP 10/325	60	2
225	12/15/03	Hydrocodone/APAP 10/325	90	2
225	03/01/04	Hydrocodone/APAP 10/325	90	2
226	01/27/04	Hydrocodone/APAP 10/325	90	2
227	02/18/04	Hydrocodone/APAP 7.5/500	90	2
228	03/09/04	Hydrocodone/APAP 10/500	90	2
229	01/13/04	Hydrocodone/APAP 10/500	90	2
230*				
231	11/24/03	Hydrocodone/APAP 10/325	90	2
231	02/17/04	Hydrocodone/APAP 10/325	90	2
232	01/20/04	Hydrocodone/APAP 10/500	90	2
233	11/19/03	Hydrocodone/APAP 10/325	90	2
233	02/05/04	Hydrocodone/APAP 10/325	90	2
234	02/11/04	Hydrocodone/APAP 7.5/500	90	2
235	01/21/04	Hydrocodone/APAP 10/325	90	2
236	11/26/03	Hydrocodone/APAP 10/325	90	2
237	03/16/04	Hydrocodone/APAP 10/500	90	2
238	12/01/03	Vicoprofen 200/7.5	90	0
239	02/03/04	Hydrocodone/APAP 10/325	90	2
240	11/13/03	Hydrocodone/APAP 10/325	90	2
240	01/30/04	Hydrocodone/APAP 10/325	90	2
241	02/23/04	Hydrocodone/APAP 10/325	90	2
242	01/06/04	Hydrocodone/APAP 10/325	90	2
242	03/26/04	Hydrocodone/APAP 10/325	90	2
243	03/09/04	Hydrocodone/APAP 10/500	90	2
244	12/09/03	Hydrocodone/APAP 10/325	90	2
245	02/16/04	Hydrocodone/APAP 10/325	90	2
246	11/19/03	Hydrocodone/APAP 10/325	90	2
246	02/19/04	Hydrocodone/APAP 10/325	90	2
247	02/06/04	Hydrocodone/APAP 10/325	90	2
248	03/29/04	Hydrocodone/APAP 7.5/500	90	2
249	03/11/04	Hydrocodone/APAP 10/325	90	2

Patient	Rx Date	Medication	Qty	Refills
250	03/16/04	Hydrocodone/APAP 7.5/500	90	2
251	01/05/04	Hydrocodone/APAP 10/500	90	2
251	03/22/04	Hydrocodone/APAP 10/500	90	2
252	12/08/03	Hydrocodone/APAP 10/500	90	1
252	01/30/04	Hydrocodone/APAP 10/500	90	2
253	02/11/04	Hydrocodone/APAP 10/500	90	2
254	11/24/03	Hydrocodone/APAP 10/325	90	2
254	02/09/04	Hydrocodone/APAP 10/325	90	2
255	11/14/03	Hydrocodone/APAP 10/325	90	2
255	02/02/04	Hydrocodone/APAP 10/325	90	0
256	01/30/04	Hydrocodone/APAP 10/500	90	2
257	11/19/03	Hydrocodone/APAP 7.5/500	60	2
258	03/22/04	Hydrocodone/APAP 7.5/500	90	2
259	02/10/04	Hydrocodone/APAP 10/325	90	2
260	01/05/04	Hydrocodone/APAP 10/325	90	2
261	01/16/04	Hydrocodone/APAP 10/325	90	2
262	12/08/03	Hydrocodone/APAP 10/325	90	2
262	02/25/04	Hydrocodone/APAP 10/325	90	2
263	04/05/04	Hydrocodone/APAP 7.5/500	90	2
263	04/05/04	Ativan 2 mg	30	2
264	03/31/04	Hydrocodone/APAP 7.5/500	90	2
264	03/31/04	Diazepam 10 mg	30	2
265	11/21/03	Hydrocodone/APAP 10/325	90	2
265	02/11/04	Hydrocodone/APAP 10/325	90	2
266	12/24/03	Hydrocodone/APAP 10/500	90	2
266	03/18/04	Hydrocodone/APAP 10/500	90	2
267	01/30/04	Hydrocodone/APAP 10/325	90	2
268	12/15/03	Hydrocodone/APAP 10/325	90	2
268	03/15/04	Hydrocodone/APAP 10/325	90	2
269	11/14/03	Hydrocodone/APAP 10/325	90	2
269	11/14/03	Alprazolam 1 mg	90	2
269	01/27/04	Hydrocodone/APAP 10/325	90	2
269	01/27/04	Alprazolam 1 mg	90	2
270	11/14/03	Hydrocodone/APAP 10/325	90	2
271	12/01/03	Hydrocodone/APAP 10/325	90	2
271	03/05/04	Hydrocodone/APAP 5/500	90	2
272	01/23/04	Hydrocodone/APAP 10/325	90	2
273	11/25/03	Butalbital/APAP/caffeine/codeine	90	2
273	02/13/04	Darvocet N-100	90	2
273	02/13/04	Diazepam 10 mg	30	2
274	12/22/03	Hydrocodone/APAP 10/325	90	2

Patient	Rx Date	Medication	Qty	Refills
274	03/08/04	Hydrocodone/APAP 10/325	90	2
275	02/05/04	Hydrocodone/APAP 10/325	90	0
276	12/09/03	Hydrocodone/APAP 10/500	90	2
277	12/03/03	Hydrocodone/APAP 10/500	90	0
278	12/08/03	Hydrocodone/APAP 10/325	90	2
279	12/09/03	Hydrocodone/APAP 10/500	90	2
279	03/09/04	Hydrocodone/APAP 10/500	90	2
280	01/21/04	Hydrocodone/APAP 10/500	90	2
280	04/05/04	Hydrocodone/APAP 10/500	90	2
281	02/16/04	Hydrocodone/APAP 10/325	90	2
282	02/27/04	Vicoprofen 200/7.5	90	2
283	02/06/04	Hydrocodone/APAP 5/500	90	2
284	12/22/03	Hydrocodone/APAP 10/650	90	2
284	12/22/03	Alprazolam 1 mg	90	2
284	02/23/04	Hydrocodone/APAP 10/500	90	2
284	02/23/04	Alprazolam 1 mg	90	2
285	01/16/04	Hydrocodone/APAP 10/325	90	2
286	02/03/04	Hydrocodone/APAP 10/325	90	2
287	11/18/03	Hydrocodone/APAP 10/500	90	2
287	02/09/04	Hydrocodone/APAP 10/500	90	2
288	11/17/03	Hydrocodone/APAP 10/325	90	2
288	02/04/04	Hydrocodone/APAP 10/325	90	2
289	01/27/04	Hydrocodone/APAP 10/500	90	2
290	12/03/03	Hydrocodone/APAP 10/325	90	2
290	03/08/04	Hydrocodone/APAP 10/325	90	2
291	03/26/04	Hydrocodone/APAP 10/500	90	2
292	02/02/04	Hydrocodone/APAP 10/500	90	2
293	01/30/04	Hydrocodone/APAP 10/325	90	2
294	12/01/03	Vicoprofen 200/7.5	90	2
294	12/01/03	Alprazolam 2 mg	60	2
294	01/07/04	Hydrocodone/APAP 7.5/500	90	1
294	03/16/04	Hydrocodone/APAP 10/325	90	2
294	03/16/04	Alprazolam 2 mg	60	2
295	01/05/04	Hydrocodone/APAP 10/325	90	2
296	01/16/04	Hydrocodone/APAP 10/325	90	2
297	03/02/04	Hydrocodone/APAP 10/325	90	2
298	12/23/03	Acetaminophen/codeine No. 4	90	2
299	01/16/04	Hydrocodone/APAP 10/500	90	2
300	02/23/04	Hydrocodone/APAP 10/325	90	2
301	04/05/04	Hydrocodone/APAP 10/325	90	2
302	11/21/03	Alprazolam 1 mg	60	2

Patient	Rx Date	Medication	Qty	Refills
302	02/20/04	Alprazolam 1 mg	60	2
303	02/05/04	Hydrocodone/APAP 7.5/500	90	2
304	03/02/04	Hydrocodone/APAP 10/325	90	2
305	03/23/04	Zydone 10/400	60	0
306	02/10/04	Vicoprofen 200/7.5	90	2
307	11/07/03	Adipex 37.5 mg	90	2
308	01/26/04	Hydrocodone/APAP 10/325	90	2
309	12/15/03	Hydrocodone/APAP 10/325	90	2
309	03/08/04	Hydrocodone/APAP 10/325	90	2
310	12/02/03	Hydrocodone/APAP 10/325	90	0
311	03/18/04	Hydrocodone/APAP 10/325	90	2
312	12/16/03	Hydrocodone/APAP 10/325	90	2
312	03/09/04	Hydrocodone/APAP 10/325	90	2
313	03/29/04	Hydrocodone/APAP 10/325	90	2
314	11/17/03	Hydrocodone/APAP 10/325	90	2
314	02/06/04	Hydrocodone/APAP 10/325	90	2
315	01/27/04	Vicoprofen 200/7.5	90	2
316	03/13/04	Hydrocodone/APAP 10/325	90	0
316	02/09/04	Hydrocodone/APAP 10/325	90	1
316	04/02/04	Hydrocodone/APAP 10/325	90	2
317	02/24/04	Hydrocodone/APAP 10/325	90	2
318	01/05/04	Hydrocodone/APAP 10/325	90	2
319	02/17/04	Hydrocodone/APAP 10/325	90	2
320	03/10/04	Hydrocodone/APAP 10/325	90	2
321	03/30/04	Hydrocodone/APAP 10/325	90	2
322	02/20/04	Hydrocodone/APAP 10/325	90	2
323	04/05/04	Vicodin HP 10/660	90	2
324	12/19/03	Hydrocodone/APAP 10/325	90	2
325	12/05/03	Hydrocodone/APAP 10/325	90	2
326	12/10/03	Hydrocodone/APAP 7.5/500	90	2
326	03/02/04	Hydrocodone/APAP 7.5/500	90	2
327	12/22/03	Acetaminophen/codeine No. 4	90	0
327	01/27/04	Acetaminophen/codeine No. 4	90	2
328	02/24/04	Hydrocodone/APAP 10/325	90	2
329	01/16/04	Hydrocodone/APAP 10/325	90	2
330	12/04/03	Hydrocodone/APAP 10/500	90	0
330	02/18/04	Hydrocodone/APAP 10/500	90	2
331	12/11/03	Hydrocodone/APAP 7.5/500	90	2
332	11/18/03	Hydrocodone/APAP 10/500	90	2
332	02/06/04	Hydrocodone/APAP 10/500	90	2
333	02/03/04	Acetaminophen/codeine No. 4	90	2

Patient	Rx Date	Medication	Qty	Refills
334	02/17/04	Hydrocodone/APAP 10/325	90	2
334	02/17/04	Ambien 10 mg	30	2
335	11/19/03	Hydrocodone/APAP 10/325	90	2
335	11/19/03	Alprazolam 2 mg	90	2
335	02/16/04	Hydrocodone/APAP 10/325	90	2
336	01/13/04	Vicoprofen 200/7.5	90	2
336	04/02/04	Vicoprofen 200/7.5	90	2
337	11/12/03	Hydrocodone/APAP 10/325	90	2
338	03/18/04	Hydrocodone/APAP 10/325	90	2
339	01/14/04	Vicodin HP 10/660	90	2
340	11/19/03	Hydrocodone/APAP 7.5/500	90	0
341	11/14/03	Hydrocodone/APAP 10/325	90	2
342	03/22/04	Hydrocodone/APAP 10/325	90	2
343	12/22/03	Hydrocodone/APAP 10/325	90	2
343	03/18/04	Hydrocodone/APAP 10/325	90	2
344	12/19/03	Hydrocodone/APAP 10/325	90	1
345	02/20/04	Hydrocodone/APAP 10/325	90	2
346	02/25/04	Hydrocodone/APAP 10/500	90	2
347	01/23/04	Lortab 10/500	90	2
348	03/22/04	Hydrocodone/APAP 10/650	90	2
349	03/22/04	Hydrocodone/APAP 10/500	90	2
350	01/05/04	Hydrocodone/APAP 10/500	90	2
350	03/26/04	Hydrocodone/APAP 10/500	90	2
351	03/30/04	Hydrocodone/APAP 10/325	90	2
352	11/19/03	Hydrocodone/APAP 10/325	90	2
352	02/17/04	Hydrocodone/APAP 10/325	90	2
353	11/14/03	Hydrocodone/APAP 7.5/500	90	2
354	01/06/04	Hydrocodone/APAP 10/325	90	2
354	03/30/04	Hydrocodone/APAP 10/325	90	2
355	01/19/04	Hydrocodone/APAP 10/500	90	2
356	03/05/04	Hydrocodone/APAP 10/325	90	2
357	02/27/04	Hydrocodone/APAP 10/325	90	0
358	01/22/04	Hydrocodone/APAP 10/325	90	2
359	03/22/04	Hydrocodone/APAP 10/500	90	2
360	03/19/04	Hydrocodone/APAP 5/500	90	2
361	01/27/04	Hydrocodone/APAP 10/325	90	2
362	01/21/04	Hydrocodone/APAP 10/500	30	0
363	02/24/04	Hydrocodone/APAP 10/325	90	2
363	12/08/03	Hydrocodone/APAP 10/325	90	2
364	02/10/04	Hydrocodone/APAP 10/325	90	2
364	11/19/03	Hydrocodone/APAP 10/325	90	2

Patient	Rx Date	Medication	Qty	Refills
365	01/28/04	Hydrocodone/APAP 10/500	90	2
366	02/13/04	Hydrocodone/APAP 10/325	90	2
367	12/15/03	Hydrocodone/APAP 10/325	90	2
367	03/02/04	Hydrocodone/APAP 10/325	90	2
368	03/10/04	Hydrocodone/APAP 10/325	90	2
369	03/29/04	Hydrocodone/APAP 10/325	90	2
370	04/01/04	Hydrocodone/APAP 10/325	90	2
371	09/30/03	Hydrocodone/APAP 10/500	90	2
371	01/05/04	Hydrocodone/APAP 10/500	90	2
372	12/05/03	Hydrocodone/APAP 10/500	90	2
373	02/06/04	Hydrocodone/APAP 10/500	90	2
374	02/02/04	Hydrocodone/APAP 10/325	90	2
375	12/23/03	Hydrocodone/APAP 10/500	90	2
375	03/11/04	Hydrocodone/APAP 10/500	90	2
376	01/21/04	Hydrocodone/APAP 10/325	90	2
377	01/23/04	Hydrocodone/APAP 10/325	90	2
378	01/19/04	Norco 10/325	90	2
378	04/05/04	Hydrocodone/APAP 10/325	90	2
379	11/19/03	Hydrocodone/APAP 10/325	90	2
380	02/24/04	Hydrocodone/APAP 10/325	90	2
381*				
382	02/16/04	Vicoprofen 200/7.5	90	2
382	02/23/04	Hydrocodone/APAP 10/500	90	2
383	12/19/03	Hydrocodone/APAP 10/500	90	1
383	03/09/04	Hydrocodone/APAP 10/500	90	2
384	12/11/03	Hydrocodone/APAP 10/325	90	2
384	03/02/04	Hydrocodone/APAP 10/325	90	2
385	02/27/04	Hydrocodone/APAP 10/325	90	2
386	11/24/03	Hydrocodone/APAP 7.5/500	90	0
387	11/21/03	Hydrocodone/APAP 10/325	90	2
387	02/09/04	Hydrocodone/APAP 10/325	90	2
388	01/06/04	Hydrocodone/APAP 7.5/500	90	2
389	03/10/04	Hydrocodone/APAP 10/500	90	2
390	01/15/04	Vicoprofen 200/7.5	90	2
391	11/21/03	Norco 10/325	90	2
392	12/24/03	Hydrocodone/APAP 10/325	90	2
392	03/04/04	Hydrocodone/APAP 10/325	90	2
393	12/01/03	Hydrocodone/APAP 10/325	90	2
393	02/16/04	Hydrocodone/APAP 10/325	90	2
394	03/29/04	Hydrocodone/APAP 10/500	90	2
395	11/21/03	Hydrocodone/APAP 10/500	90	2

Patient	Rx Date	Medication	Qty	Refills
395	02/13/04	Hydrocodone/APAP 10/500	90	2
396	02/16/04	Hydrocodone/APAP 10/500	90	2
397	03/01/04	Hydrocodone/APAP 10/500	90	2
398	01/13/04	Hydrocodone/APAP 10/500	90	2
399	12/11/03	Butalbital/APAP/caffeine/codeine	90	2
399	03/08/04	Butalbital/aspirin/caffeine/codeine	90	2
400	01/20/04	Hydrocodone/APAP 10/325	90	2
401	03/16/04	Hydrocodone/APAP 10/325	90	2
401	03/16/04	Ambien 10 mg	90	0
402	12/24/03	Hydrocodone/APAP 10/500	90	2
403	11/18/03	Hydrocodone/APAP 10/325	90	2
404	11/18/03	Hydrocodone/APAP 10/325	90	2
404	02/18/04	Hydrocodone/APAP 10/325	90	2
405	12/02/03	Hydrocodone/APAP 10/325	90	2
405	02/24/04	Hydrocodone/APAP 10/325	90	2
406	12/12/03	Hydrocodone/APAP 10/500	90	2
407	02/27/04	Vicoprofen 200/7.5	90	0
408	02/10/04	Hydrocodone/APAP 10/325	90	2
409	11/24/03	Hydrocodone/APAP 10/325	90	2
409	03/01/04	Hydrocodone/APAP 10/325	90	2
410	12/12/03	Hydrocodone/APAP 10/325	90	2
410	02/26/04	Hydrocodone/APAP 10/325	90	2
411	12/23/03	Hydrocodone/APAP 10/325	60	2
412	03/04/04	Hydrocodone/APAP 10/325	60	0
413	02/25/04	Hydrocodone/APAP 10/325	90	2
414	02/24/04	Hydrocodone/APAP 10/500	90	2
415	01/27/04	Hydrocodone/APAP 10/650	90	2
416	03/11/04	Hydrocodone/APAP 10/325	90	2
417	02/03/04	Darvocet N-100	90	2
417	02/03/04	Ambien 10 mg	30	2
418	04/01/04	Hydrocodone/APAP 10/325	90	2
419*				
420	02/11/04	Hydrocodone/APAP 10/325	90	2
421	01/20/04	Hydrocodone/APAP 10/325	90	2
421	04/06/04	Hydrocodone/APAP 10/325	90	2
422	01/15/04	Hydrocodone/APAP 10/500	90	0
423	12/09/03	Hydrocodone/APAP 7.5/500	90	2
424	11/21/03	Hydrocodone/APAP 10/325	90	2
424	11/21/03	Alprazolam 2 mg	90	2
425	02/26/04	Temazepam 30 mg	90	2
426	12/08/03	Hydrocodone/APAP 10/325	90	2

Patient	Rx Date	Medication	Qty	Refills
426	02/23/04	Hydrocodone/APAP 10/325	90	2
427	12/12/03	Hydrocodone/APAP 7.5/500	30	0
428	12/10/03	Hydrocodone/APAP 10/325	90	2
429	01/16/04	Vicoprofen 200/7.5	90	2
430	12/08/03	Hydrocodone/APAP 10/325	90	0
431	12/19/03	Vicodin HP 10/660	90	0
432	04/05/04	Hydrocodone/APAP 10/325	90	2
433	04/01/04	Hydrocodone/APAP 10/500	90	2
434	12/12/03	Hydrocodone/APAP 10/325	90	2
434	02/24/04	Hydrocodone/APAP 10/325	90	2
435	01/05/04	Vicoprofen 200/7.5	60	2
435	03/23/04	Vicoprofen 200/7.5	90	2
436	12/01/03	Hydrocodone/APAP 10/500	60	0
436	02/09/04	Hydrocodone/APAP 10/500	90	1
437	12/19/03	Hydrocodone/APAP 10/325	90	2
438	02/24/04	Hydrocodone/APAP 10/325	90	2
439	03/05/04	Propoxy-N/APAP 10/650	90	2
440	03/12/04	Hydrocodone/APAP 10/500	90	2
441	12/03/03	Hydrocodone/APAP 10/325	90	2
441	03/29/04	Hydrocodone/APAP 10/325	90	2
442	02/18/04	Acetaminophen/codeine No. 3 TB	60	2
443	01/27/04	Hydrocodone/APAP 10/325	90	2
444	01/07/04	Hydrocodone/APAP 5/500	90	2
445	02/25/04	Vicodin HP 10/660	90	2
446	02/03/04	Butalbital/APAP/caffeine	90	2
446	02/03/04	Hydrocodone/APAP 10/500	90	2
447	11/20/03	Hydrocodone/APAP 10/325	90	2
447	02/13/04	Hydrocodone/APAP 10/325	90	2
448	12/03/03	Hydrocodone/APAP 10/325	90	1
449	11/17/03	Hydrocodone/APAP 10/325	90	2
449	02/10/04	Hydrocodone/APAP 10/325	90	2
450	03/09/04	Hydrocodone/APAP 7.5/500	90	2
451	11/21/03	Hydrocodone/APAP 10/500	90	2
451	02/16/04	Hydrocodone/APAP 10/500	90	2
452	12/10/03	Hydrocodone/APAP 10/325	90	2
452	03/22/04	Hydrocodone/APAP 10/325	90	2
453	11/17/03	Hydrocodone/APAP 10/325	90	1
454	01/28/04	Hydrocodone/APAP 10/325	90	2
455	01/21/04	Hydrocodone/APAP 10/500	90	2
456	09/30/03	Diazepam 10 mg	60	2
456	09/30/03	Hydrocodone/APAP 10/325	90	2

Patient	Rx Date	Medication	Qty	Refills
457	01/23/04	Hydrocodone/APAP 10/650	90	2
458	11/21/03	Hydrocodone/APAP 10/500	60	0
459*				
460	03/08/04	Hydrocodone/APAP 10/500	90	2
461	01/27/04	Hydrocodone/APAP 10/325	90	2
463	11/21/03	Hydrocodone/APAP 10/325	90	2
464	11/25/03	Hydrocodone/APAP 10/500	90	2
465	02/04/04	Hydrocodone/APAP 10/325	90	2
466	03/18/04	Hydrocodone/APAP 10/325	90	2
467	01/15/04	Hydrocodone/APAP 10/500	90	2
468	11/26/03	Hydrocodone/APAP 10/325	90	2
468	02/23/04	Hydrocodone/APAP 10/325	90	2
469	02/25/04	Hydrocodone/APAP 10/500	90	2
470	12/11/03	Hydrocodone/APAP 10/325	90	2
471	04/05/04	Hydrocodone/APAP 7.5/500	90	2
472	02/03/04	Vicodin HP 10/660	90	2
473*				
474	12/24/03	Hydrocodone/APAP 7.5/500	90	2
474	03/23/04	Hydrocodone/APAP 7.5/500	90	2
475	04/02/04	Hydrocodone/APAP 10/500	90	2
476	12/08/03	Vicoprofen 200/7.5	90	0
477	03/26/04	Hydrocodone/APAP 10/325	90	2
478	12/08/03	Hydrocodone/APAP 10/500	90	2
479	03/05/04	Vicoprofen 200/7.5	90	2
480	03/19/04	Hydrocodone/APAP 10/325	90	2
481	11/20/03	Hydrocodone/APAP 10/325	90	2
482	01/15/04	Hydrocodone/APAP 10/325	90	2
483	02/10/04	Hydrocodone/APAP 7.5/500	90	2
484	02/10/04	Hydrocodone/APAP 7.5/500	90	2
485	12/11/03	Hydrocodone/APAP 10/500	90	2
485	03/23/04	Hydrocodone/APAP 10/500	90	2
486	02/09/04	Hydrocodone/APAP 10/500	90	2
487	03/29/04	Hydrocodone/APAP 10/325	90	2
488	02/16/04	Hydrocodone/APAP 10/325	90	2
489	12/01/03	Hydrocodone/APAP 7.5/500	90	0
490	11/21/03	Hydrocodone/APAP 10/500	90	2
490	12/19/03	Hydrocodone/APAP 10/500	90	0
491	12/04/03	Hydrocodone/APAP 10/500	90	2
492	01/19/04	Hydrocodone/APAP 10/500	90	2
493	12/02/03	Hydrocodone/APAP 10/325	90	2
494	11/19/03	Hydrocodone/APAP 10/325	90	2

Patient	Rx Date	Medication	Qty	Refills
495	01/15/04	Hydrocodone/APAP 7.5/750	90	0
496	12/01/03	Hydrocodone/APAP 10/325	90	2
497	11/19/03	Hydrocodone/APAP 7.5/500	90	2
498	03/05/04	Hydrocodone/APAP 10/325	90	2
499	12/04/03	Hydrocodone/APAP 10/325	90	2
499	03/15/03	Hydrocodone/APAP 10/325	90	2
500	12/12/03	Hydrocodone/APAP 10/325	90	2
501	03/02/04	Hydrocodone/APAP 10/650	90	2
502	01/15/04	Hydrocodone/APAP 10/325	90	2
503	11/24/03	Hydrocodone/APAP 10/325	90	2
504	02/03/04	Hydrocodone/APAP 10/325	90	2
505	02/02/04	Hydrocodone/APAP 10/325	90	2
506	11/17/03	Hydrocodone/APAP 10/325	90	2
506	02/06/04	Hydrocodone/APAP 10/325	90	2
507	11/17/03	Hydrocodone/APAP 10/500	90	2
507	02/05/04	Hydrocodone/APAP 10/500	90	2
508	12/22/03	Hydrocodone/APAP 10/500	90	0
508	01/16/04	Hydrocodone/APAP 10/500	90	1
508	03/16/04	Hydrocodone/APAP 10/500	90	2
509	03/08/04	Hydrocodone/APAP 10/325	90	2
510	11/19/03	Alprazolam 1 mg	30	2
511	12/01/03	Hydrocodone/APAP 10/325	90	2
511	02/25/04	Hydrocodone/APAP 10/325	90	2
512	01/25/04	Hydrocodone/APAP 10/325	90	0
512	03/16/04	Hydrocodone/APAP 10/325	90	0
513	09/30/03	Lortab 10/500	90	2
514	01/23/04	Lortab 10 500	90	2
515	01/23/04	Hydrocodone/APAP 10/325	90	2
516	01/22/04	Acetaminophen/codeine No. 4	90	2
517*				
518	01/06/04	Hydrocodone/APAP 10/325	90	2
520	02/25/04	Hydrocodone/APAP 10/500	90	2
520	02/25/04	Diazepam 10 mg	30	2
521	04/05/04	Hydrocodone/APAP 10/325	90	2
522	03/30/04	Hydrocodone/APAP 10/325	90	2
523	12/01/03	Vicoprofen 200/7.5	90	2
523	02/24/04	Hydrocodone/APAP 10/325	90	2
524	12/08/03	Hydrocodone/APAP 10/325	90	0
525	12/05/03	Hydrocodone/APAP 10/500	90	2
525	02/24/04	Hydrocodone/APAP 10/500	90	2
526	03/03/04	Hydrocodone/APAP 10/325	90	2

Patient	Rx Date	Medication	Qty	Refills
527	09/29/03	Vicodin HP 10/660	90	2
528	11/17/03	Acetaminophen/codeine No. 4	90	2
529	12/22/03	Hydrocodone/APAP 10/325	90	2
529	03/29/04	Hydrocodone/APAP 10/325	90	2
530	11/18/03	Hydrocodone/APAP 10/325	90	2
530	02/09/04	Hydrocodone/APAP 10/325	90	2
531	12/19/03	Hydrocodone/APAP 7.5/500	90	2
531	12/19/03	Alprazolam 1 mg	30	2
531	03/08/04	Hydrocodone/APAP 7.5/500	90	2
531	03/08/04	Alprazolam 1 mg	30	2
532	11/24/03	Hydrocodone/APAP 10/325	90	2
532	02/18/04	Hydrocodone/APAP 10/325	90	2
533	02/05/04	Hydrocodone/APAP 10/500	90	2
534	11/17/03	Hydrocodone/APAP 10/325	90	2
535	12/05/03	Hydrocodone/APAP 10/500	90	2
536	01/26/04	Hydrocodone/APAP 10/325	90	2
537	03/16/04	Hydrocodone/APAP 10/325	90	2
538	12/10/03	Hydrocodone/APAP 10/325	90	2
539	12/02/03	Hydrocodone/APAP 10/500	90	2
539	02/03/04	Hydrocodone/APAP 10/500	90	2
540	02/06/04	Hydrocodone/APAP 10/500	90	2
541	04/05/04	Alprazolam 1 mg	90	1
542	12/03/03	Hydrocodone/APAP 10/325	30	2
543	12/03/04	Hydrocodone/APAP 10/325	90	2
543	03/22/04	Hydrocodone/APAP 10/325	90	2
544	11/25/03	Hydrocodone/APAP 10/325	90	2
544	11/30/03	Diazepam 10 mg	30	2
545	12/02/03	Hydrocodone/APAP 10/325	90	2
545	02/20/04	Hydrocodone/APAP 10/325	90	2
546	12/22/03	Acetaminophen/codeine No. 4	90	2
546	03/15/04	Acetaminophen/codeine No. 4	90	2
547	03/01/04	Vicodin HP 10/660	90	2
548	12/10/03	Hydrocodone/APAP 10/325	90	2
548	03/03/04	Hydrocodone/APAP 10/325	90	2
549	12/11/03	Diazepam 10 mg	90	0
549	03/02/04	Diazepam 10 mg	60	0
550	02/09/04	Hydrocodone/APAP 10/325	90	2
551	03/12/04	Hydrocodone/APAP 10/500	90	2
552	02/11/04	Acetaminophen/codeine No. 4	90	2
553	09/30/03	Hydrocodone/APAP 10/325	90	2
553	02/11/04	Hydrocodone/APAP 10/325	90	2

Patient	Rx Date	Medication	Qty	Refills
554	11/05/03	Bontril 105 mg	90	2
554	02/09/04	Bontril 105 mg	90	2
555	01/13/04	Hydrocodone/APAP 10/650	90	2
555	04/05/04	Hydrocodone/APAP 10/650	90	2
556	11/17/03	Lorazepam 2 mg	90	2
557	11/21/03	Hydrocodone/APAP 10/500	90	0
557	12/22/03	Hydrocodone/APAP 10/500	90	1
558	12/05/03	Hydrocodone/APAP 10/325	90	2
558	03/09/04	Hydrocodone/APAP 10/325	90	2
559	03/30/04	Hydrocodone/APAP 10/325	90	2
560	12/23/03	Vicoprofen 200/7.5	90	2
561	01/23/04	Hydrocodone/APAP 10/325	90	2
562	11/17/03	Hydrocodone/APAP 10/500	90	2
563	12/23/03	Hydrocodone/APAP 10/325	90	2
563	03/19/04	Hydrocodone/APAP 10/325	90	2
564	03/29/04	Hydrocodone/APAP 10/325	90	2
565	11/14/03	Hydrocodone/APAP 10/325	90	2
565	03/08/04	Hydrocodone/APAP 10/325	90	2
566	11/17/03	Acetaminophen/codeine No. 4	90	2
567	11/18/03	Hydrocodone/APAP 10/325	90	2
567	03/05/04	Hydrocodone/APAP 10/325	90	2
568	11/17/03	Hydrocodone/APAP 10/325	90	1
569	02/06/04	Hydrocodone/APAP 10/325	90	2
570	11/19/03	Hydrocodone/APAP 10/325	90	2
570	02/09/04	Hydrocodone/APAP 10/325	90	2
571	12/15/03	Hydrocodone/APAP 10/325	90	2
571	03/05/04	Hydrocodone/APAP 10/325	90	2
572	03/11/04	Hydrocodone/APAP 10/325	90	2
573	03/12/04	Hydrocodone/APAP 10/500	90	2
574	03/15/04	Hydrocodone/APAP 10/325	90	2
575	12/01/03	Hydrocodone/APAP 10/325	90	2
576	12/19/03	Hydrocodone/APAP 7.5/750	90	2
577*				
578	02/11/04	Hydrocodone/APAP 10/500	90	2
579	01/15/04	Hydrocodone/APAP 10/325	90	2
580	12/16/03	Hydrocodone/APAP 10/500	90	2
580	12/16/03	Alprazolam 2 mg	90	2
580	03/01/04	Hydrocodone/APAP 10/500	90	2
580	03/01/04	Alprazolam 1 mg	90	2
581	12/16/03	Hydrocodone/APAP 10/325	90	2
582	11/24/03	Hydrocodone/APAP 10/500	90	2

Patient	Rx Date	Medication	Qty	Refills
582	03/03/04	Hydrocodone/APAP 10/500	90	2
583	12/19/03	Hydrocodone/APAP 10/325	90	2
584	01/28/04	Hydrocodone/APAP 10/325	90	2
585	12/23/03	Vicoprofen 200/7.5	90	2
585	03/16/04	Vicoprofen 200/7.5	90	2
586	11/25/03	Hydrocodone/APAP 10/500	90	0
586	01/12/04	Hydrocodone/APAP 10/500	90	1
586	03/03/04	Hydrocodone/APAP 10/500	90	2
587	01/23/04	Hydrocodone/APAP 10/325	90	2
588	12/15/03	Hydrocodone/APAP 10/325	90	2
588	03/05/04	Hydrocodone/APAP 10/500	90	2
590	12/02/03	Hydrocodone/APAP 10/325	90	0
591	12/22/03	Hydrocodone/APAP 10/325	90	2
591	03/12/04	Hydrocodone/APAP 10/325	90	2
592	12/03/03	Hydrocodone/APAP 10/325	90	2
592	02/24/04	Hydrocodone/APAP 10/325	90	2
593	03/11/04	Hydrocodone/APAP 10/500	90	2
593	03/11/04	Alprazolam 1 mg	90	2
594	03/08/04	Hydrocodone/APAP 10/500	90	2
594	03/08/04	Alprazolam 1 mg	90	2
595	11/21/03	Vicodin HP 10/660	90	2
596	12/23/03	Hydrocodone/APAP 10/500	90	2
597*				
598	09/29/03	Hydrocodone/APAP 10/325	60	0
599	12/04/03	Hydrocodone/APAP 10/325	90	0
600	03/01/04	Hydrocodone/APAP 10/325	90	2
601	03/11/04	Hydrocodone/APAP 10/325	30	0
602	11/18/03	Hydrocodone/APAP 10/325	90	2
603	03/15/04	Hydrocodone/APAP 10/325	90	2
604	12/11/03	Hydrocodone/APAP 10/500	90	2
604	03/02/04	Hydrocodone/APAP 10/500	90	2
605	01/20/04	Hydrocodone/APAP 10/500	90	2
606	03/04/04	Hydrocodone/APAP 10/500	90	2
607	01/21/04	Hydrocodone/APAP 10/500	90	2
608	03/19/04	Hydrocodone/APAP 10/325	90	2
609	12/08/03	Hydrocodone/APAP 10/325	90	2
609	02/20/04	Hydrocodone/APAP 10/325	90	2
610	01/26/04	Hydrocodone/APAP 7.5/500	90	2
611	02/25/04	Hydrocodone/APAP 10/325	90	2
612	01/21/04	Hydrocodone/APAP 10/325	90	2
613	02/06/04	Hydrocodone/APAP 10/325	90	2

Patient	Rx Date	Medication	Qty	Refills
614	01/20/04	Hydrocodone/APAP 10/325	90	2
615	03/10/04	Hydrocodone/APAP 10/325	90	2
616	01/14/04	Hydrocodone/APAP 10/325	90	2
617	11/14/03	Hydrocodone/APAP 10/325	90	2
618	11/24/03	Hydrocodone/APAP 10/500	90	2
618	02/13/04	Hydrocodone/APAP 10/500	90	2
619	04/06/04	Hydrocodone/APAP 10/325	90	2
620	01/15/04	Hydrocodone/APAP 10/500	90	2
621	11/17/03	Hydrocodone/APAP 10/325	90	2
621	02/17/04	Hydrocodone/APAP 10/325	90	2
622	12/08/03	Hydrocodone/APAP 10/325	90	2
623	02/10/04	Hydrocodone/APAP 10/500	90	2
624	02/09/04	Hydrocodone/APAP 10/325	90	2
625	01/14/04	Hydrocodone/APAP 10/500	90	2
626	11/21/03	Hydrocodone/APAP 10/325	90	1
627	12/05/03	Hydrocodone/APAP 10/325	90	2
627	02/25/04	Hydrocodone/APAP 10/325	90	2
628	11/19/03	Hydrocodone/APAP 10/325	90	2
628	02/23/04	Hydrocodone/APAP 10/325	90	2
629	12/01/03	Hydrocodone/APAP 10/325	90	2
629	03/09/04	Hydrocodone/APAP 10/325	90	2
630	02/10/04	Butalbital/aspirin/caffeine/codeine	90	2
631	11/21/03	Hydrocodone/APAP 10/325	90	2
631	03/02/04	Hydrocodone/APAP 10/325	90	2
632	01/22/04	Hydrocodone/APAP 10/325	90	2
633	11/13/03	Hydrocodone/APAP 10/325	90	2
634	03/26/04	Hydrocodone/APAP 10/325	90	2
635	12/10/03	Hydrocodone/APAP 10/500	90	2
635	03/05/04	Hydrocodone/APAP 10/500	90	2
636	11/17/03	Hydrocodone/APAP 10/325	90	2
637	03/02/04	Hydrocodone/APAP 10/325	60	2
638	02/04/04	Hydrocodone/APAP 10/500	90	2
639	01/21/04	Hydrocodone/APAP 10/325	90	0
640	02/19/04	Hydrocodone/APAP 10/500	90	2
640	02/19/04	Diazepam 10 mg	90	2
641	11/26/03	Norco 10/325	90	2
641	02/27/04	Hydrocodone/APAP 10/325	90	2
642	01/25/04	Hydrocodone/APAP 10/325	90	2
643	02/02/04	Hydrocodone/APAP 10/500	90	2
644	02/19/04	Hydrocodone/APAP 10/325	90	2
645	12/19/03	Acetaminophen/codeine No. 4	90	2

Patient	Rx Date	Medication	Qty	Refills
645	03/09/04	Acetaminophen/codeine No. 4	90	2
646	03/02/04	Hydrocodone/APAP 10/325	90	2
647	01/07/04	Hydrocodone/APAP 10/500	90	2
648	03/08/04	Hydrocodone/APAP 7.5/500	90	2
649	02/11/04	Hydrocodone/APAP 10/325	90	2
650	01/07/04	Hydrocodone/APAP 10/325	90	2
650	04/05/04	Hydrocodone/APAP 10/325	90	2
651	01/06/04	Hydrocodone/APAP 10/325	90	2
651	03/26/04	Hydrocodone/APAP 10/325	90	2
652*				
653	12/08/03	Hydrocodone/APAP 10/325	90	2
653	02/25/04	Hydrocodone/APAP 10/325	90	2
654	12/19/03	Hydrocodone/APAP 7.5/500	90	2
654	03/10/04	Hydrocodone/APAP 10/500	90	2
655	03/15/04	Hydrocodone/APAP 10/325	90	2
656	04/05/04	Hydrocodone/APAP 7.5/500	90	2
657	11/19/03	Hydrocodone/APAP 10/325	90	2
657	02/06/04	Hydrocodone/APAP 10/325	90	2
658	03/22/04	Hydrocodone/APAP 10/325	90	2
659	12/03/03	Hydrocodone/APAP 10/500	90	2
659	02/20/04	Hydrocodone/APAP 10/500	90	2
660	03/04/04	Hydrocodone/APAP 10/325	90	2
661	11/17/03	Hydrocodone/APAP 10/500	90	2
661	02/19/04	Hydrocodone/APAP 10/500	90	2
662	03/29/04	Hydrocodone/APAP 10/325	90	2
663	01/27/04	Hydrocodone/APAP 10/500	90	2

(State's Exhibits [St. Exs.] 2 through 4 and 8)

* Note: Patients whose numbers are marked with an asterisk (*) were identified on the Confidential Patient Key; however, no further substantive evidence concerning those individuals was presented.

Stipulations of the Parties

16. At hearing, the parties presented the following written Stipulations:

- “1. The original prescriptions contained in State's Exhibit #2 are true and accurate copies received from One Stop Prescriptions #2 in Houston, Texas. Beth Vaughn, custodian of records for One Stop Prescriptions #2, has provided a sworn affidavit that the records are authentic and she provided the

daily prescriptions from 09-30-03 through 04-21-04 for Dr. Ruth Ann Holzhauser that are contained in States Exhibit #2. Beth Vaughn provided these prescriptions to the Texas Board of Pharmacy investigator Rob Lunsford, and he sent them directly to the State Medical Board of Ohio. The Affidavit of Beth Vaughn is included in States Exhibit #2.

- “2. Dr. Holzhauser admits that she never examined any of the 663 patients identified in the patient key attached to the Notice of Opportunity for hearing letter (State’s Exhibit 1A), in person. She further admits that she did not examine any of the patients whose prescriptions she wrote and are contained in State’s Exhibit #2 as mentioned above. [S]he reviewed the patients [sic] medical records, MedsNationwide questionnaire, and the photo identification provided by each patient, and subsequently had telephone interviews with the patients and, on occasion, with their physicians and other health-care providers.
- “3. Dr. Holzhauser admits that she personally authorized the prescriptions for the 663 patients identified in the patient key attached to the Notice of Opportunity for hearing letter (State’s Exhibit 1A) via electronic signature and also printed out a hard copy that she signed in original ink and overnighted to the pharmacy One Stop Prescriptions #2 in Houston, Texas. Based upon her review of medical records, MedsNationwide questionnaire, and the photo identification provided by each patient, and subsequently had telephone interviews with the patients and, on occasion, with their physicians and other health-care providers. [Previous sentence sic]
- “4. Dr. Holzhauser admits that she determined and physically entered the diagnosis for the 663 patients identified in the patient key attached to the Notice of Opportunity for hearing letter (State’s Exhibit 1A), the medication to be prescribed, the specific dosage of the medication, the directions for use, and the cautions, (i.e., do not drive while taking the med, etc.), onto each prescription written.
- “5. Dr. Holzhauser admits that the original [p]rescriptions contained in State’s Exhibit #2 and the electronic prescriptions contained in her patient records are authentic and represent prescriptions authorized by Dr. Holzhauser for the 663 patients identified in the patient key attached to the Notice of Opportunity for hearing letter (State’s Exhibit 1A).
- “6. Dr. Holzhauser admits that the patient records she provided to the State Medical Board either directly or through her counsel, are true and accurate copies or the original patient records kept by her in the treatment of the 663 patients identified in the patient key attached to the Notice of Opportunity for hearing letter (State’s Exhibit 1A). She further admits she typed the

consultation/progress notes and those notes accurately reflect her interaction with each patient and that the prescription information at the end of each note accurately reflects prescriptions she authorized, including the refills. She further admits that the questionnaire[s] provided to each patient by MedsNationwide were completed by the individual patients.

“7. Dr. Holzhauser also admits the allegations made in paragraph 2(a), (b), (c) and (e) of the Notice of Opportunity for hearing letter (State’s Exhibit 1A).”

(St. Ex. 15)

Evidence Concerning Selected Individual Patients

17. A prescription information form signed by Dr. Holzhauser indicates that on January 13, 2004, Dr. Holzhauser issued to Patient 113 a prescription for hydrocodone/APAP 7.5/500 #90, with two refills, for a diagnosis of “Poor Dentition [with] Root Abscesses.” Dr. Holzhauser testified that Patient 113 had been under the care of a dentist, but that she had been unable to afford the dental care she required to repair her neglected teeth. Dr. Holzhauser testified that Patient 113 had been on multiple courses of antibiotics which had been prescribed to her by a dentist. Dr. Holzhauser further testified that, “until she could have the definitive treatment done [a root canal performed by an endodontist], she was going to be in serious pain over an extended period of time.” When asked why Patient 113’s dentist did not prescribe the pain medication, Dr. Holzhauser replied that Patient 113 probably had gotten some pain medication from the dentist but that the amount of pain from multiple root abscesses is very intense. (St. Ex. 2 at 141; Tr. Vol. 1 at 158-162)

18. On a patient questionnaire dated April 1, 2004, Patient 193 was asked, among other things, “Why are you choosing a MedsNationwide doctor vs. your local doctor?” Patient 193 replied, “[M]y doctor does not prescribe enough medication[.]” On April 5, 2004, Dr. Holzhauser issued to Patient 193 a prescription for hydrocodone/APAP 10/500 #90, with two refills, and directed the patient to take from one to three tablets per day as needed for back pain. (St. Ex. 9)

Dr. Holzhauser admitted that Patient 193’s statement that her doctor did not prescribe enough medication “raises a red flag.” Further, Dr. Holzhauser testified that she could not recall whether she had contacted Patient 193’s local physician, and acknowledged that she “might not have.” (St. Ex. 9; Tr. Vol. 1 at 90-93)

19. A prescription information form signed by Dr. Holzhauser indicates that on December 1, 2003, she had issued to Patient 294 a prescription for Vicoprofen 200/7.5 #90, with two refills, based upon a diagnosis of severe irritable bowel syndrome. Dr. Holzhauser instructed the patient, among other things, to “[t]ake one tablet every eight hours as needed for severe pain associated with IBS.” (St. Ex. 2 at 393)

Dr. Holzhauser acknowledged that it is not typical to prescribe a Schedule 3 narcotic analgesic for irritable bowel syndrome; however, she stated that about 10 percent of patients with that condition “experience * * * excruciating pain.” Dr. Holzhauser testified that individuals who suffer from severe irritable bowel syndrome “live in mortal fear of having one of these episodes and not being able to control it, not being able to do anything to minimize or to at least partially relieve the pain, you know, because it is so intolerable.” Dr. Holzhauser further acknowledged that the volume of medication that she had prescribed to Patient 294 would have been sufficient for the patient to take the medication around-the-clock for 90 days. However, Dr. Holzhauser testified, “He pretty much had to take it with that frequency when one of these episodes occurred. Now, since they don’t occur every single day, he was strongly encouraged of course not to take the medication when he wasn’t in pain.” (Tr. Vol. 1 at 162-167)

Evidence Concerning Patient 423

20. In response to a question on the MedsNationwide patient questionnaire asking why Patient 423 had chosen MedsNationwide versus her local doctor, Patient 423 replied, “My neurologist does not prescribe the enough medication for my headaches. He only gives about 10 to [statement ends there.]” (St. Ex. 11)

Dr. Holzhauser testified that she had not spoken with Patient 423’s neurologist because copies of consultation records from that neurologist “matched identically with the information that was provided by Patient 423[.]” On December 9, 2003, based upon a diagnosis of “Severe Migraine Headaches,” Dr. Holzhauser issued to Patient 423 a prescription for hydrocodone/APAP 7.5/500 #90, with two refills, with directions to “[t]ake one tablet from one to three times per day as needed for severe headaches.” (St. Ex. 2 at 574; St. Ex. 11; Tr. Vol. 1 at 113-117)

21. Dr. Holzhauser acknowledged that Patient 423’s statement on the MedsNationwide questionnaire that her neurologist did not prescribe enough medication had raised a red flag. However, Dr. Holzhauser testified that, in her experience, neurologists are sometimes hesitant to accept patients’ statements that medications such as Imitrex—or Topamax and Effexor, which Patient 423 had been receiving—are ineffective in controlling their migraine headaches. Dr. Holzhauser stated that she has had patients with no history of substance abuse or chemical dependency that have told her that they do not obtain relief from such medications, nor from nonsteroidal anti-inflammatory medications such as ibuprofen. Dr. Holzhauser further testified that, accordingly, although Patient 423’s statement raised some concern, it “was not sufficient really to totally dissuade” Dr. Holzhauser from the possibility that Patient 423 was not getting relief from the medications that her neurologist had been prescribing. (Tr. Vol. 3 at 107-112)
22. A Neurological Consultation report dated September 6, 2002, by Patient 423’s neurologist, a copy of which had been included in the records of MedsNationwide, states, among other

things, that his impressions had been “Post LP headache” and “History of thunderclap headache, which after work up at UAB was felt not to be aneurysmal.” In his plan, the neurologist wrote, “I feel she needs an **epidural blood patch** and we will make arrangements for this.” The neurologist also indicated that Patient 423 had been taking atenolol for mitral valve prolapse and Effexor for panic disorder. (St. Ex. 11) (Emphasis added)

Dr. Holzhauser testified that the “epidural blood patch” noted in the neurologist’s report refers to a Duragesic patch. Dr. Holzhauser testified that a Duragesic patch is applied intradermally in the area of the spinal column. She further testified that the patch contains fentanyl, which she described as a very potent narcotic medication. However, Dr. Holzhauser testified that she had learned while speaking with Patient 423 that Patient 423 had chosen not to use the Duragesic patch because she had used something similar in the past and it had made her ill. Dr. Holzhauser testified that she did not contact Patient 423’s neurologist to verify Patient 423’s statement. (Tr. Vol. 3 at 113-117) Moreover, Dr. Holzhauser testified,

At the time, you know, I did not have a real high index of suspicion, shall we say, you know, or a real reason. Given the fact that the facts that she told me and the results of the consultation, they all sort of—they all fit together, and I didn’t have reason to think that she was not leveling with me at the time.

(Tr. Vol. 3 at 117)

When asked why she would suspect that Patient 423’s neurologist had not been willing to sufficiently control Patient 423’s pain when in fact he had been willing to try a Duragesic patch, Dr. Holzhauser replied,

I did not mean to imply that this neurologist was ignoring her complaints, but that since she declined the use of the epidural patch, then conceivably she wasn’t receiving anything that was—how should I say this—that would have an additive effect with some oral medication.

Presumably she wasn’t getting or hadn’t been prescribed anything real potent in the way of narcotics. * * * It did not strike me as if I would be sort of cumulatively adding to a dangerous drug or creating a dangerous situation, again to a large extent, you know, based on her report to me.

(Tr. Vol. 3 at 118)

23. In a report dated January 8, 2003, Patient 423’s neurologist wrote,

[Patient 423] is still having approximately two headaches a week. I am going to place her on Topamax, building up to 100 mg, with the usual admonitions. She will continue on Effexor 150 mg, which she takes for panic

disorder, and the atenolol she takes for her mitral valve prolapse. Axert and Bextra combination works well. She occasionally has to rescue with Lortab.

(St. Ex. 11) (Emphasis added)

With regard to the neurologist's statement that Patient 423 had been having two headaches per week, Dr. Holzhauser was asked why she had prescribed such a large volume of medication³. Dr. Holzhauser's prescription, as written, would be sufficient to allow Patient 423 to take the medication around-the-clock for 90 days. Dr. Holzhauser replied that Patient 423 had informed her that, during a particularly bad week, she could have as many as one headache every other day. Dr. Holzhauser further replied that she had directed Patient 423 to take them "as needed[.]" Moreover, Dr. Holzhauser testified that "not only did she not have to take it that often, she was actually asked to take it as infrequently as she possibly could." Furthermore, Dr. Holzhauser testified she had had no reason to believe that Patient 423 would not follow those directions. In addition, Dr. Holzhauser testified that she had been aware that the medication would be costly to Patient 423, and she did not want her to have to call back for more medication every month. (St. Ex. 11; Tr. Vol. 3 at 119-124) Finally, Dr. Holzhauser testified,

Most people that have migraine headaches that use this type of medication, they get 300 tablets at a time. That's quite a few tablets. There's no—I mean that's what very many—Again, I know this from experience and the work that I did at Maryhaven, that it's not at all unusual for a patient with a chronic pain syndrome, be it migraine headaches or degenerative disc disease, to get a prescription with a quantity of 300 tablets because, you know, presumably the provider, the person who issues that prescription doesn't think in terms of this being a drug dependent individual, and that way they don't have to come back to the office, pay another office visit or another consultation fee. That's why it is done.

I mean I'm not saying that that's the best way to approach it and maybe there should be, you know, some restrictions on maximum number, but I can just tell you that that is not the current pattern or the current practice, prescribing practice, when it comes to someone with an established diagnosis that is going to require narcotic analgesics for pain, you know, for treatment and for pain management. You know, this is well within kind of the practicing guidelines.

(Tr. Vol. 3 at 124-125)

24. Robert Randolph Neely testified on behalf of the State. Mr. Neely testified that he is the former spouse of Patient 423, and that he had been married to Patient 423 for a total of 19 years. They have two children from their marriage. (Tr. Vol. 3 at 8-10)

³ Dr. Holzhauser issued to Patient 423 a prescription for hydrocodone/APAP 7.5/500 #90, with two refills, with directions to "[t]ake one tablet from one to three times per day as needed for severe headaches." (St. Ex. 2 at 574)

Mr. Neely testified that, during the course of his marriage to Patient 423, Patient 423 developed a problem abusing alcohol and prescription medication. In October 2000, Patient 423's problem led to her admission to an inpatient chemical dependency treatment facility. Mr. Neely testified that Patient 423 remained in that facility for about 28 days. (Tr. Vol. 3 at 10-12)

Mr. Neely testified that, prior to Patient 423 entering treatment, he had been aware that she was abusing alcohol. Mr. Neely further testified that she had told him that she was also abusing phentermine. However, after Patient 423 had entered treatment, Mr. Neely learned that she had also had problems with hydrocodone. (Tr. Vol. 3 at 12)

Mr. Neely testified that, after Patient 423 had been released from treatment, she did not seem "much better in terms of her overall behavior." Within about three weeks of her returning from treatment, Mr. Neely and Patient 423 separated. Mr. Neely stated that Patient 423 had told him that she was sober, but to Mr. Neely it had been obvious that she was not. Subsequently, around January 2001, Patient 423 confessed to him that she had used hydrocodone again on one or two occasions. Mr. Neely and Patient 423 divorced sometime during that period. (Tr. Vol. 3 at 13-14)

Mr. Neely testified that, after their divorce, Patient 423 began "behaving like someone trying to maintain or achieve sobriety." In September 2001, after counseling and Patient 423's assurance that she would remain sober, Mr. Neely and Patient 423 remarried. Mr. Neely testified that, until December 2003, aside from one or two instances in which she acquired hydrocodone again, Patient 423 had remained sober. (Tr. Vol. 3 at 14)

Mr. Neely testified that, sometime between October and December 2003, Patient 423 had stopped attending Alcoholics Anonymous meetings on a regular basis. Mr. Neely stated that around December 15, 2003, he had noticed that Patient 423 "was obviously in the throes of pretty severe withdrawals manifested by extreme drowsiness, tiredness." Mr. Neely asked Patient 423 what had happened. Mr. Neely testified that "[s]he told me that she had gotten some hydrocodone over the Internet and that she used it all." Mr. Neely obtained the empty pill bottle, which he later forwarded to the Board. In addition, Mr. Neely discovered some e-mails on his home computer between Patient 423 and MedsNationwide. (St. Exs. 14, 14A, and 17; Tr. Vol. 3 at 15-18)

Mr. Neely testified that, after her December 2003 relapse, Patient 423 reentered inpatient treatment for a period of 21 days. However Mr. Neely testified that, shortly after Patient 423 was released from treatment, their marriage again broke up. (Tr. at 18-19)

25. Mr. Neely testified that Patient 423 did suffer from migraine headaches, and had been treated by a neurologist for her headaches from around 2001 through 2003. (Tr. Vol. 3 at 25-27)

26. Dr. Holzhauser testified that, after she had been contacted by the Board, as described more fully below, she had learned that Patient 423 had entered a rehabilitation facility for chemical dependency. Dr. Holzhauser further testified that she was initially taken aback by that information, and that she went through her records for Patient 423 to see if there was something that she should have done differently. However, Dr. Holzhauser testified that, based upon the information that she had had at her disposal at the time she had issued the prescription, she does not believe that she would have done anything differently with Patient 423. (Tr. Vol. 1 at 133-135)

Dr. Holzhauser testified that, on her patient questionnaire, Patient 423 had stated that there was no reason that she had ever been denied medication, and that addiction was not an issue for her. Dr. Holzhauser further testified that “the responses of Patient 423 are very characteristic and typical of someone who has an ongoing issue with chemical dependency or substance abuse[.]” Dr. Holzhauser stated that such individuals “practice deceit * * * in order to obtain medication in whatever way they can.” (St. Ex. 11; Tr. Vol. 3 at 71-73)

Dr. Holzhauser further testified that, during her telephone consultation with Patient 423, the patient had repeatedly emphasized how severe her migraine headaches were and how important it was for her to receive medication to alleviate her pain. Dr. Holzhauser testified that the information that she had received from MedsNationwide and from Patient 423 had been identical to the information that she would have obtained if Patient 423 had come to visit her in an office setting. Moreover, Dr. Holzhauser testified that, although she feels very badly for Patient 423 and her family, there is nothing further that Dr. Holzhauser could have discerned from a physical examination that would have enabled her to know that Patient 423 was seeking medication fraudulently. Furthermore, Dr. Holzhauser denied that the one prescription that Patient 423 had received from MedsNationwide had been the precipitating cause of her serious problems. (Tr. Vol. 3 at 73-77)

Finally, Dr. Holzhauser testified that, knowing what she knows now, she would not have prescribed any medication to Patient 423. (Tr. Vol. 3 at 125-126)

Dr. Holzhauser’s Prescribing of Controlled Substance Anorectic Medication

27. As stated in the parties’ Stipulations, Dr. Holzhauser admitted to, among other things, the allegations made by the Board in paragraphs 2(a), (b), (c), and (e) of the Board’s October 13, 2004, notice of opportunity for hearing [Notice]. (St. Ex. 15) Those allegations state as follows,

“2. [Dr. Holzhauser] inappropriately utilized controlled substance anorectics for purposes of weight reduction in the treatment of obesity for Patients 38, 152,

153, 307 and 554 including, but not limited to the following:

- “a. Prior to initiating [her] treatment of Patients 38, 152, 153, 307 and 554 with controlled substance anorectics, [Dr. Holzhauser] failed to determine and/or document having determined, through a review of [her] records of prior treatment, or through a review of the records of prior treatment which another treating physician or weight-loss program had provided to [her], that the patients had made a substantial effort to lose weight in a treatment program utilizing a regimen of weight reduction based on caloric restriction, nutritional counseling, behavior modification, and exercise, without the use of controlled substances, and that said treatment had been ineffective.
- “b. Further, in [her] treatment of Patients 38, 152, 153, 307 and 554, [Dr. Holzhauser] prescribed controlled substance anorectics for weight reduction despite [her] failure to perform and/or document that [she had] performed any physical examination of these patients.
- “c. Further, in [her] treatment of Patients 38, 152, 153, 307 and 554, [Dr. Holzhauser] prescribed controlled substance anorectics for weight reduction despite [her] failure to personally meet face-to-face with these patients, at a minimum, every thirty days and [her] failure to record in that patient’s record information demonstrating:
 - “• the patient’s continuing efforts to lose weight;
 - “• the patient’s dedication to the treatment program and response to treatment;
 - “• the presence or absence of contraindications and/or adverse effects; and
 - “• indicators of possible substance abuse that would necessitate cessation of treatment utilizing controlled substances.

* * *

- “e. Further, in [her] treatment of Patients 38, 152, 153 and 554, [Dr. Holzhauser] prescribed controlled substance anorectics for weight reduction despite [her] failure to determine and/or document that [she had] determined that the patients had a Body Mass Index [BMI] of at least thirty, or a BMI of at least twenty-seven with co-morbid factors.”

(St. Ex. 1A)

28. At hearing, Dr. Holzhauser contested the allegations contained in paragraph 2(d) of the Notice. Paragraph 2(d) states, “Further, in [her] treatment of Patients 152, 307 and 554,

[Dr. Holzhauser] prescribed controlled substance anorectics for weight reduction, including original prescriptions and refills, for a total course of treatment that exceeded twelve weeks.” (St. Ex. 1A; Tr. Vol. 1 at 170-171) Evidence elicited at hearing concerning these allegations includes the following:

- On January 19, 2004, Dr. Holzhauser issued to Patient 152 a prescription for Adipex 37.5 mg #90 with two refills. She instructed the patient to “[t]ake one tablet, by mouth, before breakfast daily as needed as part of an overall [weight] reduction program.” (St. Ex. 3 at 5) Dr. Holzhauser acknowledged that, if the medication had been taken as prescribed, including the refills, it would constitute a course of treatment lasting 270 days. When asked whether that course of treatment would exceed a 12-week period, Dr. Holzhauser replied,

[W]ith the assumption that the person is going to take one capsule or one tablet daily, then that amounts to three months, could conceivably be three months, and then once that quantity had been exhausted, then she in this case, she could have obtained a refill for an additional three months and then repeated that process once more.

(Tr. Vol. 1 at 172-173) After providing that circuitous response, Dr. Holzhauser also suggested that “it is possible to take a second capsule shortly before lunch” to maintain appetite suppression. (Tr. Vol. 1 at 173-174) Note, however, that such use of the medication would violate Dr. Holzhauser’s instructions to Patient 152. (St. Ex. 3 at 5)

- On November 7, 2003, Dr. Holzhauser issued to Patient 307 a prescription for Adipex 37.5 mg #90 with one refill. She instructed the patient to “[t]ake one daily 30 minutes before or after breakfast. To be used as part of an overall [weight] reduction program.” Dr. Holzhauser acknowledged that, if the patient had followed those instructions, and obtained the refill, she would have had two separate 90-day supplies of medication back-to-back. However, Dr. Holzhauser stated that she has learned that Patient 307 did not refill her prescription. (St. Ex. 4 at 13; Tr. Vol. 1 at 174-176)
- On November 5, 2003, Dr. Holzhauser issued to Patient 554 a prescription for Bontril 105 mg #90 with two refills. She instructed the patient to “[t]ake one tablet, one to three times daily on an empty stomach.” Subsequently, on February 9, 2004, she again prescribed Bontril 105 mg #90 with two refills. She instructed the patient to “[t]ake one tablet from one to three times per day, on an empty stomach, as needed for weight reduction.” (St. Ex. 3 at 14-15)

Dr. Holzhauser testified that she had prescribed a 90-day supply of medication to Patient 554 on November 5, 2003. She further testified that she had issued a new prescription for the same medication and amount on February 9, 2004. However, Dr. Holzhauser asserted that those had been two separate courses of treatment, albeit close together in time. (Tr. Vol. 1 at 178-180)

Dr. Holzhauser testified that Bontril belongs to the same family of medications as phentermine and is a Schedule 3 controlled substance anorectic. (St. Ex. 16; Tr. Vol. 1 at 178)

Evidence Concerning the Board's Investigation of Dr. Holzhauser

29. Dr. Holzhauser testified that, on or about April 21, 2004, she had received a telephone call from Board Investigator Shawn McCafferty. Investigator McCafferty informed Dr. Holzhauser that the work she had been doing for MedsNationwide violated the Board's rules. Dr. Holzhauser testified, "All I can say was, I was dumbfounded at that point. I was not expecting that at all. You know, when I got the initial call from Investigator McCafferty, I was absolutely unaware and was really totally taken aback[.]" (Tr. Vol. 1 at 55)

Dr. Holzhauser testified that, after speaking with Investigator McCafferty, she immediately called Mrs. O'Shea and informed Mrs. O'Shea of what she had just learned. Dr. Holzhauser testified that she expressed to Mrs. O'Shea significant surprise, especially considering the assurances that she had received from MedsNationwide as well as from the National Center for Telemedicine Law. Dr. Holzhauser testified that Mrs. O'Shea had asked if she would be willing to finish with that afternoon's schedule of patients, but that Dr. Holzhauser refused. (Tr. Vol. 1 at 55-57; Tr. Vol. 3 at 79-85)

30. Dr. Holzhauser testified that she has gone to great lengths to cooperate with the Board's investigation. She testified that she had made arrangements with Mrs. O'Shea to continue to have access to the MedsNationwide computer system in order to obtain information for the Board's investigation. Dr. Holzhauser further testified that she had spent approximately 25 hours reviewing MedsNationwide records to obtain documents for the investigation. (Tr. Vol. 1 at 57; Tr. Vol. 3 at 88-89)

Dr. Holzhauser testified that she has cooperated fully with the Board because she did not purposely violate the Board's rules. Moreover, Dr. Holzhauser testified that, until she began working for MedsNationwide, she had practiced in an ethical and appropriate manner. Further, Dr. Holzhauser testified that she had "wanted to make amends to the very best of [her] ability, and one of the ways to do that was * * * being totally forthright and open and honest and not concealing any information, or certainly not doing it knowingly." (Tr. Vol. 3 at 89-90)

Additional Information

31. Dr. Holzhauser testified that, prior to this action, she had never previously been investigated or disciplined by the Board. Further, she testified that she has never had a medical malpractice lawsuit filed against her. (Tr. Vol. 3 at 46-47)

32. Dr. Holzhauser testified that “[n]ever in a million years” would she have affiliated with MedsNationwide had she been aware that her conduct would violate the Board’s rules. However, Dr. Holzhauser testified that, unfortunately, she had not been familiar enough with laws concerning telemedicine, and she had believed the representations of Mrs. O’Shea and the individual she had spoken with at the Center for Telemedicine Law. Moreover, Dr. Holzhauser testified, “I felt like I did some due diligence on my own, not sufficient maybe, not exhaustively enough, but I truly didn’t feel that I was doing anything, you know, at the time that was illegal or unlawful.” Furthermore, Dr. Holzhauser testified that she has learned from her mistake, and that she would never again enter into any such activity without first doing research and obtaining information from different sources. (Tr. Vol. 3 at 91-93)
33. Dr. Holzhauser testified that, after having quit her position with MedsNationwide, she became unemployed. Dr. Holzhauser further testified that she has no source of income other than her medical practice. However, Dr. Holzhauser testified that, because she is unsure of the outcome of the current action concerning her medical license, she has been unable to commit to a long-term employment position. Moreover, Dr. Holzhauser testified that the current employment climate for primary care physicians makes it difficult to find employment on a short-term basis. In addition, Dr. Holzhauser testified that, for the six months previous to the hearing, she has not been employed or had any source of income, which “certainly has created a tremendous financial hardship[.]” (Tr. Vol. 3 at 86-88)
34. Dr. Holzhauser testified that, if the Board permits her to continue to practice medicine, she will continue to serve patients who otherwise would not have access to health care services. Dr. Holzhauser further testified that the Board should give her that opportunity because,

[I]n 19-and-a-half years of practice out of my roughly 20 years, I feel that I have really represented myself in a very favorable and, you know, well-meaning manner. I worked hard, as I said, to try to make kind of a contribution and provide some needed services to the community. It seems like that should—that should kind of count for something and it should say something about my dedication, if you will, to doing a good job in the practice of medicine, which is what I have always tried to do. I can honestly say I went into this field, although it may sound kind of corny, but to help other people. That was my main motivation for going into medicine.

(Tr. Vol. 3 at 94-95) Finally, Dr. Holzhauser testified that she is willing to comply with any requirements that the Board may see fit to impose. (Tr. Vol. 3 at 95-96)

35. Dr. Holzhauser presented letters of support from medical colleagues. Both of these letters describe Dr. Holzhauser as a compassionate and dedicated physician. (Resp. Exs. D and E) Note that the State did not have an opportunity to cross-examine the authors of these letters.

FINDINGS OF FACT

1. From in or about September 2003 until in or about April 2004, as part of her relationship with an Internet prescribing service, Ruth Ann Holzhauser, M.D., prescribed controlled substances to Patients 1 through 663, (except for Patients 19, 35, 36, 62, 78, 131, 142, 230, 381, 419, 459, 473, 517, 577, 597, and 652), in the quantities and on or about the dates indicated in Summary of the Evidence 15, above, which is incorporated into these Findings of Fact by reference. Dr. Holzhauser issued such prescriptions even though she had never personally examined these patients prior to such prescribing.
2. Dr. Holzhauser inappropriately utilized controlled substance anorectics for purposes of weight reduction in the treatment of obesity for Patients 38, 152, 153, 307 and 554 including, but not limited to, the following:
 - a. Prior to initiating her treatment of Patients 38, 152, 153, 307 and 554 with controlled substance anorectics, Dr. Holzhauser failed to determine and/or document having determined, through a review of her records of prior treatment, or through a review of the records of prior treatment which another treating physician or weight-loss program had provided to her, that the patients had made a substantial effort to lose weight in a treatment program utilizing a regimen of weight reduction based on caloric restriction, nutritional counseling, behavior modification, and exercise, without the use of controlled substances, and that said treatment had been ineffective.
 - b. In her treatment of Patients 38, 152, 153, 307 and 554, Dr. Holzhauser prescribed controlled substance anorectics for weight reduction despite her failure to perform and/or document that she had performed any physical examination of these patients.
 - c. In her treatment of Patients 38, 152, 153, 307 and 554, Dr. Holzhauser prescribed controlled substance anorectics for weight reduction despite her failure to personally meet face-to-face with these patients, at a minimum, every thirty days and her failure to record in each patient's record information demonstrating:
 - the patient's continuing efforts to lose weight;
 - the patient's dedication to the treatment program and response to treatment;
 - the presence or absence of contraindications and/or adverse effects; and
 - indicators of possible substance abuse that would necessitate cessation of treatment utilizing controlled substances.
 - d. The evidence is sufficient to support a finding that, in her treatment of Patients 152, 307 and 554, Dr. Holzhauser prescribed controlled substance anorectics for weight reduction, including original prescriptions and refills, for a total course of treatment that exceeded twelve weeks.

- e. In her treatment of Patients 38, 152, 153 and 554, Dr. Holzhauser prescribed controlled substance anorectics for weight reduction despite her failure to determine and/or document that she had determined that the patients had a Body Mass Index [BMI] of at least thirty, or a BMI of at least twenty-seven with co-morbid factors.

CONCLUSIONS OF LAW

1. The conduct of Ruth Ann Holzhauser, M.D., as set forth in Findings of Fact 1 constitutes “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Rule 4731-11-09(A), Ohio Administrative Code. Moreover, pursuant to Rule 4731-11-09(H), Ohio Administrative Code, violation of Rule 4731-11-09, Ohio Administrative Code, also violates Sections 4731.22(B)(2), (3) and (6), Ohio Revised Code.
2. The conduct of Dr. Holzhauser as set forth in Findings of Fact 2 constitutes “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Rules 4731-11-04(B) and (C), Ohio Administrative Code. Pursuant to Rule 4731-11-04(D), Ohio Administrative Code, violation of Rule 4731-11-04, Ohio Administrative Code, also violates Sections 4731.22(B)(2), (3) and (6), Ohio Revised Code.

PROPOSED ORDER

It is hereby ORDERED that:

The certificate of Ruth Ann Holzhauser, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED.

This Order shall become effective immediately upon the mailing of notification of approval by the Board.



R. Gregory Porter, Esq.
Hearing Examiner



State Medical Board of Ohio

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EXCERPT FROM THE DRAFT MINUTES OF FEBRUARY 8, 2006

REPORTS AND RECOMMENDATIONS

Dr. Robbins announced that the Board would now consider the findings and orders appearing on the Board's agenda. He noted that the case of Jabir Kamal Akhtar, M.D., which was scheduled for this meeting, would be considered at a later time due to the inability to achieve service of the Report and Recommendation on Dr. Akhtar.

Dr. Robbins asked whether each member of the Board had received, read, and considered the hearing records, the proposed findings, conclusions, and orders, and any objections filed in the matters of: Mark A Campano, M.D.; Philip L Creps, D.O.; Ruth Ann Holzhauser, M.D.; John Bruce Payne, D.O.; Alberto Pena, M.D.; Joseph Aloysius Ridgeway IV, M.D. A roll call was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Steinbergh	- aye
	Dr. Robbins	- aye

Dr. Robbins asked whether each member of the Board understands that the disciplinary guidelines do not limit any sanction to be imposed, and that the range of sanctions available in each matter runs from dismissal to permanent revocation. A roll call was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye

Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Steinbergh	- aye
Dr. Robbins	- aye

Dr. Robbins noted that, in accordance with the provision in Section 4731.22(F)(2), Revised Code, specifying that no member of the Board who supervises the investigation of a case shall participate in further adjudication of the case, the Secretary and Supervising Member must abstain from further participation in the adjudication of these matters. In the matters before the Board today, Dr. Talmage served as Secretary and Mr. Albert served as Supervising Member.

Dr. Robbins stated that, if there were no objections, the Chair would dispense with the reading of the proposed findings of fact, conclusions and orders in the above matters. No objections were voiced by Board members present.

The original Reports and Recommendations shall be maintained in the exhibits section of this Journal.

.....
RUTH ANN HOLZHAUSER, M.D.
.....

DR. BUCHAN MOVED TO APPROVE AND CONFIRM MR. PORTER'S FINDINGS OF FACT, CONCLUSIONS, AND PROPOSED ORDER IN THE MATTER OF RUTH ANN HOLZHAUSER, M.D. MR. BROWNING SECONDED THE MOTION.
.....

A vote was taken on Dr. Buchan's motion to approve and confirm:

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- nay
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Steinbergh	- aye
	Dr. Robbins	- aye

The motion carried.



State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.med.ohio.gov

October 13, 2004

Ruth Ann Holzhauser, M.D.
7599 Grotto Court
Columbus, OH 43235

Dear Doctor Holzhauser:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio [Board] intends to determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery, or to reprimand you or place you on probation for one or more of the following reasons:

- (1) From in or about September 2003 to in or about April 2004, as part of your relationship with an Internet prescription service, you prescribed controlled substances in the quantities and on or about the dates indicated in Attachment A, to Patients 1-663 (as identified on the Patient Key attached hereto as Attachment B - Key confidential and not subject to public disclosure) even though you had never personally examined these patients prior to prescribing the medication to them.
- (2) You inappropriately utilized controlled substance anorectics for purposes of weight reduction in the treatment of obesity for Patients 38, 152, 153, 307 and 554 including, but not limited to the following:
 - (a) Prior to initiating your treatment of Patients 38, 152, 153, 307 and 554 with controlled substance anorectics, you failed to determine and/or document having determined, through a review of your records of prior treatment, or through a review of the records of prior treatment which another treating physician or weight-loss program had provided to you, that the patients had made a substantial effort to lose weight in a treatment program utilizing a regimen of weight reduction based on caloric restriction, nutritional counseling, behavior modification, and exercise, without the use of controlled substances, and that said treatment had been ineffective.
 - (b) Further, in your treatment of Patients 38, 152, 153, 307 and 554, you prescribed controlled substance anorectics for weight reduction despite your failure to perform and/or document that you performed any physical examination of these patients.
 - (c) Further, in your treatment of Patients 38, 152, 153, 307 and 554, you prescribed controlled substance anorectics for weight reduction despite your failure to

Mailed 10-14-04

personally meet face-to-face with these patients, at a minimum, every thirty days and your failure to record in that patient's record information demonstrating:

- the patient's continuing efforts to lose weight;
 - the patient's dedication to the treatment program and response to treatment;
 - the presence or absence of contraindications and/or adverse effects; and
 - indicators of possible substance abuse that would necessitate cessation of treatment utilizing controlled substances.
- (d) Further, in your treatment of Patients 152, 307 and 554, you prescribed controlled substance anorectics for weight reduction, including original prescriptions and refills, for a total course of treatment that exceeded twelve weeks.
- (e) Further, in your treatment of Patients 38, 152, 153 and 554, you prescribed controlled substance anorectics for weight reduction despite your failure to determine and/or document that you determined that the patients had a Body Mass Index [BMI] of at least thirty, or a BMI of at least twenty-seven with co-morbid factors.

Your acts, conduct, and/or omissions as alleged in paragraph (1) above, individually and/or collectively, constitute "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: 4731-11-09(A), Ohio Administrative Code. Pursuant to Rule 4731-11-09(H), Ohio Administrative Code, violation of Rule 4731-11-09, Ohio Administrative Code, also violates Sections 4731.22(B)(2), (3) and (6), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraph (2) above, individually and/or collectively, constitute "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: 4731-11-04(B) and (C), Ohio Administrative Code. Pursuant to Rule 4731-11-04(D), Ohio Administrative Code, violation of Rule 4731-11-04, Ohio Administrative Code, also violates Sections 4731.22(B)(2), (3) and (6), Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty days of the time of mailing of this notice.

You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand you or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that "[w]hen the board refuses to grant a certificate to an applicant, revokes an individual's certificate to practice, refuses to register an applicant, or refuses to reinstate an individual's certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate."

Copies of the applicable sections are enclosed for your information.

Very truly yours,



Lance A. Talmage, M.D.
Secretary

LAT/blt
Enclosures

CERTIFIED MAIL # 7000 0600 0024 5143 8220
RETURN RECEIPT REQUESTED

cc: Eric Plinke, Esq.
Porter, Wright, Morris & Arthur
41 S. High St.
Columbus, OH 43215-6194

CERTIFIED MAIL # 7000 0600 0024 5143 8237
RETURN RECEIPT REQUESTED

ATTACHMENT A

Patient Number	Date	Prescription	Quantity and Refills
1	11/25/03	Hydrocodone w/ APAP 10/325	90 w/ 2
2	03/26/04	Hydrocodone w/ APAP 10/325	90 w/ 2
3	02/05/04	Acetaminophen/cod #4	90 w/ 2
4	12/11/03	Hydrocodone w/ APAP 10/325	90 w/ 2
4	03/15/04	Hydrocodone w/ APAP 10/325	90 w/ 2
5	01/30/04	Hydrocodone w/ APAP 10/325	90 w/ 2
6	12/01/03	Hydrocodone w/ APAP 10/325	90 w/ 2
6	02/20/04	Hydrocodone w/ APAP 10/325	90 w/ 2
7	01/06/04	Hydrocodone w/ APAP 10/325	90 w/ 2
7	04/06/04	Hydrocodone w/ APAP 10/325	90 w/ 2
8	03/08/04	Hydrocodone w/ APAP 10/325	90 w/ 2
9	02/23/04	Hydrocodone w/ APAP 10/500	90 w/ 2
10	10/30/03	Fioricet w/ Codeine	90 w/ 2
10	01/20/04	Fioricet w/ Codeine	90 w/ 2
10	04/08/04	Fioricet w/ Codeine	90 w/ 2
11	04/05/04	Lortab 10/500	90 w/ 2
12	03/10/04	Hydrocodone w/ APAP 10/325	90 w/ 2
13	03/15/04	Vicprofen 7.5/200	90 w/ 2
14	03/12/04	Vicodin HP - 10/660	90 w/ 2
15	03/26/04	Hydrocodone w/ APAP 10/325	90 w/ 2
16	11/25/03	Hydrocodone w/ APAP 10/325	90 w/ 2
17	03/29/04	Hydrocodone w/ APAP 10/325	90 w/ 2
18	01/28/04	Hydrocodone w/ APAP 10/325	90 w/ 2
18	04/12/04	Hydrocodone w/ APAP 10/325	90 w/ 2
19	04/08/04	Hydrocodone w/ APAP-10/325	90 w/ 2
20	01/27/04	Hydrocodone w/ APAP 10/325	90 w/ 2
21	01/20/04	Hydrocodone w/ APAP 10/500	90 w/ 2
22	01/27/04	Hydrocodone w/ APAP 10/500	90 w/ 2
23	12/19/03	Hydrocodone w/ APAP 10/325	90 w/ 0
23	01/15/04	Hydrocodone w/ APAP 10/325	90 w/ 1
24	12/01/03	Hydrocodone w/ APAP 10/325	90 w/ 2
25	12/11/03	Hydrocodone w/ APAP 10/325	90 w/ 0
26	12/19/03	Hydrocodone w/ APAP 10/325	90 w/ 1

27	04/02/04	Hydrocodone w/ APAP 10/500	90 w/ 2
28	12/01/03	Hydrocodone w/ APAP 10/325	90 w/ 2
28	02/20/04	Hydrocodone w/ APAP 10/325	90 w/ 2
29	01/16/04	Hydrocodone w/ APAP 10/325	90 w/ 2
30	12/02/03	Hydrocodone w/ APAP 10/500	90 w/ 2
30	02/16/04	Hydrocodone w/ APAP 10/500	90 w/ 2
31	03/12/04	Hydrocodone w/ APAP 10/325	90 w/ 2
32	12/19/03	Hydrocodone w/ APAP 10/325	90 w/ 2
32	03/12/04	Hydrocodone w/ APAP 10/325	90 w/ 2
33	03/09/04	Hydrocodone w/ APAP 10/325	60 w/ 0
34	02/10/04	Hydrocodone w/ APAP 10/325	90 w/ 2
35	04/06/04	Hydrocodone w/ APAP 10/325	90 w/ 2
36	04/08/04	Hydrocodone w/ APAP 10/325	90 w/ 2
37	02/24/04	Hydrocodone w/ APAP 5/500	90 w/ 2
38	11/03/03	Adipex 37.5 mg	90 w/ 2
39	11/25/03	Alprazolam 2 mg	90 w/ 2
39	04/06/04	Alprazolam 2 mg	90 w/ 2
40	03/02/04	Hydrocodone w/ APAP 10/325	90 w/ 2
41	03/08/04	Hydrocodone w/ APAP 5/500	90 w/ 2
42	03/08/04	Hydrocodone w/ APAP 10/325	90 w/ 2
43	12/05/03	Hydrocodone w/ APAP 7.5/500	90 w/ 2
43	02/27/04	Hydrocodone w/ APAP 7.5/500	90 w/ 0
44	12/02/03	Hydrocodone w/ APAP 10/500	90 w/ 0
45	01/21/04	Hydrocodone w/ APAP 10/325	90 w/ 2
45	04/07/04	Hydrocodone w/ APAP 10/325	90 w/ 2
46	02/18/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
47	03/31/04	Hydrocodone w/ APAP 10/325	90 w/ 2
48	12/22/03	Hydrocodone w/ APAP 10/325	90 w/ 2
49	01/13/04	Hydrocodone w/ APAP 10/325	90 w/ 2
49	04/02/04	Hydrocodone w/ APAP 10/325	90 w/ 2
50	11/24/03	Hydrocodone w/ APAP 10/325	90 w/ 2
51	11/13/03	Vicodin HP - 10/660	90 w/ 2
51	11/13/03	Ambien 10 mg	30 w/ 2
51	01/30/04	Vicoprofen 200/7.5	90 w/ 2
51	01/30/04	Ambien 10 mg	30 w/ 2
52	02/25/04	Hydrocodone w/ APAP 10/325	90 w/ 2
53	11/14/03	Hydrocodone w/ APAP 10/325	90 w/ 2
54	02/02/04	Hydrocodone w/ APAP 10/500	90 w/ 2

55	03/09/04	Acetaminophen/cod #4	90 w/ 2
56	01/30/04	Hydrocodone w/ APAP 10/325	90 w/ 2
57	03/08/04	Hydrocodone w/ APAP 10/500	90 w/ 2
58	12/02/03	Hydrocodone w/ APAP 10/325	90 w/ 2
58	03/02/04	Hydrocodone w/ APAP 10/325	90 w/ 2
59	11/24/03	Hydrocodone w/ APAP 10/500	90 w/ 2
59	03/25/04	Hydrocodone w/ APAP 10/325	90 w/ 2
60	11/14/03	Hydrocodone w/ APAP 10/500	90 w/ 2
60	02/10/04	Hydrocodone w/ APAP 10/500	90 w/ 0
60	04/06/04	Hydrocodone w/ APAP 10/500	90 w/ 2
61	11/24/03	Vicoprofen 200/7.5	90 w/ 2
62	04/07/04	Darvocet N-100	90 w/ 2
63	12/10/03	Hydrocodone w/ APAP 10/500	90 w/ 2
63	03/31/04	Hydrocodone w/ APAP 10/500	90 w/ 2
64	12/11/03	Hydrocodone w/ APAP 7.5/500	90 w/ 2
65	01/19/04	Hydrocodone w/ APAP-10/650	90 w/ 2
66	02/04/04	Hydrocodone w/ APAP 10/500	90 w/ 2
67	11/13/03	Hydrocodone w/ APAP 10/325	90 w/ 2
68	12/01/03	Hydrocodone w/ APAP 10/325	90 w/ 0
69	03/18/04	Hydrocodone w/ APAP 10/500	90 w/ 2
70	12/22/03	Hydrocodone w/ APAP 10/325	90 w/ 2
70	03/31/04	Hydrocodone w/ APAP 10/325	90 w/ 2
71	03/08/04	Hydrocodone w/ APAP 10/325	90 w/ 2
72	12/16/03	Hydrocodone w/ APAP 10/325	90 w/ 2
72	03/08/04	Hydrocodone w/ APAP 10/325	90 w/ 2
73	01/13/04	Hydrocodone w/ APAP 10/325	90 w/ 2
73	04/01/04	Hydrocodone w/ APAP 10/325	90 w/ 2
74	01/30/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
75	01/21/04	Hydrocodone w/ APAP 10/500	90 w/ 2
75	02/06/04	Darvocet N-100	90 w/ 2
75	03/31/04	Hydrocodone w/ APAP 10/500	90 w/ 2
76	01/13/04	Hydrocodone w/ APAP 10/325	90 w/ 2
77	12/01/03	Hydrocodone w/ APAP 10/325	90 w/ 2
77	02/27/04	Hydrocodone w/ APAP 10/325	90 w/ 2
78	04/07/04	Hydrocodone w/ APAP 10/325	90 w/ 2
79	02/27/04	Hydrocodone w/ APAP 10/325	90 w/ 2
80	12/19/03	Hydrocodone w/ APAP 10/325	90 w/ 2
80	03/05/04	Hydrocodone w/ APAP 10/325	90 w/ 2

81	11/26/03	Hydrocodone w/ APAP 7.5/750	90 w/ 2
81	03/08/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
82	02/11/04	Hydrocodone w/ APAP 10/325	90 w/ 2
83	01/06/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
84	03/26/04	Vicoprofen 7.5/200	90 w/ 2
85	11/25/03	Hydrocodone w/ APAP 10/325	90 w/ 2
86	03/10/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
87	03/10/04	Hydrocodone w/ APAP 10/325	90 w/ 2
88	01/06/04	Hydrocodone w/ APAP 10/500	60 w/ 1
88	03/29/04	Hydrocodone w/ APAP 10/500	90 w/ 2
89	11/26/03	Hydrocodone w/ APAP 10/325	90 w/ 2
90	11/18/03	Hydrocodone w/ APAP 10/325	90 w/ 2
91	01/30/04	Hydrocodone w/ APAP 10/325	90 w/ 2
92	12/16/03	Hydrocodone w/ APAP 10/325	90 w/ 2
93	02/23/04	Hydrocodone w/ APAP 10/325	90 w/ 2
94	01/23/04	Vicoprofen 7.5/200	90 w/ 2
95	02/19/04	Vicoprofen 7.5/200	90 w/ 2
96	12/24/03	Hydrocodone w/ APAP 10/325	90 w/ 2
96	03/11/04	Hydrocodone w/ APAP 10/325	90 w/ 2
97	02/09/04	Hydrocodone w/ APAP 10/325	90 w/ 2
98	12/05/03	Hydrocodone w/ APAP 10/325	90 w/ 2
98	12/05/03	Alprazolam 1 mg	60 w/ 0
98	04/06/04	Hydrocodone w/ APAP 10/325	90 w/ 2
99	11/17/03	Hydrocodone w/ APAP 10/500	90 w/ 2
100	01/05/04	Hydrocodone w/ APAP 10/325	90 w/ 2
101	11/18/03	Hydrocodone w/ APAP 10/325	90 w/ 1
102	12/12/03	Hydrocodone w/ APAP 10/325	90 w/ 2
103	12/24/03	Hydrocodone w/ APAP 7.5/500	90 w/ 2
104	01/13/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
105	12/19/03	Hydrocodone w/ APAP 10/325	90 w/ 2
105	03/22/04	Hydrocodone w/ APAP 10/325	90 w/ 2
106	02/03/04	Hydrocodone w/ APAP 10/325	90 w/ 2
107	11/03/03	Hydrocodone w/ APAP 10/325	90 w/ 2
107	04/05/04	Hydrocodone w/ APAP 10/325	90 w/ 2
108	11/14/03	Hydrocodone w/ APAP 10/500	60 w/ 2
109	11/18/04	Hydrocodone w/ APAP 10/325	90 w/ 2
110	02/23/04	Hydrocodone w/ APAP 10/500	90 w/ 1
111	03/25/04	Hydrocodone w/ APAP 10/325	90 w/ 2

112	11/04/03	Hydrocodone w/ APAP 10/325	90 w/ 2
112	01/22/04	Hydrocodone w/ APAP 10/325	90 w/ 2
112	04/07/04	Hydrocodone w/ APAP 10/325	90 w/ 2
113	01/13/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
114	11/17/03	Hydrocodone w/ APAP 10/500	90 w/ 2
114	02/11/04	Hydrocodone w/ APAP 10/500	90 w/ 2
115	11/14/03	Hydrocodone w/ APAP 10/500	90 w/ 2
115	02/20/04	Hydrocodone w/ APAP 10/500	90 w/ 2
116	11/18/03	Hydrocodone w/ APAP 10/325	90 w/ 2
117	12/03/03	Hydrocodone w/ APAP 10/325	90 w/ 2
117	03/02/04	Hydrocodone w/ APAP 10/325	90 w/ 2
118	01/27/04	Hydrocodone w/ APAP 10/500	90 w/ 2
119	03/22/04	Hydrocodone w/ APAP 10/325	90 w/ 0
120	01/23/04	Hydrocodone w/ APAP 10/325	90 w/ 2
121	03/04/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
122	01/14/04	Butalbital/APAP/caffeine/codeine	90 w/ 2
122	02/11/04	Butalbital/Aspirin/caffeine/codeine	90 w/ 1
122	04/05/04	Butalbital/Aspirin/caffeine/codeine	90 w/ 2
123	02/03/04	Propoxy-N/APAP 100/650	90 w/ 2
124	04/01/04	Hydrocodone w/ APAP 10/500	90 w/ 2
124	04/04/04	Hydrocodone w/ APAP 10/500	90 w/ 2
125	01/15/04	Hydrocodone w/ APAP 10/500	90 w/ 2
126	11/17/03	Hydrocodone w/ APAP 10/325	90 w/ 2
126	11/17/03	Ambien 10 mg	30 w/ 2
127	01/12/04	Hydrocodone w/ APAP 10/325	90 w/ 2
128	11/19/03	Hydrocodone w/ APAP 10/325	90 w/ 2
129	02/03/04	Hydrocodone w/ APAP 10/500	90 w/ 0
130	12/15/03	Propoxy-N/APAP 10/650	90 w/ 2
131	04/07/04	Hydrocodone w/ APAP 10/325	90 w/ 2
132	02/13/04	Hydrocodone w/ APAP 10/500	90 w/ 2
133	02/27/04	Hydrocodone w/ APAP 10/325	90 w/ 2
134	02/18/04	Hydrocodone w/ APAP 10/500	90 w/ 2
135	11/26/03	Hydrocodone w/ APAP 10/500	90 w/ 2
135	02/16/04	Hydrocodone w/ APAP 10/500	90 w/ 2
136	01/05/04	Hydrocodone w/ APAP 10/325	90 w/ 2
136	03/30/04	Hydrocodone w/ APAP 10/325	90 w/ 2
137	12/23/03	Hydrocodone w/ APAP 7.5/500	90 w/ 2
138	02/20/04	Hydrocodone w/ APAP 10/325	90 w/ 2

139	12/03/03	Vicoprofen 200/7.5	90 w/ 2
139	01/19/04	Hydrocodone w/ APAP 10/325	90 w/ 2
140	01/15/04	Hydrocodone w/ APAP 10/325	90 w/ 0
141	03/02/04	Hydrocodone w/ APAP 10/325	90 w/ 2
142	04/07/04	Hydrocodone w/ APAP 10/325	90 w/ 2
143	01/13/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
144	01/19/04	Hydrocodone w/ APAP 10/325	90 w/ 2
145	11/14/03	Acetaminophen/cod #4	90 w/ 2
145	02/11/04	Acetaminophen/cod #4	90 w/ 2
146	02/05/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
147	12/09/03	Hydrocodone w/ APAP 10/325	90 w/ 0
147	02/09/04	Hydrocodone w/ APAP 10/325	90 w/ 2
148	03/29/04	Vicoprofen 7.5/200	90 w/ 2
149	01/20/04	Hydrocodone w/ APAP 10/325	90 w/ 0
149	11/26/03	Hydrocodone w/ APAP 10/325	90 w/ 1
150	12/03/03	Hydrocodone w/ APAP-10/650	90 w/ 2
150	02/23/04	Hydrocodone w/ APAP-10/650	90 w/ 2
151	02/16/04	Hydrocodone w/ APAP 10/325	90 w/ 2
152	01/19/04	Adipex 37.5 mg	90 w/ 2
153	10/17/03	Adipex 37.5 mg	90 w/ 2
154	12/16/03	Acetaminophen/cod #4	90 w/ 2
154	12/16/03	Diazepam 10 mg	30 w/ 2
154	03/09/04	Acetaminophen/cod #4	90 w/ 2
154	03/09/04	Diazepam 10 mg	30 w/ 2
155	12/22/03	Hydrocodone w/ APAP 7.5/500	30 w/ 1
156	11/24/03	Hydrocodone w/ APAP 10/500	90 w/ 2
156	03/30/04	Hydrocodone w/ APAP 10/500	90 w/ 0
157	11/19/03	Hydrocodone w/ APAP 10/325	90 w/ 2
158	02/23/04	Hydrocodone w/ APAP 10/325	90 w/ 2
159	12/10/03	Hydrocodone w/ APAP 10/325	90 w/ 2
160	02/23/04	Hydrocodone w/ APAP 10/325	90 w/ 2
160	02/23/04	Diazepam 10 mg	60 w/ 0
161	03/08/04	Hydrocodone w/ APAP 10/325	90 w/ 2
162	01/16/04	Hydrocodone w/ APAP-10/650	90 w/ 2
163	11/24/03	Hydrocodone w/ APAP 10/325	90 w/ 2
164	11/24/03	Hydrocodone w/ APAP 10/325	90 w/ 2
165	01/20/04	Hydrocodone w/ APAP 10/325	90 w/ 2
166	03/22/04	Hydrocodone w/ APAP 10/325	90 w/ 2

167	03/22/04	Hydrocodone w/ APAP 10/325	90 w/ 2
168	01/07/04	Hydrocodone w/ APAP 10/325	90 w/ 2
169	01/23/04	Hydrocodone w/ APAP 10/325	90 w/ 2
170	09/29/03	Norco 10/325	90 w/ 2
170	12/22/03	Hydrocodone w/ APAP 10/325	90 w/ 2
170	03/15/04	Hydrocodone w/ APAP 10/325	90 w/ 2
171	02/26/04	Hydrocodone w/ APAP 10/500	90 w/ 2
172	01/16/04	Hydrocodone w/ APAP 10/325	90 w/ 2
173	12/16/03	Hydrocodone w/ APAP 10/325	90 w/ 2
173	02/18/04	Hydrocodone w/ APAP 10/325	90 w/ 2
174	02/11/04	Hydrocodone w/ APAP 10/325	90 w/ 2
174	02/11/04	Diazepam 5 mg	30 w/ 2
175	01/20/04	Hydrocodone w/ APAP 10/325	90 w/ 2
176	12/16/03	Hydrocodone w/ APAP 10/325	90 w/ 2
176	03/29/04	Hydrocodone w/ APAP 10/325	90 w/ 2
177	11/24/03	Acetaminophen/cod #4	90 w/ 2
178	12/24/03	Hydrocodone w/ APAP 10/500	90 w/ 2
179	01/28/04	Hydrocodone w/ APAP 10/500	90 w/ 2
180	04/02/04	Temazepam 15 mg	60 w/ 2
181	11/12/03	Hydrocodone w/ APAP 10/325	90 w/ 2
182	02/02/04	Hydrocodone w/ APAP 10/325	90 w/ 2
183	03/26/04	Hydrocodone w/ APAP 10/325	90 w/ 2
184	12/23/03	Hydrocodone w/ APAP 10/325	90 w/ 2
184	03/12/04	Hydrocodone w/ APAP 10/325	90 w/ 2
185	12/04/03	Hydrocodone w/ APAP 10/325	90 w/ 0
186	04/05/04	Hydrocodone w/ APAP 10/325	90 w/ 2
187	01/21/04	Hydrocodone w/ APAP 10/500	90 w/ 2
188	01/30/04	Hydrocodone w/ APAP 10/500	90 w/ 2
189	11/19/03	Diazepam 10 mg	60 w/ 2
189	11/19/03	Hydrocodone w/ APAP 10/325	90 w/ 2
189	02/11/04	Hydrocodone w/ APAP 10/325	90 w/ 2
189	02/11/04	Diazepam 10 mg	60 w/ 2
190	02/13/04	Hydrocodone w/ APAP 10/325	90 w/ 2
191	11/18/03	Darvocet N-100	60 w/ 2
191	01/19/04	Hydrocodone w/ APAP 10/500	60 w/ 2
192	01/21/04	Hydrocodone w/ APAP 10/325	90 w/ 2
193	01/05/04	Hydrocodone w/ APAP 10/500	90 w/ 2
193	01/05/04	Hydrocodone w/ APAP 10/500	90 w/ 2

193	04/05/04	Hydrocodone w/ APAP 10/500	90 w/ 2
194	02/16/04	Hydrocodone w/ APAP 10/500	90 w/ 2
195	03/11/04	Hydrocodone w/ APAP 10/325	90 w/ 2
196	12/01/03	Hydrocodone w/ APAP 10/325	90 w/ 2
197	11/21/03	Hydrocodone w/ APAP 10/325	60 w/ 0
198	01/28/04	Hydrocodone w/ APAP 10/325	90 w/ 2
199	12/05/03	Hydrocodone w/ APAP 10/325	90 w/ 2
200	01/07/04	Hydrocodone w/ APAP 10/325	90 w/ 2
201	12/24/03	Hydrocodone w/ APAP 10/325	90 w/ 2
201	03/09/04	Hydrocodone w/ APAP 10/325	90 w/ 2
202	12/03/03	Hydrocodone w/ APAP 10/325	90 w/ 0
202	12/22/03	Hydrocodone w/ APAP 10/325	90 w/ 1
203	12/12/03	Hydrocodone w/ APAP 7.5/500	90 w/ 2
203	03/23/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
204	11/26/03	Hydrocodone w/ APAP 10/325	90 w/ 2
205	03/15/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
206	11/26/03	Hydrocodone w/ APAP 5/500	90 w/ 2
206	04/07/04	Hydrocodone w/ APAP 5/500	90 w/ 2
207	12/16/03	Hydrocodone w/ APAP 10/325	90 w/ 2
207	03/02/04	Hydrocodone w/ APAP 10/325	90 w/ 2
208	12/22/03	Hydrocodone w/ APAP 10/325	90 w/ 2
209	02/25/04	Hydrocodone w/ APAP 10/325	90 w/ 2
210	03/02/04	Hydrocodone w/ APAP 10/325	90 w/ 2
211	02/04/04	Hydrocodone w/ APAP 10/325	90 w/ 2
212	01/20/04	Hydrocodone w/ APAP 10/325	90 w/ 2
213	03/02/04	Hydrocodone w/ APAP 10/325	90 w/ 2
214	03/30/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
215	03/29/04	Hydrocodone w/ APAP 10/500	90 w/ 2
216	12/01/03	Hydrocodone w/ APAP 10/325	90 w/ 2
216	02/20/04	Hydrocodone w/ APAP 10/325	90 w/ 2
217	01/30/04	Hydrocodone w/ APAP 10/325	90 w/ 2
218	09/29/03	Hydrocodone w/ APAP 10/500	90 w/ 0
219	12/09/03	Hydrocodone w/ APAP 10/325	90 w/ 2
220	11/14/03	Vicoprofen 200/7.5	90 w/ 2
220	04/02/04	Vicoprofen 200/7.5	90 w/ 2
221	01/15/04	Hydrocodone w/ APAP 10/500	90 w/ 2
222	02/19/04	Hydrocodone w/ APAP 10/325	90 w/ 2
223	03/18/04	Stadol NS 2.5 ml	1 w/ 2

224	01/30/04	Hydrocodone w/ APAP 10/325	60 w/ 2
225	12/15/03	Hydrocodone w/ APAP 10/325	90 w/ 2
225	03/01/04	Hydrocodone w/ APAP 10/325	90 w/ 2
226	01/27/04	Hydrocodone w/ APAP 10/325	90 w/ 2
227	02/18/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
228	03/09/04	Hydrocodone w/ APAP 10/500	90 w/ 2
229	01/13/04	Hydrocodone w/ APAP 10/500	90 w/ 2
230	04/13/04	Hydrocodone w/ APAP 10/500	90 w/ 2
231	11/24/03	Hydrocodone w/ APAP 10/325	90 w/ 2
231	02/17/04	Hydrocodone w/ APAP 10/325	90 w/ 2
232	01/20/04	Hydrocodone w/ APAP 10/500	90 w/ 2
233	11/19/03	Hydrocodone w/ APAP 10/325	90 w/ 2
233	02/05/04	Hydrocodone w/ APAP 10/325	90 w/ 2
234	02/11/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
235	01/21/04	Hydrocodone w/ APAP 10/325	90 w/ 2
236	11/26/03	Hydrocodone w/ APAP 10/325	90 w/ 2
237	03/16/04	Hydrocodone w/ APAP 10/500	90 w/ 2
238	12/01/03	Vicoprofen 200/7.5	90 w/ 0
239	02/03/04	Hydrocodone w/ APAP 10/325	90 w/ 2
240	11/13/03	Hydrocodone w/ APAP 10/325	90 w/ 2
240	01/30/04	Hydrocodone w/ APAP 10/325	90 w/ 2
241	02/23/04	Hydrocodone w/ APAP 10/325	90 w/ 2
242	01/06/04	Hydrocodone w/ APAP 10/325	90 w/ 2
242	03/26/04	Hydrocodone w/ APAP 10/325	90 w/ 2
243	03/09/04	Hydrocodone w/ APAP 10/500	90 w/ 2
244	12/09/03	Hydrocodone w/ APAP 10/325	90 w/ 2
245	02/16/04	Hydrocodone w/ APAP 10/325	90 w/ 2
246	11/19/03	Hydrocodone w/ APAP 10/325	90 w/ 2
246	02/19/04	Hydrocodone w/ APAP 10/325	90 w/ 2
247	02/06/04	Hydrocodone w/ APAP 10/325	90 w/ 2
248	03/29/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
249	03/11/04	Hydrocodone w/ APAP 10/325	90 w/ 2
250	03/16/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
251	01/05/04	Hydrocodone w/ APAP 10/500	90 w/ 2
251	03/22/04	Hydrocodone w/ APAP 10/500	90 w/ 2
252	12/08/03	Hydrocodone w/ APAP 10/500	90 w/ 1
252	01/30/04	Hydrocodone w/ APAP 10/500	90 w/ 2
253	02/11/04	Hydrocodone w/ APAP 10/500	90 w/ 2

254	11/24/03	Hydrocodone w/ APAP 10/325	90 w/ 2
254	02/09/04	Hydrocodone w/ APAP 10/325	90 w/ 2
255	11/14/03	Hydrocodone w/ APAP 10/325	90 w/ 2
255	02/02/04	Hydrocodone w/ APAP 10/325	90 w/ 0
256	01/30/04	Hydrocodone w/ APAP 10/500	90 w/ 2
257	11/19/03	Hydrocodone w/ APAP 7.5/500	60 w/ 2
258	03/22/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
259	02/10/04	Hydrocodone w/ APAP 10/325	90 w/ 2
260	01/05/04	Hydrocodone w/ APAP 10/325	90 w/ 2
260	04/12/04	Hydrocodone w/ APAP 10/325	90 w/ 2
261	01/16/04	Hydrocodone w/ APAP 10/325	90 w/ 2
262	12/08/03	Hydrocodone w/ APAP 10/325	90 w/ 2
262	02/25/04	Hydrocodone w/ APAP 10/325	90 w/ 2
263	04/05/04	Hydrocodone w/ APAP 7.5/500	30 w/ 2
263	04/05/04	Ativan 2 mg	90 w/ 2
264	03/31/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
264	03/31/04	Diazepam 10 mg	30 w/ 2
265	11/21/03	Hydrocodone w/ APAP 10/325	90 w/ 2
265	02/11/04	Hydrocodone w/ APAP 10/325	90 w/ 2
266	12/24/03	Hydrocodone w/ APAP 10/500	90 w/ 2
266	03/18/04	Hydrocodone w/ APAP 10/500	90 w/ 2
267	01/30/04	Hydrocodone w/ APAP 10/325	90 w/ 2
268	12/15/03	Hydrocodone w/ APAP 10/325	90 w/ 2
268	03/15/04	Hydrocodone w/ APAP 10/325	90 w/ 2
269	11/14/03	Alprazolam 1 mg	90 w/ 2
269	11/14/03	Hydrocodone w/ APAP 10/325	90 w/ 2
269	01/27/04	Alprazolam 1 mg	90 w/ 2
269	01/27/04	Hydrocodone w/ APAP 10/325	90 w/ 2
270	11/14/03	Hydrocodone w/ APAP 10/325	90 w/ 2
271	12/01/03	Hydrocodone w/ APAP 10/325	90 w/ 2
271	03/05/04	Hydrocodone w/ APAP 5/500	90 w/ 2
272	01/23/04	Hydrocodone w/ APAP 10/325	90 w/ 2
273	11/25/03	Butalbital/APAP/caffeine/codeine	90 w/ 2
273	02/13/04	Darvocet N-100	90 w/ 2
273	02/13/04	Diazepam 10 mg	30 w/ 2
274	12/22/03	Hydrocodone w/ APAP 10/325	90 w/ 2
274	03/08/04	Hydrocodone w/ APAP 10/325	90 w/ 2
275	02/05/04	Hydrocodone w/ APAP 10/325	90 w/ 0

276	12/09/03	Hydrocodone w/ APAP 10/500	90 w/ 2
277	12/03/03	Hydrocodone w/ APAP 10/500	90 w/ 0
278	12/08/03	Hydrocodone w/ APAP 10/325	90 w/ 2
279	12/09/03	Hydrocodone w/ APAP 10/500	90 w/ 2
279	03/09/04	Hydrocodone w/ APAP 10/500	90 w/
280	01/21/04	Hydrocodone w/ APAP 10/500	90 w/ 2
280	04/05/04	Hydrocodone w/ APAP 10/500	90 w/ 2
281	02/16/04	Hydrocodone w/ APAP 10/325	90 w/ 2
282	02/27/04	Vicoprofen 7.5/200	90 w/ 2
283	02/06/04	Hydrocodone w/ APAP-5/500	90 w/ 2
284	12/22/03	Alprazolam 1 mg	90 w/ 2
284	12/22/03	Hydrocodone w/ APAP-10/650	90 w/ 2
284	02/23/04	Alprazolam 1 mg	90 w/
284	02/23/04	Hydrocodone w/ APAP-10/500	90 w/ 2
285	01/16/04	Hydrocodone w/ APAP 10/325	90 w/ 2
286	02/03/04	Hydrocodone w/ APAP 10/325	90 w/ 2
287	11/18/03	Hydrocodone w/ APAP 10/500	90 w/ 2
287	02/09/04	Hydrocodone w/ APAP 10/500	90 w/ 2
288	11/17/03	Hydrocodone w/ APAP 10/325	90 w/ 2
288	02/04/04	Hydrocodone w/ APAP 10/325	90 w/ 2
289	01/27/04	Hydrocodone w/ APAP 10/500	90 w/ 2
290	12/03/03	Hydrocodone w/ APAP 10/325	90 w/ 2
290	03/08/04	Hydrocodone w/ APAP 10/325	90 w/ 2
291	03/26/04	Hydrocodone w/ APAP 10/500	90 w/ 2
292	02/02/04	Hydrocodone w/ APAP 10/500	90 w/ 2
293	01/30/04	Hydrocodone w/ APAP 10/325	90 w/ 2
294	12/01/03	Vicoprofen 200/7.5	90 w/ 2
294	12/01/03	Alprazolam 2 mg	60 w/ 2
294	01/07/04	Hydrocodone w/ APAP 7.5/500	90 w/ 1
294	03/16/04	Hydrocodone w/ APAP 10/325	90 w/ 2
294	03/16/04	Alprazolam 2 mg	60 w/ 2
295	01/05/04	Hydrocodone w/ APAP 10/325	90 w/ 2
296	01/16/04	Hydrocodone w/ APAP 10/325	90 w/ 2
297	03/02/04	Hydrocodone w/ APAP 10/325	90 w/ 2
298	12/23/03	Acetaminophen/cod #4	90 w/ 2
299	01/16/04	Hydrocodone w/ APAP 10/500	90 w/ 2
300	02/23/04	Hydrocodone w/ APAP 10/325	90 w/ 2
301	04/05/04	Hydrocodone w/ APAP 10/325	90 w/ 2

302	11/21/03	Alprazolam 1 mg	60 w/ 2
302	02/20/04	Alprazolam 1 mg	60 w/ 2
303	02/05/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
304	03/02/04	Hydrocodone w/ APAP 10/325	90 w/ 2
305	03/23/04	Zydone 10/400	60 w/ 0
306	02/10/04	Vicoprofen 7.5/200	90 w/ 2
307	11/07/03	Adipex 37.5 mg	90 w/ 1
308	01/26/04	Hydrocodone w/ APAP 10/325	90 w/ 2
309	12/15/03	Hydrocodone w/ APAP 10/325	90 w/ 2
309	03/08/04	Hydrocodone w/ APAP 10/325	90 w/ 2
310	12/02/03	Hydrocodone w/ APAP 10/325	90 w/ 0
311	03/18/04	Hydrocodone w/ APAP 10/325	90 w/ 2
312	12/16/03	Hydrocodone w/ APAP 10/325	90 w/ 2
312	03/09/04	Hydrocodone w/ APAP 10/325	90 w/ 2
313	03/29/04	Hydrocodone w/ APAP 10/325	90 w/ 2
314	11/17/03	Hydrocodone w/ APAP 10/325	90 w/ 2
314	02/06/04	Hydrocodone w/ APAP 10/325	90 w/ 2
315	01/27/04	Vicoprofen 7.5/200	90 w/ 2
316	01/13/04	Hydrocodone w/ APAP 10/325	90 w/ 0
316	02/09/04	Hydrocodone w/ APAP 10/325	90 w/ 1
316	04/02/04	Hydrocodone w/ APAP 10/325	90 w/ 2+E463
317	02/24/04	Hydrocodone w/ APAP 10/325	90 w/ 2
318	01/05/04	Hydrocodone w/ APAP 10/325	90 w/ 2
319	02/17/04	Hydrocodone w/ APAP 10/325	90 w/ 2
320	03/10/04	Hydrocodone w/ APAP 10/325	90 w/ 2
321	03/30/04	Hydrocodone w/ APAP 10/325	90 w/ 2
322	02/20/04	Hydrocodone w/ APAP 10/325	90 w/ 2
323	04/05/04	Vicodin HP - 10/660	90 w/ 2
324	12/19/03	Hydrocodone w/ APAP 10/325	90 w/ 2
325	12/05/03	Hydrocodone w/ APAP 10/325	90 w/ 2
326	12/10/03	Hydrocodone w/ APAP 7.5/500	90 w/ 2
326	03/02/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
327	12/22/03	Acetaminophen/cod #4	90 w/ 0
327	01/27/04	Acetaminophen/cod #4	90 w/ 2
328	02/24/04	Hydrocodone w/ APAP 10/325	90 w/ 2
329	01/16/04	Hydrocodone w/ APAP 10/325	90 w/ 2
330	12/04/03	Hydrocodone w/ APAP 10/500	90 w/ 0
330	02/18/04	Hydrocodone w/ APAP 10/500	90 w/ 2

331	12/11/03	Hydrocodone w/ APAP 7.5/500	90 w/ 2
332	11/18/03	Hydrocodone w/ APAP 10/500	90 w/ 2
332	02/06/04	Hydrocodone w/ APAP 10/500	90 w/ 2
333	02/03/04	Acetaminophen/cod #4	90 w/ 2
334	02/17/04	Hydrocodone w/ APAP 10/325	90 w/ 2
334	02/17/04	Ambien 10 mg	30 w/ 2
335	11/19/03	Hydrocodone w/ APAP 10/325	90 w/ 2
335	11/19/03	Alprazolam 2 mg	90 w/ 2
335	02/16/04	Hydrocodone w/ APAP 10/325	90 w/ 2
336	01/13/04	Vicoprofen 7.5/200	90 w/ 2
336	04/02/04	Vicoprofen 7.5/200	90 w/ 2
337	11/12/03	Hydrocodone w/ APAP 10/325	90 w/ 2
338	03/18/04	Hydrocodone w/ APAP 10/325	90 w/ 2
339	01/14/04	Vicodin HP - 10/660	90 w/ 2
340	11/19/03	Hydrocodone w/ APAP 7.5/500	90 w/ 0
341	11/14/03	Hydrocodone w/ APAP 10/325	90 w/ 2
342	03/22/04	Hydrocodone w/ APAP 10/325	90 w/ 2
343	12/22/03	Hydrocodone w/ APAP 10/325	90 w/ 2
343	03/18/04	Hydrocodone w/ APAP 10/325	90 w/ 2
344	12/19/03	Hydrocodone w/ APAP 10/325	90 w/ 1
345	02/20/04	Hydrocodone w/ APAP 10/325	90 w/ 2
346	02/25/04	Hydrocodone w/ APAP 10/500	90 w/ 2
347	01/23/04	Lortab 10 10/500	90 w/ 2
348	03/22/04	Lorcet 10/650	90 w/ 2
349	03/22/04	Hydrocodone w/ APAP 10/500	90 w/ 2
350	01/05/04	Hydrocodone w/ APAP 10/500	90 w/ 2
350	03/26/04	Hydrocodone w/ APAP 10/500	90 w/ 2
351	03/30/04	Hydrocodone w/ APAP 10/325	90 w/ 2
352	11/19/03	Hydrocodone w/ APAP 10/325	90 w/ 2
352	02/17/04	Hydrocodone w/ APAP 10/325	90 w/ 2
353	11/14/03	Hydrocodone w/ APAP 7.5/500	90 w/ 2
354	01/06/04	Hydrocodone w/ APAP 10/325	90 w/ 2
354	03/30/04	Hydrocodone w/ APAP 10/325	90 w/ 2
355	01/19/04	Hydrocodone w/ APAP 10/500	90 w/ 2
356	03/05/04	Hydrocodone w/ APAP 10/325	90 w/ 2
357	02/27/04	Hydrocodone w/ APAP 10/325	90 w/ 0
358	01/22/04	Hydrocodone w/ APAP 10/325	90 w/ 2
359	03/22/04	Hydrocodone w/ APAP 10/500	90 w/ 2

360	03/19/04	Hydrocodone w/ APAP 5/500	90 w/ 2
361	01/27/04	Hydrocodone w/ APAP 10/325	90 w/ 2
362	01/21/04	Hydrocodone w/ APAP 10/500	30 w/ 0
363	12/08/03	Hydrocodone w/ APAP 10/325	90 w/ 2
363	02/24/04	Hydrocodone w/ APAP 10/325	90 w/ 2
364	11/19/03	Hydrocodone w/ APAP 10/325	90 w/ 2
364	02/10/04	Hydrocodone w/ APAP 10/325	90 w/ 2
365	01/28/04	Hydrocodone w/ APAP 10/500	90 w/ 2
366	02/13/04	Hydrocodone w/ APAP 10/325	90 w/ 2
367	12/15/03	Hydrocodone w/ APAP 10/325	90 w/ 2
367	03/02/04	Hydrocodone w/ APAP 10/325	90 w/ 2
368	03/10/04	Hydrocodone w/ APAP 10/325	90 w/ 2
369	03/29/04	Hydrocodone w/ APAP 10/325	90 w/ 2
370	10/22/03	Hydrocodone w/ APAP-10/650	90 w/ 2
370	04/01/04	Hydrocodone w/ APAP-10/325	90 w/ 2
371	09/30/03	Hydrocodone w/ APAP-10/500	90 w/ 2
371	01/05/04	Hydrocodone w/ APAP-10/500	90 w/ 2
372	12/05/03	Hydrocodone w/ APAP-10/500	90 w/ 2
373	02/06/04	Hydrocodone w/ APAP-10/500	90 w/ 2
374	02/02/04	Hydrocodone w/ APAP 10/325	90 w/ 2
375	12/23/03	Hydrocodone w/ APAP-10/500	90 w/ 2
375	03/11/03	Hydrocodone w/ APAP-10/500	90 w/ 2
376	01/21/04	Hydrocodone w/ APAP 10/325	90 w/ 2
377	01/23/04	Hydrocodone w/ APAP 10/325	90 w/ 2
378	10/29/03	Norco 10/325	90 w/ 2
378	01/19/04	Norco 10/325	90 w/ 2
378	04/05/04	Hydrocodone w/ APAP 10/325	90 w/ 2
379	11/19/03	Hydrocodone w/ APAP 10/325	90 w/ 2
380	02/24/04	Hydrocodone w/ APAP 10/325	90 w/ 2
381	11/04/03	Hydrocodone w/ APAP 10/325	90 w/ 2
381	04/12/04	Hydrocodone w/ APAP 10/325	90 w/ 2
382	02/16/04	Vicoprofen 7.5/200	90 w/ 2
382	02/23/04	Hydrocodone w/ APAP-10/500	90 w/ 2
383	12/19/03	Hydrocodone w/ APAP-10/500	90 w/ 1
383	03/09/04	Hydrocodone w/ APAP-10/500	90 w/ 2
384	12/11/03	Hydrocodone w/ APAP 10/325	90 w/ 2
384	03/02/04	Hydrocodone w/ APAP 10/325	90 w/ 2
385	02/27/04	Hydrocodone w/ APAP 10/325	90 w/ 2

386	11/24/03	Hydrocodone w/ APAP 7.5/500	90 w/ 0
387	11/21/03	Hydrocodone w/ APAP 10/325	90 w/ 2
387	02/09/04	Hydrocodone w/ APAP 10/325	90 w/ 2
388	01/06/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
389	03/10/04	Hydrocodone w/ APAP-10/500	90 w/ 2
390	01/15/04	Vicoprofen 7.5/200	90 w/ 2
391	11/21/03	Norco 10/325	90 w/ 2
392	12/24/03	Hydrocodone w/ APAP 10/325	90 w/ 2
392	03/04/04	Hydrocodone w/ APAP 10/325	90 w/ 2
393	12/01/03	Hydrocodone w/ APAP 10/325	90 w/ 2
393	02/16/04	Hydrocodone w/ APAP 10/325	90 w/ 2
394	03/29/04	Hydrocodone w/ APAP-10/500	90 w/ 2
395	11/21/03	Hydrocodone w/ APAP-10/500	90 w/ 2
395	02/13/04	Hydrocodone w/ APAP-10/500	90 w/ 2
396	02/16/04	Hydrocodone w/ APAP-10/500	90 w/ 2
397	03/01/04	Hydrocodone w/ APAP-10/500	90 w/ 2
398	01/13/04	Hydrocodone w/ APAP-10/500	90 w/ 2
399	12/11/03	Butalbital/APAP/caffeine/codeine	90 w/ 2
399	03/08/04	Butalbital/Aspirin/caffeine/codeine	90 w/ 2
400	01/20/04	Hydrocodone w/ APAP 10/325	90 w/ 2
401	03/16/04	Hydrocodone w/ APAP 10/325	90 w/ 2
401	03/16/04	Ambien 10 mg	90 w/ 0
402	12/24/03	Hydrocodone w/ APAP-10/500	90 w/ 2
403	11/18/03	Hydrocodone w/ APAP 10/325	90 w/ 2
404	11/18/03	Hydrocodone w/ APAP 10/325	90 w/ 2
404	02/18/04	Hydrocodone w/ APAP 10/325	90 w/ 2
405	12/02/03	Hydrocodone w/ APAP 10/325	90 w/ 2
405	02/24/04	Hydrocodone w/ APAP 10/325	90 w/ 2
406	12/12/03	Hydrocodone w/ APAP-10/500	90 w/ 2
407	02/27/04	Vicoprofen 7.5/200	90 w/ 0
408	02/10/04	Hydrocodone w/ APAP 10/325	90 w/ 2
409	11/24/03	Hydrocodone w/ APAP 10/325	90 w/ 2
409	03/01/04	Hydrocodone w/ APAP 10/325	90 w/ 2
410	12/12/03	Hydrocodone w/ APAP 10/325	90 w/ 2
410	02/26/04	Hydrocodone w/ APAP 10/325	90 w/ 2
411	12/23/03	Hydrocodone w/ APAP 10/325	60 w/ 2
412	03/04/04	Hydrocodone w/ APAP 10/325	60 w/ 0
413	02/25/04	Hydrocodone w/ APAP 10/325	90 w/ 2

414	02/24/04	Hydrocodone w/ APAP-10/500	90 w/ 2
415	01/27/04	Hydrocodone w/ APAP-10/650	90 w/ 2
416	03/11/04	Hydrocodone w/ APAP 10/325	90 w/ 2
417	02/03/04	Ambien 10 mg	30 w/ 2
417	02/03/04	Darvocet N-100	90 w/ 2
418	04/01/04	Hydrocodone w/ APAP 10/325	90 w/ 2
419	10/30/03	Hydrocodone w/ APAP-10/500	90 w/ 2
419	04/12/04	Hydrocodone w/ APAP-10/500	90 w/ 2
420	02/11/04	Hydrocodone w/ APAP-10/325	90 w/ 2
421	01/20/04	Hydrocodone w/ APAP-10/325	90 w/ 2
421	04/06/04	Hydrocodone w/ APAP-10/325	90 w/ 2
422	01/15/04	Hydrocodone w/ APAP-10/500	90 w/ 0
423	12/09/03	Hydrocodone w/ APAP 7.5/500	90 w/ 2
424	11/21/03	Hydrocodone w/ APAP-10/325	90 w/ 2
424	11/21/03	Alprazolam 2 mg	90 w/ 2
425	02/26/04	Temazepam 30 mg	90 w/ 2
426	12/08/03	Hydrocodone w/ APAP-10/325	90 w/ 2
426	02/23/04	Hydrocodone w/ APAP-10/325	90 w/ 2
427	12/12/03	Hydrocodone w/ APAP 7.5/500	30 w/ 0
428	12/10/03	Hydrocodone w/ APAP-10/325	90 w/ 2
429	01/16/04	Vicoprofen 200/7.5	90 w/ 2
430	12/08/03	Hydrocodone w/ APAP-10/325	90 w/ 0
431	12/19/03	Vicodin HP - 10/660	90 w/ 0
432	04/05/04	Hydrocodone w/ APAP-10/325	90 w/ 2
433	04/01/04	Hydrocodone w/ APAP-10/500	90 w/ 2
434	12/12/03	Hydrocodone w/ APAP-10/325	90 w/ 2
434	02/24/04	Hydrocodone w/ APAP-10/325	90 w/ 2
435	01/05/04	Vicoprofen 200/7.5	60 w/ 2
435	03/23/04	Vicoprofen 7.5/200	90 w/ 2
436	12/01/03	Hydrocodone w/ APAP-10/500	60 w/ 0
436	02/09/04	Hydrocodone w/ APAP-10/500	90 w/ 1
437	12/19/03	Hydrocodone w/ APAP-10/325	90 w/ 2
437	12/19/03	Hydrocodone w/ APAP-10/325	90 w/ 2
438	02/24/04	Hydrocodone w/ APAP-10/325	90 w/ 2
439	03/05/04	Propoxy-N/APAP 100/650	90 w/ 2
440	03/12/04	Hydrocodone w/ APAP-10/500	90 w/ 2
440	03/12/04	Hydrocodone w/ APAP-10/500	90 w/ 2
441	12/03/03	Hydrocodone w/ APAP-10/325	90 w/ 2

441	03/29/04	Hydrocodone w/ APAP-10/325	90 w/ 2
442	02/18/04	Acetaminophen/cod #3	60 w/ 2
443	01/27/04	Hydrocodone w/ APAP-10/325	90 w/ 2
444	01/07/04	Hydrocodone w/ APAP 5/500	90 w/ 2
445	02/25/04	Vicodin HP - 10/660	90 w/ 2
446	02/03/04	Hydrocodone w/ APAP-10/500	90 w/ 2
447	11/20/03	Hydrocodone w/ APAP-10/325	90 w/ 2
447	02/13/04	Hydrocodone w/ APAP-10/325	90 w/ 2
448	12/03/03	Hydrocodone w/ APAP-10/325	90 w/ 1
449	11/17/03	Hydrocodone w/ APAP-10/325	90 w/ 2
449	02/10/04	Hydrocodone w/ APAP-10/325	90 w/ 2
450	03/09/04	Hydrocodone w/ APAP-7.5/500	90 w/ 2
451	11/21/03	Hydrocodone w/ APAP-10/500	90 w/ 2
451	02/16/04	Hydrocodone w/ APAP-10/500	90 w/ 2
452	12/10/03	Hydrocodone w/ APAP-10/325	90 w/ 2
452	03/22/04	Hydrocodone w/ APAP-10/325	90 w/ 2
453	11/17/03	Hydrocodone w/ APAP-10/325	90 w/ 1
454	01/28/04	Hydrocodone w/ APAP-10/325	90 w/ 2
455	01/21/04	Hydrocodone w/ APAP-10/500	90 w/ 2
456	09/30/03	Diazepam 10 mg	60 w/ 2
456	09/30/03	Hydrocodone w/ APAP-10/325	90 w/ 2
457	01/23/04	Hydrocodone w/ APAP-10/650	90 w/ 2
458	11/21/03	Hydrocodone w/ APAP-10/500	60 w/ 0
459	04/07/04	Hydrocodone w/ APAP-10/325	90 w/ 2
460	03/08/04	Hydrocodone w/ APAP-10/500	90 w/ 2
461	01/27/04	Hydrocodone w/ APAP-10/325	90 w/ 2
462	10/22/03	Hydrocodone w/ APAP-10/325	90 w/ 2
462	04/06/04	Hydrocodone w/ APAP-10/325	90 w/ 2
463	11/21/03	Hydrocodone w/ APAP-10/325	90 w/ 2
464	11/25/03	Hydrocodone w/ APAP-10/500	90 w/ 2
465	02/04/04	Hydrocodone w/ APAP-10/325	90 w/ 2
466	03/18/04	Hydrocodone w/ APAP-10/325	90 w/ 2
467	01/15/04	Hydrocodone w/ APAP-10/500	90 w/ 2
468	11/26/03	Hydrocodone w/ APAP-10/325	90 w/ 2
468	02/23/04	Hydrocodone w/ APAP-10/325	90 w/ 2
469	02/25/04	Hydrocodone w/ APAP-10/500	90 w/ 2
470	12/11/03	Hydrocodone w/ APAP-10/325	90 w/ 2
471	12/02/03	Hydrocodone w/ APAP 7.5/500	90 w/ 2

471	04/05/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
472	02/03/04	Vicodin HP - 10/660	90 w/ 2
473	01/13/04	Hydrocodone w/ APAP-10/500	90 w/ 2
473	04/08/04	Hydrocodone w/ APAP-10/500	90 w/ 2
474	12/24/03	Hydrocodone w/ APAP 7.5/500	90 w/ 2
474	03/23/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
475	04/02/04	Hydrocodone w/ APAP-10/500	90 w/ 2
476	12/08/03	Vicoprofen 200/7.5	90 w/ 0
477	03/26/04	Hydrocodone w/ APAP-10/325	90 w/ 2
478	12/08/03	Hydrocodone w/ APAP-10/500	90 w/ 2
479	03/05/04	Vicoprofen 7.5/200	90 w/ 2
480	03/19/04	Hydrocodone w/ APAP-10/325	90 w/ 2
481	11/20/03	Hydrocodone w/ APAP-10/325	90 w/ 2
482	01/15/04	Hydrocodone w/ APAP-10/325	90 w/ 2
483	02/10/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
484	02/10/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
484	02/10/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
485	12/11/03	Hydrocodone w/ APAP-10/500	90 w/ 2
485	03/23/04	Hydrocodone w/ APAP-10/500	90 w/ 2
486	02/09/04	Hydrocodone w/ APAP-10/500	90 w/ 2
487	03/29/04	Hydrocodone w/ APAP-10/325	90 w/ 2
488	02/16/04	Hydrocodone w/ APAP-10/325	90 w/ 2
489	12/01/03	Hydrocodone w/ APAP 7.5/500	90 w/ 0
490	11/21/03	Hydrocodone w/ APAP-10/500	90 w/ 2
490	12/19/03	Hydrocodone w/ APAP-10/500	90 w/ 0+E689
491	12/04/03	Hydrocodone w/ APAP-10/500	90 w/ 2
492	01/19/04	Hydrocodone w/ APAP-10/500	90 w/ 2
493	12/02/03	Hydrocodone w/ APAP-10/325	90 w/ 2
494	11/19/03	Hydrocodone w/ APAP-10/325	90 w/ 2
495	01/15/04	Hydrocodone w/ APAP 7.5/750	90 w/ 0
496	12/01/03	Hydrocodone w/ APAP-10/325	90 w/ 2
497	11/19/03	Hydrocodone w/ APAP 7.5/500	90 w/ 2
498	03/05/04	Hydrocodone w/ APAP-10/325	90 w/ 2
499	12/04/03	Hydrocodone w/ APAP-10/325	90 w/ 2
499	03/15/04	Hydrocodone w/ APAP-10/325	90 w/ 2
500	12/12/03	Hydrocodone w/ APAP-10/325	90 w/ 2
501	03/02/04	Hydrocodone w/ APAP-10/650	90 w/ 2
502	01/05/04	Hydrocodone w/ APAP-10/325	90 w/ 2

503	11/24/03	Hydrocodone w/ APAP-10/325	90 w/ 2
504	02/03/04	Hydrocodone w/ APAP-10/325	90 w/ 2
505	02/02/04	Hydrocodone w/ APAP-10/325	90 w/ 2
506	11/17/03	Hydrocodone w/ APAP-10/325	90 w/ 2
506	02/06/04	Hydrocodone w/ APAP-10/325	90 w/ 2
507	11/17/03	Hydrocodone w/ APAP-10/500	90 w/ 2
507	02/05/04	Hydrocodone w/ APAP-10/500	90 w/ 2
508	12/22/03	Hydrocodone w/ APAP-10/500	90 w/ 0
508	01/16/04	Hydrocodone w/ APAP-10/500	90 w/ 1
508	03/16/04	Hydrocodone w/ APAP-10/500	90 w/ 2
509	03/08/04	Hydrocodone w/ APAP-10/325	90 w/ 2
510	11/19/03	Alprazolam 1 mg	30 w/ 2
511	12/01/03	Hydrocodone w/ APAP-10/325	90 w/ 2
511	02/25/04	Hydrocodone w/ APAP-10/325	90 w/ 2
512	01/25/04	Hydrocodone w/ APAP-10/325	90 w/ 0
512	03/16/04	Hydrocodone w/ APAP-10/325	90 w/ 0
513	09/30/03	Lortab 10 [Brand Name] 10/500	90 w/ 2
514	01/23/04	Lortab 10/500	90 w/ 2
515	01/23/04	Hydrocodone w/ APAP-10/325	90 w/ 2
516	01/22/04	Acetaminophen/cod #4	90 w/ 2
517	04/12/04	Hydrocodone w/ APAP-10/500	90 w/ 2
518	01/06/04	Hydrocodone w/ APAP-10/325	90 w/ 2
519	04/06/04	Hydrocodone w/ APAP-10/325	90 w/ 2
520	02/25/04	Hydrocodone w/ APAP-10/500	90 w/ 2
520	02/25/04	Diazepam 10 mg	30 w/ 2
521	04/05/04	Hydrocodone w/ APAP-10/325	90 w/ 2
522	03/30/04	Hydrocodone w/ APAP-10/325	90 w/ 2
523	12/01/03	Vicoprofen 200/7.5	90 w/ 2
523	02/24/04	Hydrocodone w/ APAP-10/325	90 w/ 2
524	12/08/03	Hydrocodone w/ APAP-10/325	90 w/ 0
525	12/05/03	Hydrocodone w/ APAP-10/500	90 w/ 2
525	02/24/04	Hydrocodone w/ APAP-10/500	90 w/ 2
526	03/03/04	Hydrocodone w/ APAP-10/325	90 w/ 2
527	09/29/03	Vicodin HP - 10/660	90 w/ 2
528	11/17/03	Acetaminophen/cod #4	90 w/ 2
529	12/22/03	Hydrocodone w/ APAP-10/325	90 w/ 2
529	03/29/04	Hydrocodone w/ APAP-10/325	90 w/ 2
530	11/18/03	Hydrocodone w/ APAP-10/325	90 w/ 2

530	02/09/04	Hydrocodone w/ APAP-10/325	90 w/ 2
531	12/19/03	Alprazolam 1 mg	30 w/ 2
531	12/19/03	Hydrocodone w/ APAP 7.5/500	90 w/ 2
531	03/08/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
531	03/08/04	Alprazolam 1 mg	30 w/ 2
532	11/24/03	Hydrocodone w/ APAP-10/325	90 w/ 2
532	02/18/04	Hydrocodone w/ APAP-10/325	90 w/ 2
533	02/05/04	Hydrocodone w/ APAP-10/500	90 w/ 2
534	11/17/03	Hydrocodone w/ APAP-10/325	90 w/ 2
535	12/05/03	Hydrocodone w/ APAP-10/500	90 w/ 2
536	01/26/04	Hydrocodone w/ APAP-10/325	90 w/ 2
537	03/16/04	Hydrocodone w/ APAP-10/325	90 w/ 2
538	12/10/03	Hydrocodone w/ APAP-10/325	90 w/ 2
539	12/02/03	Hydrocodone w/ APAP-10/500	90 w/ 2
539	02/23/04	Hydrocodone w/ APAP-10/500	90 w/ 2
540	02/06/04	Hydrocodone w/ APAP-10/500	90 w/ 2
541	04/05/04	Alprazolam 1 mg	90 w/ 2
542	12/03/03	Hydrocodone w/ APAP-10/325	30 w/ 2
543	12/03/03	Hydrocodone w/ APAP-10/325	90 w/ 2
543	03/22/04	Hydrocodone w/ APAP-10/325	90 w/ 2
544	11/25/03	Hydrocodone w/ APAP-10/325	90 w/ 2
544	11/30/03	Diazepam 10 mg	30 w/ 2
545	12/02/03	Hydrocodone w/ APAP-10/325	90 w/ 2
545	02/20/04	Hydrocodone w/ APAP-10/325	90 w/ 2
546	12/22/03	Acetaminophen/cod #4	90 w/ 2
546	03/15/04	Acetaminophen/cod #4	90 w/ 2
547	03/01/04	Vicodin HP - 10/660	90 w/ 2
548	12/10/03	Hydrocodone w/ APAP-10/325	90 w/ 2
548	03/03/04	Hydrocodone w/ APAP-10/325	90 w/ 2
549	12/11/03	Diazepam 10 mg	90 w/ 0
549	03/02/04	Diazepam 10 mg	60 w/ 0
550	02/09/04	Hydrocodone w/ APAP-10/325	90 w/ 2
551	03/12/04	Hydrocodone w/ APAP-10/500	90 w/ 2
552	02/11/04	Acetaminophen/cod #4	90 w/ 2
553	09/30/03	Hydrocodone w/ APAP-10/325	90 w/ 2
553	02/11/04	Hydrocodone w/ APAP-10/325	90 w/ 2
554	11/05/03	Bontril 105 - 90	90 w/ 2
554	02/09/04	Bontril 105 - 90	90 w/ 2

555	01/13/04	Hydrocodone w/ APAP-10/650	90 w/ 2
555	04/05/04	Hydrocodone w/ APAP-10/650	90 w/ 2
556	11/17/03	Lorazepam 2 mg	90 w/ 2
557	11/21/03	Hydrocodone w/ APAP-10/500	90 w/ 0
557	12/22/03	Hydrocodone w/ APAP-10/500	90 w/ 1
558	12/05/03	Hydrocodone w/ APAP-10/325	90 w/ 2
558	03/09/04	Hydrocodone w/ APAP-10/325	90 w/ 2
559	03/30/04	Hydrocodone w/ APAP-10/325	90 w/ 2
560	12/23/03	Vicoprofen 200/7.5	90 w/ 2
561	01/23/04	Hydrocodone w/ APAP-10/325	90 w/ 2
562	11/17/03	Hydrocodone w/ APAP-10/500	90 w/ 2
563	12/23/03	Hydrocodone w/ APAP-10/325	90 w/ 2
563	03/19/04	Hydrocodone w/ APAP-10/325	90 w/ 2
564	03/29/04	Hydrocodone w/ APAP-10/325	90 w/ 2
565	11/14/03	Hydrocodone w/ APAP-10/325	90 w/ 2
565	03/08/04	Hydrocodone w/ APAP-10/325	90 w/ 2
566	11/17/03	Acetaminophen/cod #4	90 w/ 2
567	11/18/03	Hydrocodone w/ APAP-10/325	90 w/ 2
567	03/05/04	Hydrocodone w/ APAP-10/325	90 w/ 2
568	11/17/03	Hydrocodone w/ APAP-10/325	90 w/ 1
569	02/06/04	Hydrocodone w/ APAP-10/325	90 w/ 2
570	11/19/03	Hydrocodone w/ APAP-10/325	90 w/ 2
570	02/09/04	Hydrocodone w/ APAP-10/325	90 w/ 2
571	12/15/03	Hydrocodone w/ APAP-10/325	90 w/ 2
571	03/05/04	Hydrocodone w/ APAP-10/325	90 w/ 2
572	03/11/04	Hydrocodone w/ APAP-10/325	90 w/ 2
573	03/12/04	Hydrocodone w/ APAP-10/500	90 w/ 2
574	03/15/04	Hydrocodone w/ APAP-10/325	90 w/ 2
575	12/01/03	Hydrocodone w/ APAP-10/325	90 w/ 2
576	12/19/03	Hydrocodone w/ APAP-7.5/750	90 w/ 2
577	04/12/04	Hydrocodone w/ APAP-10/325	90 w/ 2
578	02/11/04	Hydrocodone w/ APAP-10/500	90 w/ 2
579	01/15/04	Hydrocodone w/ APAP-10/325	90 w/ 2
580	12/16/03	Hydrocodone w/ APAP 10/500	90 w/ 2
580	12/16/03	Alprazolam 2 mg	90 w/ 2
580	03/01/04	Hydrocodone w/ APAP-10/500	90 w/ 2
580	03/01/04	Alprazolam 1 mg	90 w/ 2
581	12/16/03	Hydrocodone w/ APAP-10/325	90 w/ 2

582	11/24/03	Hydrocodone w/ APAP 10/500	90 w/ 2
582	03/03/04	Hydrocodone w/ APAP-10/500	90 w/ 2
583	12/19/03	Hydrocodone w/ APAP-10/325	90 w/ 2
584	01/28/04	Hydrocodone w/ APAP-10/325	90 w/ 2
585	12/23/03	Vicoprofen 200/7.5	90 w/ 2
585	03/16/04	Vicoprofen 200/7.5	90 w/ 2
586	11/25/03	Hydrocodone w/ APAP 10/500	90 w/ 0
586	01/12/04	Hydrocodone w/ APAP 10/500	90 w/ 1
586	03/03/04	Hydrocodone w/ APAP-10/500	90 w/ 2
587	01/23/04	Hydrocodone w/ APAP-10/325	90 w/ 2
588	12/15/03	Hydrocodone w/ APAP-10/325	90 w/ 2
588	03/05/04	Hydrocodone w/ APAP-10/500	90 w/ 2
589	04/12/04	Hydrocodone w/ APAP-10/325	90 w/ 2
590	12/02/03	Hydrocodone w/ APAP-10/325	90 w/ 0
591	12/22/03	Hydrocodone w/ APAP-10/325	90 w/ 2
591	03/12/04	Hydrocodone w/ APAP-10/325	90 w/ 2
592	12/03/03	Hydrocodone w/ APAP-10/325	90 w/ 2
592	02/24/04	Hydrocodone w/ APAP-10/325	90 w/ 2
593	03/11/04	Hydrocodone w/ APAP-10/500	90 w/ 2
593	03/11/04	Alprazolam 1 mg	90 w/ 2
594	03/08/04	Hydrocodone w/ APAP-10/500	90 w/ 2
594	03/08/04	Alprazolam 1 mg	90 w/ 2
595	11/21/03	Vicodin HP - 10/660	90 w/ 2
596	12/23/03	Hydrocodone w/ APAP 10/500	90 w/ 2
597	04/08/04	Hydrocodone w/ APAP-10/325	90 w/ 2
598	09/29/03	Hydrocodone w/ APAP-10/325	60 w/ 0
599	12/04/03	Hydrocodone w/ APAP-10/325	90 w/ 0
600	03/01/04	Hydrocodone w/ APAP-10/325	90 w/ 2
601	03/11/04	Hydrocodone w/ APAP-10/325	30 w/ 0
602	11/18/03	Hydrocodone w/ APAP-10/325	90 w/ 2
603	03/15/04	Hydrocodone w/ APAP-10/325	90 w/ 2
604	12/11/03	Hydrocodone w/ APAP 10/500	90 w/ 2
604	03/02/04	Hydrocodone w/ APAP 10/500	90 w/ 2
605	01/20/04	Hydrocodone w/ APAP 10/500	90 w/ 2
606	03/04/04	Hydrocodone w/ APAP 10/500	90 w/ 2
607	01/21/04	Hydrocodone w/ APAP 10/500	90 w/ 2
608	03/19/04	Hydrocodone w/ APAP-10/325	90 w/ 2
609	12/08/03	Hydrocodone w/ APAP-10/325	90 w/ 2

609	02/20/04	Hydrocodone w/ APAP-10/325	90 w/ 2
610	01/26/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
611	02/25/04	Hydrocodone w/ APAP-10/325	90 w/ 2
612	11/10/03	Hydrocodone w/ APAP-10/325	90 w/ 2
612	01/21/04	Hydrocodone w/ APAP-10/325	90 w/ 2
612	04/06/04	Hydrocodone w/ APAP-10/325	90 w/ 2
613	02/06/04	Hydrocodone w/ APAP-10/325	90 w/ 2
614	01/20/04	Hydrocodone w/ APAP-10/325	90 w/ 2
615	03/10/04	Hydrocodone w/ APAP-10/325	90 w/ 2
616	01/14/04	Hydrocodone w/ APAP-10/325	90 w/ 2
617	11/14/03	Hydrocodone w/ APAP-10/325	90 w/ 2
618	11/24/03	Hydrocodone w/ APAP 10/500	90 w/ 2
618	02/13/04	Hydrocodone w/ APAP 10/500	90 w/ 2
619	04/06/04	Hydrocodone w/ APAP-10/325	90 w/ 2
620	01/15/04	Hydrocodone w/ APAP 10/500	90 w/ 2
621	11/17/03	Hydrocodone w/ APAP-10/325	90 w/ 2
621	02/17/04	Hydrocodone w/ APAP-10/325	90 w/ 2
622	12/08/03	Hydrocodone w/ APAP-10/325	90 w/ 2
623	02/10/04	Hydrocodone w/ APAP 10/500	90 w/ 2
624	02/09/04	Hydrocodone w/ APAP-10/325	90 w/ 2
625	01/14/04	Hydrocodone w/ APAP 10/500	90 w/ 2
626	11/21/03	Hydrocodone w/ APAP-10/325	90 w/ 1
627	12/05/03	Hydrocodone w/ APAP-10/325	90 w/ 2
627	02/25/04	Hydrocodone w/ APAP-10/325	90 w/ 2
628	11/19/03	Hydrocodone w/ APAP-10/325	90 w/ 2
628	02/23/04	Hydrocodone w/ APAP-10/325	90 w/ 2
629	12/01/03	Hydrocodone w/ APAP-10/325	90 w/ 2
629	03/09/04	Hydrocodone w/ APAP-10/325	90 w/ 2
630	02/10/04	Butalbital/Aspirin/caffeine/codeine	90 w/ 2
631	11/21/03	Hydrocodone w/ APAP-10/325	90 w/ 2
631	03/02/04	Hydrocodone w/ APAP-10/325	90 w/ 2
632	01/22/04	Hydrocodone w/ APAP-10/325	90 w/ 2
633	11/13/03	Hydrocodone w/ APAP-10/325	90 w/ 2
634	03/26/04	Hydrocodone w/ APAP-10/325	90 w/ 2
635	12/10/03	Hydrocodone w/ APAP 10/500	90 w/ 2
635	03/05/04	Hydrocodone w/ APAP 10/500	90 w/ 2
636	11/17/03	Hydrocodone w/ APAP-10/325	90 w/ 2
637	03/02/04	Hydrocodone w/ APAP-10/325	60 w/ 2

638	02/04/04	Hydrocodone w/ APAP 10/500	90 w/ 2
639	01/21/04	Hydrocodone w/ APAP-10/325	90 w/ 0
640	02/19/04	Hydrocodone w/ APAP 10/500	90 w/ 2
640	02/19/04	Diazepam 10 mg	90 w/ 2
641	11/26/03	Norco 10/325	90 w/ 2
641	02/27/04	Hydrocodone w/ APAP-10/325	90 w/ 2
642	01/25/04	Hydrocodone w/ APAP-10/325	90 w/ 2
643	02/02/04	Hydrocodone w/ APAP 10/500	90 w/ 2
644	02/19/04	Hydrocodone w/ APAP-10/325	90 w/ 2
645	12/19/03	Acetaminophen/cod #4	90 w/ 2
645	03/09/04	Acetaminophen/cod #4	90 w/ 2
646	03/02/04	Hydrocodone w/ APAP-10/325	90 w/ 2
647	01/07/04	Hydrocodone w/ APAP 10/500	90 w/ 2
648	03/08/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
649	02/11/04	Hydrocodone w/ APAP-10/325	90 w/ 2
650	01/07/04	Hydrocodone w/ APAP-10/325	90 w/ 2
650	01/07/04	Hydrocodone w/ APAP-10/325	90 w/ 2
650	04/05/04	Hydrocodone w/ APAP-10/325	90 w/ 2
651	01/06/04	Hydrocodone w/ APAP-10/325	90 w/ 2
651	03/26/04	Hydrocodone w/ APAP-10/325	90 w/ 2
652	04/12/04	Hydrocodone w/ APAP-10/325	90 w/ 2
653	12/08/03	Hydrocodone w/ APAP-10/325	90 w/ 2
653	02/25/04	Hydrocodone w/ APAP-10/325	90 w/ 2
654	12/19/03	Hydrocodone w/ APAP 7.5/500	90 w/ 2
654	03/10/04	Hydrocodone w/ APAP 10/500	90 w/ 2
655	03/15/04	Hydrocodone w/ APAP-10/325	90 w/ 2
656	04/05/04	Hydrocodone w/ APAP 7.5/500	90 w/ 2
657	11/19/03	Hydrocodone w/ APAP-10/325	90 w/ 2
657	02/06/04	Hydrocodone w/ APAP-10/325	90 w/ 2
658	03/22/04	Hydrocodone w/ APAP-10/325	90 w/ 2
659	12/03/03	Hydrocodone w/ APAP 10/500	90 w/ 2
659	02/20/04	Hydrocodone w/ APAP 10/500	90 w/ 2
660	03/04/04	Hydrocodone w/ APAP-10/325	90 w/ 2
661	11/17/03	Hydrocodone w/ APAP 10/500	90 w/ 2
661	02/19/04	Hydrocodone w/ APAP 10/500	90 w/ 2
662	03/29/04	Hydrocodone w/ APAP-10/325	90 w/ 2
663	01/27/04	Hydrocodone w/ APAP 10/500	90 w/ 2