CONSENT AGREEMENT
BETWEEN
CHARLES C. SHIN, M.D.
AND
THE STATE MEDICAL BOARD OF OHIO

NOV - 8 1988

This **CONSENT AGREEMENT** is entered into by and between **CHARLES C. SHIN, M.D.** and **THE STATE MEDICAL BOARD OF OHIO**, a state agency charged with enforcing Chapter 4731, Ohio Revised Code.

CHARLES C. SHIN, M.D. enters into this Agreement being fully informed of his rights under Chapter 119, Ohio Revised Code, including the right to representation by counsel and the right to a formal adjudication on the issues considered herein. DR. SHIN and THE STATE MEDICAL BOARD OF OHIO have consented and hereby agree to the settlement of the hereinafter described citations, without final trial or adjudication of any issue of fact or law:

This CONSENT AGREEMENT is entered into on the basis of the following statements, stipulations, admissions and understandings:

1. On September 11, 1986, CHARLES C. SHIN, M.D. was issued a Notice of Opportunity for Hearing (hereinafter "citation letter") by THE STATE MEDICAL BOARD OF OHIO. The citation letter alleged that certain prescribing by CHARLES C. SHIN, M.D., as provided in the citation letter, violated R.C. 4731.22(B)(2), R.C. 4731.22(B)(3) and R.C. 4731.22(B)(6). Subsequently, adjudication hearings were held on February 24, 1987 and February 25, 1987 before Leonard L. Lovshin, M.D., a member of the Board.

2. On September 7, 1988, a report and recommendation was issued by Mark E. Kouns, Esq., an attorney hearing examiner employed by the Board pursuant to R.C. 4731.23. The case was reassigned to Mr. Kouns after Dr. Lovshin's term as member of the Board expired prior to the issuance of a report and recommendation.

3. THE STATE MEDICAL BOARD OF OHIO hereby dismisses the allegations of a violation of R.C. 4731.22(B)(3) and R.C. 4731.22(B)(6).

4. CHARLES C. SHIN, M.D. hereby admits to a violation of R.C. 4731.22(B)(2). CHARLES C. SHIN, M.D. makes this admission only for purposes of settlement of these proceedings.

5. CHARLES C. SHIN, M.D.'s consent to this Agreement and Order shall <u>not</u> constitute any admission by DR. SHIN nor evidence of any alleged liability or violations of R.C. 4731.22(B)(2) in any litigation or proceedings which may be initiated before and/or after this Agreement becomes a final order of THE STATE MEDICAL BOARD OF OHIO and/or in any subsequent proceedings, except as evidence in proceedings brought by THE STATE MEDICAL BOARD OF OHIO.

WHEREFORE, in consideration of the foregoing and mutual promises hereinafter set forth, and in lieu of any further formal proceedings at this time, CHARLES C. SHIN, M.D. knowingly and voluntarily agrees with THE STATE MEDICAL BOARD OF OHIO (hereinafter "Board") to the following probationary terms, conditions and limitations:

1. CHARLES C. SHIN, M.D.'s license to practice medicine is hereby suspended for a period of six (6) months. Such suspension is stayed, and CHARLES C. SHIN, M.D. is hereby placed on probation for two (2) years, provided he complies with the following terms and conditions:

a. CHARLES C. SHIN, M.D. shall obey all federal, state and local laws and all rules governing the practice of medicine in Ohio.

b. CHARLES C. SHIN, M.D. shall submit quarterly declarations under penalty of perjury stating whether there has been compliance with all the conditions and terms of his Order.

c. CHARLES C. SHIN, M.D. shall appear in person for interviews before the full Board or its designated representative at three (3) month intervals, or as otherwise requested by the Board.

d. In the event that CHARLES C. SHIN, M.D. should leave Ohio for two (2) consecutive months, or to reside or to practice outside the state, DR. SHIN must notify the Board in writing of the dates of departure and return. Periods of time in excess of two (2) consecutive months spent outside of Ohio will not apply to the reduction of this probationary period.

e. Within thirty (30) days of the effective date of this Agreement, CHARLES C. SHIN, M.D. shall submit to the Board for its prior approval a program of approved Category I Continuing Medical Education related to the violation admitted to in Paragraph 3 of this Agreement. The exact number of hours shall be determined by the Board or its designee and shall not total less than twenty-five (25) nor more than seventy-five (75) hours during the period of probation. This program shall be in addition to the Continuing Medical Education requirements for relicensure. CHARLES C. SHIN, M.D. shall provide documentary proof satisfactory to the Board of successful completion of this course.

f. Upon successful completion of probation, CHARLES C. SHIN, M.D.'s certificate will be fully restored.

g. CHARLES C. SHIN, M.D. must provide documentation of successful completion of a Pharmacology Course approved in advance by the Board. Said course may be attended via videotape presentation or satisfied by participation in an approved program of independent study.

h. Within thirty (30) days of the effective date of this Order, CHARLES C. SHIN, M.D. shall take and pass an examination to be administered by the Board or its designee related to the content of the DEA Physician's Manual (Revised July, 1985), which Manual may be obtained from the offices of the State Medical Board. If CHARLES C. SHIN, M.D. fails this examination, he must wait one (1) month between re-examinations.

i. If CHARLES C. SHIN, M.D. violates any conditions or terms of this Agreement, the Board, after giving CHARLES C. SHIN, M.D. notice and an opportunity to be heard, may set aside the Agreement and impose the six (6) month suspension of DR. SHIN's license to practice medicine and surgery.

The above described terms, limitations and conditions may be amended or terminated in writing at any time upon the agreement of both parties.

If, in the discretion of the Secretary of THE STATE MEDICAL BOARD OF OHIO, CHARLES C. SHIN, M.D. appears to have violated or breached any terms or conditions of this Agreement, THE STATE MEDICAL BOARD OF OHIO reserves the right to institute formal disciplinary proceedings for violation of this Agreement.

Any action initiated by THE STATE MEDICAL BOARD OF OHIO based on alleged violations of this CONSENT AGREEMENT shall comply with the Administrative Procedure Act, Chapter 119, Ohio Revised Code.

CHARLES C. SHIN, M.D. AGREES to release THE STATE MEDICAL BOARD OF OHIO, its members, employees, agents, officers and representatives, individually and collectively, jointly and severally, from any and all liability arising out of, or relating to, the Board's September 11, 1986 citation letter and/or adjudication of CHARLES C. SHIN, M.D. This release includes, but is not limited to, any claim for attorney fees brought pursuant to R.C. 119.092 or R.C. 2335.39.

This CONSENT AGREEMENT shall be considered a public record as that term is used in R.C. 149.43 and shall become effective upon the last date of signature below.

Charles C. Shin M.D.
CHARLES C. SHIN, M.D.

11-7-88
DATE

RICHARD M. BAIN, ESQ.
Attorney for Charles C. Shin, M.D.

11/7/88
DATE

Henry G. Cramblett MD / JEQ
HENRY G. CRAMBLETT, M.D.
Secretary, State Medical Board of Ohio

11/9/88
DATE

John E. Rauch DO
JOHN E. RAUCH, D.O.
Supervising Member, State Medical Board of Ohio

11/9/88
DATE

Chris J. Costantini
CHRISTOPHER J. COSTANTINI
Assistant Attorney General

11/8/88
DATE

TIMOTHY L. STEPHENS, JR., M.D.
President, State Medical Board of Ohio

11/9/88
DATE

STATE OF OHIO
THE STATE MEDICAL BOARD
Suite 510
65 South Front Street
Columbus, Ohio 43266-0315

September 11, 1986

Charles C. Shin, M.D.
7225 Old Oak Blvd., Ste. 2J
Middleburg Hts., Ohio 44130

Dear Doctor Shin:

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

1. You did prescribe the Controlled Substances listed in the attached "Prescription List by Patient Number", on the dates and in the amounts indicated, to the patients who are identified in the attached Patient Key. (Key to be withheld from public disclosure)

As concerns each of the patients designated in the "prescription List by Patient Number" by the appearance in the left-hand margin of a double (**), the above described acts, individually and/or collectively, constitute "a failure to use reasonable care discrimination in the administration of drugs," and "failure to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease," as those clauses are used in Section 4731.22(B)(2), Ohio Revised Code.

Further, such acts concerning such (**) designated patients, individually and/or collectively, constitute "selling, prescribing, giving away, or administering drugs for other than legal and legitimate therapeutic purposes," as that clause is used in Section 4731.22(B)(3), Ohio Revised Code.

Further, such acts individually and/or collectively, and the medical care rendered to such patients, constitute "a departure from, or the failure to conform to minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in Section 4731.22(B)(6), Ohio Revised Code.

2. During the years indicated you did prescribe the drugs indicated in the attached listing of "Total Drug Amounts by Drug, Year, and Month," in the total dosage units per month and year indicated therein.

Your prescribing of the amounts alleged in Paragraph (2) to the various persons listed in the previously mentioned "Prescription List by Patient Number" constitutes "failure to use reasonable care discrimination in the administration of drugs" and "failure to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease", as those clauses are used in Section 4731.22(B)(2), Ohio Revised Code.

Further, such prescribing constitutes "selling, prescribing, giving away, or administering drugs for other than legal and legitimate therapeutic purposes," as that clause is used in Section 4731.22(B)(3), Ohio Revised Code.

Further, such prescribing constitutes "a departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in Section 4731.22(B)(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, that request must be made within thirty (30) days of the time of mailing of this notice.

You are further advised that you are entitled to appear at such hearing in person, or by your attorney, 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 made within thirty (30) 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, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand or place you on probation.

Copies of the applicable sections are enclosed for your information.

Very truly yours,

Henry G. Cramblett, M.D.
Secretary

HGC:es
encls.

CERTIFIED MAIL NO. P 569 361 874
RETURN RECEIPT REQUESTED

PRESCRIPTION LIST
BY PATIENT NUMBER
CHARLES SHIN, MD

NOTE: PRESCRIPTION NUMBERS INDICATE NUMBERS ASSIGNED BY THE STATE MEDICAL BOARD. THIS NUMBER IS ASSIGNED ONLY FOR PURPOSES OF IDENTIFICATION OF INDIVIDUAL PRESCRIPTIONS

	PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
**	1	12/17/84	PERCODAN	50	50	2	.0	1121
	1	01/29/85	PERCODAN	60	60	2	.0	1118
	1	02/08/85	DEMEROL 50MG	60	60	2	.0	1460
	1	02/08/85	PERCODAN	60	60	2	.0	1461
	1	02/21/85	PERCODAN	80	80	2	.0	238
	1	02/21/85	VALIUM 5MG	80	80	4	.0	239
	1	02/21/85	DALMANE 30MG	40	40	4	.0	240
	1	02/28/85	PERCODAN	60	60	2	.0	39
	1	09/09/85	PERCODAN	60	60	2	.0	913
	1	09/09/85	VALIUM 5MG	60	60	4	.0	914
	1	11/04/85	PERCODAN	60	60	2	.0	852
	1	12/02/85	PERCODAN	60	60	2	.0	464
	2	12/02/85	TYLOX	60	60	2	.0	1649
**	3	07/30/84	TYLOX	60	60	2	.0	808
	3	04/01/85	PERCODAN	60	60	2	.0	797
	3	04/01/85	VALIUM 5MG	60	60	4	.0	798
	3	04/01/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	799
	3	04/17/85	PERCODAN	60	60	2	.0	794
	3	04/17/85	VALIUM 5MG	60	60	4	.0	795
	3	04/17/85	FIORINAL	60	60	3	.0	796
	3	07/22/85	PERCODAN	60	60	2	.0	787
	3	07/22/85	VALIUM 5MG	60	60	4	.0	788
	3	07/22/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	789
	3	09/23/85	PERCODAN	60	60	2	.0	790
	3	09/23/85	VALIUM 5MG	60	60	4	.0	791
	4	03/07/85	PERCODAN	50	50	2	.0	146
	5	05/26/85	PERCODAN	40	40	2	.0	1503
**	6	04/01/85	PERCOCET-5	60	60	2	.0	1111
	6	04/01/85	SOMA COMPOUND	60	60	U	.0	1112
	6	04/29/85	PERCOCET-5	50	50	2	.0	933
	6	05/25/85	PERCODAN	60	60	2	.0	792
	6	05/25/85	VALIUM 5MG	60	60	4	.0	793
	6	09/30/85	FIORINAL W/CODEINE NO3	60	60	3	.0	499
	6	09/30/85	PERCOCET-5	60	60	2	.0	500

PRESCRIPTION LIST
BY PATIENT NUMBER
CHARLES SHIN, MD

PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
7	09/10/85	PERCODAN	50	50	2	.0	387
7	11/12/85	PERCODAN	50	50	2	.0	386
8	08/02/85	PERCODAN	60	60	2	.0	1630
** 9	08/13/84	PERCODAN	40	40	2	.0	1302
9	12/14/84	PERCODAN	50	50	2	.0	1298
9	01/29/85	PERCODAN	60	60	2	.0	1297
9	03/25/85	PERCODAN	50	50	2	.0	1294
9	04/08/85	PERCODAN	50	50	2	.0	1292
9	04/08/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1293
9	06/03/85	PERCODAN	60	60	2	.0	1287
9	06/03/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1288
9	08/15/85	PERCODAN	60	60	2	.0	821
9	09/04/85	PERCODAN	40	40	2	.0	62
9	10/30/85	TYLOX	60	60	2	.0	1425
9	10/30/85	VALIUM 5MG	60	60	4	.0	1426
9	11/11/85	PERCODAN	50	50	2	.0	1285
9	11/11/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1686
9	11/20/85	PERCODAN	60	60	2	.0	1284
9	12/03/85	PERCODAN	50	50	2	.0	1685
** 10	12/27/84	SOMA COMPOUND	100	100	U	.0	1247
10	12/27/84	VICODIN	60	60	3	.0	1248
10	12/27/84	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1249
10	03/07/85	VICODIN	60	120	3	1.0	1246
10	03/07/85	SOMA COMPOUND	80	80	U	.0	1254
10	03/07/85	LIBRIUM 25MG	60	60	4	.0	1255
10	03/07/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1256
10	04/29/85	VALIUM 5MG	50	50	4	.0	1245
10	05/08/85	SOMA COMPOUND	60	60	U	.0	1242
10	05/08/85	DALMANE 30MG	30	30	4	.0	1243
10	05/08/85	VALIUM 5MG	50	50	4	.0	1244
10	07/11/85	SOMA COMPOUND	80	80	U	.0	1239
10	07/11/85	VALIUM 5MG	60	60	4	.0	1240
10	07/11/85	DALMANE 30MG	30	30	4	.0	1241
10	08/12/85	PERCODAN	40	40	2	.0	523
10	08/12/85	VALIUM 5MG	40	40	4	.0	524
10	08/19/85	PERCOCET-5	60	60	2	.0	974
10	08/19/85	VALIUM 5MG	60	60	4	.0	975
10	09/20/85	VALIUM 5MG	60	60	4	.0	1237
10	09/20/85	FIORINAL	60	60	3	.0	1238
10	10/10/85	VALIUM 5MG	60	60	4	.0	1235
10	10/10/85	DALMANE 30MG	30	30	4	.0	1236
10	10/10/85	PERCOCET-5	60	60	2	.0	1253
10	11/01/85	FIORINAL W/CODEINE NO3	60	60	3	.0	1232

PRESCRIPTION LIST
BY PATIENT NUMBER
CHARLES SHIN, MD

PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
10	11/01/85	SOMA	60	60	U	.0	1233
10	11/01/85	VALIUM 5MG	60	60	4	.0	1234
10	11/04/85	PERCOCET-5	60	60	2	.0	480
10	11/04/85	VALRELEASE CAPSULES	60	60	4	.0	1230
10	11/04/85	DALMANE 30MG	30	30	4	.0	1231
** 11	02/14/85	DALMANE 30MG	40	40	4	.0	1250
11	02/14/85	SOMA	60	60	U	.0	1251
11	02/14/85	VALIUM 5MG	60	60	4	.0	1252
11	07/08/85	TYLOX	40	40	2	.0	976
11	07/08/85	SOMA COMPOUND	40	40	U	.0	977
11	07/08/85	VALIUM 5MG	40	40	4	.0	978
11	07/08/85	DALMANE 30MG	30	30	4	.0	979
11	07/23/85	PERCODAN	60	60	2	.0	533
11	07/23/85	SOMA COMPOUND W/CODEINE	60	60	3	.0	534
11	07/23/85	VALIUM 5MG	60	60	4	.0	535
11	07/23/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	536
11	09/03/85	TYLOX	80	80	2	.0	970
11	09/03/85	VALIUM 5MG	80	80	4	.0	971
11	09/03/85	SOMA COMPOUND W/CODEINE	60	60	3	.0	972
11	09/03/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	973
11	10/03/85	PERCOCET-5	60	60	2	.0	964
11	10/03/85	SOMA	60	60	U	.0	965
11	10/03/85	VALIUM 5MG	60	60	4	.0	966
11	10/03/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	967
11	10/14/85	PERCODAN	60	60	2	.0	963
11	10/24/85	PERCOCET-5	60	60	2	.0	961
11	10/24/85	VALIUM 5MG	60	60	4	.0	962
11	11/14/85	PERCOCET-5	60	60	2	.0	956
11	11/14/85	VALIUM 5MG	60	60	4	.0	957
11	11/14/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	958
** 12	05/18/85	PERCODAN	50	50	2	.0	563
12	05/18/85	VALIUM 5MG	50	50	4	.0	564
12	08/06/85	PERCODAN	40	40	2	.0	1166
12	08/13/85	FIORINAL W/CODEINE NO3	60	60	3	.0	1163
12	08/13/85	VALIUM 5MG	60	60	4	.0	1164
12	08/13/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1165
12	09/03/85	FIORINAL W/CODEINE NO3	60	60	3	.0	1156
12	09/03/85	VALIUM 10MG	60	60	4	.0	1157
12	09/03/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1158
12	10/08/85	TYLOX	60	60	2	.0	1151
12	10/08/85	VICODIN	60	60	3	.0	1152
12	11/25/85	DEMEROL 50MG	60	60	2	.0	470
12	11/25/85	VISTARIL 50MG	60	60	U	.0	471

PRESCRIPTION LIST
BY PATIENT NUMBER
CHARLES SHIN, MD

	PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
	13	07/26/85	TYLOX	60	60	2	.0	1605
	13	07/26/85	ELAVIL 150MG	40	40	U	.0	1606
	13	08/12/85	TYLOX	60	60	2	.0	704
**	14	08/07/84	PERCOCET-5	60	60	2	.0	898
	14	08/07/84	VALIUM 5MG	60	60	4	.0	899
	14	01/03/85	PERCOCET-5	60	60	2	.0	846
	14	01/03/85	VALIUM 5MG	60	60	4	.0	847
	14	02/14/85	PERCOCET-5	60	60	2	.0	841
	14	02/14/85	VALIUM 5MG	60	60	4	.0	842
	14	03/29/85	PERCOCET-5	60	60	2	.0	837
	14	03/29/85	VALIUM 5MG	60	60	4	.0	838
	14	05/13/85	PERCOCET-5	60	60	2	.0	830
	14	05/13/85	VALIUM 5MG	60	60	4	.0	831
	14	07/15/85	PERCOCET-5	60	60	2	.0	822
	14	07/15/85	VALIUM 5MG	60	60	4	.0	823
	14	09/19/85	PERCOCET-5	60	60	2	.0	819
	14	09/19/85	VALIUM 5MG	60	60	4	.0	820
**	15	10/30/84	TYLENOL NO 4	60	360	3	5.0	197
	15	10/30/84	VALIUM 5MG	60	360	4	5.0	198
	15	10/30/84	SECONAL SODIUM (NA) 100MG	40	40	2	.0	199
	15	03/07/85	TYLENOL NO 4	60	60	3	.0	192
	15	03/07/85	VALIUM 5MG	60	60	4	.0	193
	15	03/07/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	194
	15	07/23/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	181
	15	09/12/85	TYLENOL NO 4	80	80	3	.0	510
	15	09/12/85	VALIUM 5MG	80	80	4	.0	511
	15	09/12/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	512
	16	05/25/85	TYLOX	40	40	2	.0	233
**	17	08/06/85	TYLOX	60	60	2	.0	399
	17	08/06/85	VALIUM 5MG	60	60	4	.0	400
	17	08/06/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	401
	17	08/29/85	PERCODAN	50	50	2	.0	396
—	17	08/29/85	TYLOX	50	50	2	.0	397
	17	08/29/85	VALIUM 5MG	50	50	4	.0	398
	18	06/18/85	PERCODAN	60	60	2	.0	1007
	19	09/09/85	PERCODAN	40	40	2	.0	1168

PRESCRIPTION LIST
BY PATIENT NUMBER
CHARLES SHIN, MD

PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
20	06/01/85	PERCODAN	60	60	2	.0	132
20	06/01/85	VALIUM 5MG	60	60	4	.0	133
21	02/22/85	PERCOCET-5	40	40	2	.0	1634
21	03/25/85	PERCODAN	60	60	2	.0	840
21	07/15/85	PERCODAN	60	60	2	.0	226
** 22	03/12/85	SECONAL SODIUM (NA) 100MG	40	80	2	1.0	1189
22	03/12/85	PERCODAN	60	60	2	.0	1190
22	04/09/85	PERCODAN	50	50	2	.0	1191
22	04/09/85	VALIUM 5MG	50	50	4	.0	1192
22	04/09/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1193
22	04/22/85	PERCODAN	60	60	2	.0	1194
22	04/22/85	VALIUM 5MG	60	60	4	.0	1195
22	05/07/85	PERCODAN	60	60	2	.0	1196
22	05/07/85	VALIUM 5MG	60	60	4	.0	1197
22	05/07/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1198
22	06/06/85	PERCODAN	60	60	2	.0	1199
22	06/06/85	VALIUM 5MG	60	60	4	.0	1200
22	06/06/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1201
22	07/09/85	PERCODAN	40	40	2	.0	1202
22	07/09/85	VALIUM 5MG	40	40	4	.0	1203
22	07/11/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1206
22	07/23/85	PERCODAN	40	40	2	.0	1207
22	07/23/85	VALIUM 5MG	40	40	4	.0	1208
22	08/13/85	PERCODAN	50	50	2	.0	1212
22	08/13/85	VALIUM 5MG	50	50	4	.0	1213
22	08/13/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1214
22	09/03/85	PERCODAN	50	50	2	.0	1216
22	09/03/85	VALIUM 5MG	50	50	4	.0	1217
22	09/24/85	PERCODAN	50	50	2	.0	1222
22	09/24/85	VALIUM 10MG	50	50	4	.0	1223
22	09/24/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1224
22	10/10/85	PERCODAN	50	50	2	.0	1225
22	10/10/85	VALIUM 10MG	60	60	4	.0	1226
22	10/22/85	PERCODAN	40	40	2	.0	1227
22	10/22/85	VALIUM 10MG	40	40	4	.0	1228
22	11/07/85	PERCODAN	40	40	2	.0	1181
— 22	11/07/85	VALIUM 10MG	40	40	4	.0	1182
22	11/26/85	PERCODAN	40	40	2	.0	1184
22	11/26/85	VALIUM 5MG	40	40	4	.0	1185
22	12/03/85	PERCODAN	50	50	2	.0	1188
** 23	01/21/85	PERCODAN	60	60	2	.0	218
23	02/07/85	PERCODAN	60	60	2	.0	217
— 23	03/07/85	PERCODAN	50	50	2	.0	38

PRESCRIPTION LIST
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CHARLES SHIN, MD

PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
23	03/25/85	PERCODAN	60	60	2	.0	105
23	04/09/85	PERCODAN	60	60	2	.0	212
23	04/19/85	PERCODAN	50	50	2	.0	97
23	05/09/85	PERCODAN	50	50	2	.0	94
23	06/08/85	PERCODAN	80	80	2	.0	90
23	06/08/85	VALIUM 5MG	80	80	4	.0	91
23	07/03/85	PERCODAN	60	60	2	.0	143
23	07/15/85	PERCODAN	60	60	2	.0	87
23	07/29/85	PERCODAN	60	60	2	.0	84
23	08/05/85	PERCODAN	50	50	2	.0	83
23	08/19/85	PERCODAN	60	60	2	.0	81
23	08/19/85	VALIUM 5MG	60	60	4	.0	82
23	09/16/85	PERCODAN	50	50	2	.0	80
23	10/08/85	PERCODAN	50	50	2	.0	75
23	10/21/85	PERCODAN	40	40	2	.0	74
23	10/25/85	PERCODAN	60	60	2	.0	70
23	11/11/85	PERCODAN	80	80	2	.0	71
23	12/10/85	PERCODAN	50	50	2	.0	69
24	10/30/84	DEMEROL 50MG	50	50	2	.0	1130
24	10/30/84	VISTARIL 50MG	50	50	U	.0	1131
24	02/11/85	PERCODAN	60	60	2	.0	1416
** 25	10/08/84	VALIUM 5MG	50	50	4	.0	644
25	10/08/84	SECONAL SODIUM (NA) 100MG	30	30	2	.0	645
** 26	07/03/85	PERCODAN	60	60	2	.0	1409
26	07/03/85	FLEXERIL	60	60	U	.0	1410
26	08/16/85	PERCODAN	50	50	2	.0	1374
26	09/15/85	TYLOX	80	80	2	.0	1173
26	09/15/85	VALRELEASE CAPSULES	60	60	4	.0	1174
26	09/15/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1175
26	11/12/85	TYLOX	80	80	2	.0	1032
27	04/29/85	PERCODAN	50	50	2	.0	439
27	04/29/85	VALIUM 5MG	50	50	4	.0	440
— 27	08/29/85	PERCODAN	60	60	2	.0	423
27	08/29/85	VALIUM 5MG	60	60	4	.0	424
** 28	05/23/85	TYLOX	50	50	2	.0	437
28	06/06/85	PERCOCET-5	60	60	2	.0	436
28	07/08/85	PERCOCET-5	45	45	2	.0	432
28	07/18/85	PERCOCET-5	50	50	2	.0	430
— 28	08/28/85	PERCOCET-5	40	40	2	.0	425

PRESCRIPTION LIST
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PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
28	08/29/85	PERCOCET-5	60	60	2	.0	422
28	11/20/85	PERCODAN	60	60	2	.0	14
28	12/17/85	PERCODAN	40	40	2	.0	2
** 29	10/08/84	TYLOX	50	50	2	.0	1421
29	10/08/84	RESTORIL 30MG	30	30	4	.0	1422
29	11/01/84	TYLOX	50	50	2	.0	1132
29	07/22/85	PERCODAN	50	50	2	.0	986
29	07/22/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	987
29	08/26/85	PERCODAN	60	60	2	.0	1098
29	08/26/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1099
29	09/23/85	PERCODAN	50	50	2	.0	1074
29	09/23/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1075
29	10/21/85	PERCODAN	50	50	2	.0	909
29	10/21/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	910
29	11/11/85	PERCODAN	50	50	2	.0	906
29	12/05/85	PERCODAN	50	50	2	.0	1012
29	12/05/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1013
30	09/23/85	PERCOCET-5	40	40	2	.0	702
31	10/19/84	PERCODAN	40	40	2	.0	244
31	10/19/84	VALIUM 5MG	40	40	4	.0	245
32	09/25/85	TYLOX	50	50	2	.0	1360
** 33	09/10/85	TYLOX	60	60	2	.0	55
33	09/10/85	VALIUM 5MG	60	60	4	.0	56
33	09/26/85	TYLOX	60	60	2	.0	78
33	09/26/85	VALIUM 5MG	60	60	4	.0	79
33	10/24/85	TYLOX	60	60	2	.0	72
33	10/24/85	VALIUM 5MG	60	60	4	.0	73
33	12/05/85	TYLOX	60	60	2	.0	68
33	12/05/85	VALIUM 5MG	60	60	4	.0	1405
** 34	10/19/84	TYLOX	30	30	2	.0	1402
34	11/01/84	TYLOX	50	50	2	.0	1400
34	11/26/84	TYLOX	60	60	2	.0	1395
34	12/21/84	TYLOX	50	50	2	.0	272
34	01/16/85	TYLOX	60	60	2	.0	268
34	02/11/85	TYLOX	50	50	2	.0	1445
34	03/04/85	TYLOX	60	60	2	.0	147
34	03/28/85	TYLOX	50	50	2	.0	1448

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PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
34	04/18/85	TYLOX	50	50	2	.0	253
34	05/06/85	TYLOX	50	50	2	.0	251
34	05/22/85	TYLOX	50	50	2	.0	1429
34	06/18/85	TYLOX	60	120	2	1.0	1477
34	08/03/85	TYLOX	60	60	2	.0	1430
34	09/29/85	TYLOX	40	40	2	.0	1431
34	10/04/85	TYLOX	60	60	2	.0	158
34	11/18/85	TYLOX	80	80	2	.0	155
** 35	10/17/84	TYLOX	50	50	2	.0	755
35	10/17/84	VALIUM 5MG	50	50	4	.0	756
35	10/17/84	DALMANE 30MG	30	30	4	.0	757
36	07/14/85	PERCODAN	50	50	2	.0	1433
36	12/12/85	PERCODAN	60	60	2	.0	203
** 37	08/16/84	PERCODAN	50	50	2	.0	807
37	09/13/84	PERCODAN	60	60	2	.0	805
37	09/13/84	VALIUM 5MG	60	60	4	.0	806
37	12/03/84	PERCODAN	60	60	2	.0	802
37	12/03/84	VALIUM 5MG	60	60	4	.0	803
37	12/03/84	SECONAL SODIUM (NA) 100MG	40	40	2	.0	804
37	02/05/85	TYLOX	60	60	2	.0	800
37	02/05/85	VALIUM 5MG	60	60	4	.0	801
37	09/30/85	TYLOX	60	60	2	.0	786
38	12/03/85	PERCODAN	50	50	2	.0	1133
39	09/01/85	PERCODAN	50	50	2	.0	33
** 40	04/22/85	TYLOX	60	60	2	.0	605
40	04/22/85	VALIUM 5MG	60	60	4	.0	606
40	08/12/85	TYLOX	60	60	2	.0	344
40	08/12/85	VALIUM 5MG	60	60	4	.0	345
40	12/09/85	TYLOX	80	80	2	.0	1304
41	03/07/85	TYLOX	40	40	2	.0	286
41	03/07/85	ELAVIL 50MG	30	30	U	.0	287
42	07/23/85	PERCODAN	40	40	2	.0	827

PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
** 43	06/18/85	DEMEROL 50MG	60	60	2	.0	1663
43	06/18/85	HYCODAN TABLETS	60	60	3	.0	1664
43	06/18/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1665
43	07/03/85	DEMEROL 50MG	50	50	2	.0	862
43	07/09/85	TYLENOL NO 4	60	60	3	.0	1218
43	07/09/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1219
43	07/16/85	PERCODAN	50	50	2	.0	856
43	08/06/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1211
43	09/23/85	VICODIN	60	60	3	.0	1220
43	09/23/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1221
43	10/21/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1146
43	11/21/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1229
44	07/30/85	DEMEROL 50MG	40	40	2	.0	1375
44	09/30/85	DEMEROL 50MG	50	50	2	.0	1068
** 45	06/12/85	DEMEROL 50MG	60	60	2	.0	828
45	07/03/85	DEMEROL 50MG	60	60	2	.0	1000
45	07/03/85	VALIUM 5MG	40	40	4	.0	1001
45	07/03/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1002
45	07/12/85	PERCODAN	60	60	2	.0	775
45	07/12/85	VALIUM 5MG	60	60	4	.0	776
45	07/12/85	DEMEROL 50MG	40	40	2	.0	1626
45	07/23/85	DEMEROL 50MG	50	50	2	.0	983
45	07/23/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	984
45	07/23/85	VALIUM 5MG	50	50	4	.0	985
45	08/16/85	DEMEROL 100MG	60	60	2	.0	1103
45	08/16/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1104
45	08/16/85	VALIUM 10MG	60	60	4	.0	1105
45	09/03/85	DEMEROL 100MG	60	60	2	.0	1092
45	09/03/85	VALIUM 10MG	60	60	4	.0	1093
45	09/03/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1094
45	09/11/85	DEMEROL 100MG	60	60	2	.0	770
45	09/11/85	VALIUM 10MG	60	60	4	.0	771
45	09/11/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	772
45	09/16/85	DEMEROL 100MG	30	30	2	.0	1078
45	09/27/85	DEMEROL 100MG	60	60	2	.0	1069
45	09/27/85	VALIUM 5MG	60	60	4	.0	1070
45	09/27/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1071
45	10/14/85	DEMEROL 50MG	60	60	2	.0	1061
45	10/14/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1062
45	10/14/85	VALIUM 10MG	60	60	4	.0	1063
45	10/21/85	DEMEROL 100MG	60	60	2	.0	1054
45	10/21/85	VALIUM 10MG	60	60	4	.0	1055
45	10/21/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1056
45	10/29/85	DEMEROL 100MG	30	30	2	.0	1048
45	10/29/85	VALIUM 5MG	30	30	4	.0	1049

PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
45	11/19/85	DEMEROL 100MG	60	60	2	.0	1027
45	11/19/85	VALIUM 10MG	60	60	4	.0	1028
45	11/19/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1029
** 46	12/10/82	VALIUM 5MG	50	50	4	.0	5
46	11/30/84	PERCODAN	50	50	2	.0	112
46	11/30/84	SOMA	50	50	U	.0	113
46	12/11/84	PERCODAN	40	40	2	.0	110
46	12/11/84	SOMA	40	40	U	.0	111
46	01/15/85	PERCODAN	80	80	2	.0	108
46	01/15/85	SOMA COMPOUND	100	100	U	.0	109
46	03/12/85	PERCODAN	60	60	2	.0	106
46	03/12/85	VALIUM 5MG	60	60	4	.0	107
46	03/25/85	PERCODAN	60	60	2	.0	103
46	03/25/85	VALIUM 5MG	60	60	4	.0	104
46	04/11/85	PERCODAN	60	60	2	.0	98
46	04/11/85	VALIUM 5MG	60	60	4	.0	99
46	05/09/85	TYLOX	60	60	2	.0	95
46	05/09/85	VALIUM 5MG	60	60	4	.0	96
46	05/13/85	TYLOX	50	50	2	.0	403
46	05/22/85	PERCODAN	50	50	2	.0	65
46	05/22/85	VALIUM 5MG	50	50	4	.0	66
46	05/22/85	DALMANE 30MG	30	30	4	.0	67
46	07/11/85	TYLOX	60	60	2	.0	88
46	07/11/85	VALIUM 5MG	40	40	4	.0	89
46	07/16/85	TYLOX	50	50	2	.0	85
46	07/16/85	VALIUM 5MG	50	50	4	.0	86
46	08/02/85	TYLOX	60	60	2	.0	705
46	08/02/85	VALIUM 5MG	60	60	4	.0	706
46	09/06/85	TYLOX	80	80	2	.0	394
46	09/06/85	SOMA COMPOUND W/CODEINE	80	80	3	.0	395
46	09/17/85	TYLOX	40	40	2	.0	390
46	09/23/85	TYLOX	80	80	2	.0	417
46	09/23/85	SOMA COMPOUND	80	80	U	.0	418
46	09/23/85	VALIUM 10MG	80	80	4	.0	419
46	10/14/85	PERCODAN	60	60	2	.0	413
46	10/22/85	TYLOX	50	50	2	.0	27
46	10/22/85	SOMA	60	60	U	.0	28
46	10/28/85	PERCODAN	50	50	2	.0	25
46	10/28/85	SOMA COMPOUND W/CODEINE	50	50	3	.0	26
46	11/04/85	TYLOX	60	60	2	.0	21
46	11/14/85	TYLOX	60	60	2	.0	19
46	11/18/85	VALIUM 5MG	60	60	4	.0	16
46	11/18/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	17
46	11/18/85	TYLOX	60	60	2	.0	18
46	12/10/85	TYLOX	50	50	2	.0	4
46	12/17/85	TYLOX	60	60	2	.0	3
46	12/30/85	TYLOX	40	40	2	.0	1

	PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
**	47	09/06/85	TYLOX	80	80	2	.0	168
	47	09/06/85	VALIUM 10MG	80	80	4	.0	169
	47	09/23/85	TYLOX	80	80	2	.0	166
	47	09/23/85	VALIUM 10MG	80	80	4	.0	167
	47	10/08/85	PERCODAN	60	60	2	.0	76
	47	10/08/85	VALIUM 10MG	60	60	4	.0	77
	47	10/25/85	TYLOX	60	60	2	.0	1602
	47	10/25/85	VALIUM 10MG	60	60	4	.0	1603
	47	10/25/85	DALMANE 30MG	30	30	4	.0	1604
	47	10/28/85	PERCODAN	40	40	2	.0	24
	47	11/04/85	VALIUM 5MG	50	50	4	.0	63
	47	11/04/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	64
	47	11/04/85	PERCODAN	60	60	2	.0	156
	47	11/18/85	VALIUM 5MG	60	60	4	.0	9
	47	11/18/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	10
	47	11/18/85	PERCODAN	60	60	2	.0	11
	47	12/16/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	6
	47	12/16/85	PERCODAN	50	50	2	.0	7
**	48	09/26/85	PERCODAN	50	50	2	.0	765
	48	09/26/85	DALMANE 30MG	30	30	4	.0	766
	48	10/07/85	PERCODAN	50	50	2	.0	764
	48	10/15/85	PERCODAN	50	50	2	.0	1632
	48	10/28/85	PERCODAN	50	50	2	.0	484
	48	11/12/85	PERCODAN	50	50	2	.0	478
	48	11/22/85	PERCODAN	40	40	2	.0	474
	48	12/05/85	PERCODAN	50	50	2	.0	462
**	49	12/03/85	TYLOX	60	60	2	.0	699
	49	12/03/85	LIBRIUM 25MG	50	50	4	.0	700
	49	12/03/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	701
**	50	12/19/84	TYLOX	40	40	2	.0	744
	50	12/19/84	VALIUM 5MG	40	40	4	.0	745
	50	12/19/84	DALMANE 30MG	30	30	4	.0	746
	50	01/30/85	TYLOX	60	60	2	.0	741
—	50	01/30/85	VALIUM 5MG	60	60	4	.0	742
	50	01/30/85	DALMANE 30MG	30	30	4	.0	743
	50	02/28/85	TYLOX	60	60	2	.0	1607
	50	02/28/85	VALIUM 5MG	60	60	4	.0	1608
**	51	10/29/84	TYLOX	60	60	2	.0	1457
	51	10/29/84	DALMANE 30MG	30	30	4	.0	1458
	51	01/17/85	TYLOX	60	120	2	1.0	241
—	51	05/09/85	TYLOX	60	60	2	.0	1339

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PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
51	06/10/85	TYLOX	60	120	2	1.0	184
51	10/07/85	TYLOX	80	80	2	.0	223
** 52	08/27/84	VALIUM 5MG	50	50	4	.0	900
52	08/27/84	PERCODAN	50	50	2	.0	901
52	08/27/84	DEMEROL 50MG	40	40	2	.0	902
52	10/12/84	DEMEROL 50MG	60	60	2	.0	1642
52	10/12/84	VALRELEASE CAPSULES	60	60	4	.0	1643
52	11/19/84	DEMEROL 50MG	50	50	2	.0	890
52	11/19/84	VALRELEASE CAPSULES	50	50	4	.0	891
52	11/19/84	DALMANE 30MG	30	30	4	.0	892
52	12/20/84	DEMEROL 50MG	60	60	2	.0	579
52	02/28/85	PERCODAN	60	60	2	.0	652
52	02/28/85	VALIUM 5MG	80	80	4	.0	653
52	02/28/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	654
52	03/04/85	DEMEROL 50MG	80	80	2	.0	630
52	03/25/85	DEMEROL 50MG	60	60	2	.0	624
52	03/25/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	625
52	03/25/85	VALIUM 5MG	60	60	4	.0	626
52	05/02/85	SOMA COMPOUND	80	80	U	.0	598
52	05/02/85	TYLOX	80	80	2	.0	599
52	06/03/85	TYLOX	80	80	2	.0	1537
52	06/03/85	SOMA COMPOUND	80	80	U	.0	1538
52	09/26/85	TYLOX	80	80	2	.0	1484
52	09/26/85	TAGAMET TABLETS	80	80	U	.0	1485
52	11/14/85	TYLOX	80	80	2	.0	475
52	11/14/85	VALIUM 5MG	80	80	4	.0	476
53	10/29/85	TYLOX	50	50	2	.0	1652
53	10/29/85	VALIUM 5MG	50	50	4	.0	1653
54	10/08/84	PERCODAN	40	40	2	.0	35
54	04/13/85	PERCODAN	50	50	2	.0	36
54	04/13/85	DALMANE 30MG	30	30	4	.0	37
** 55	01/08/85	PERCODAN	60	60	2	.0	1661
55	01/08/85	DARVOCET-N 100	60	60	4	.0	1662
55	06/06/85	PERCODAN	40	40	2	.0	1176
55	07/30/85	PERCODAN	50	50	2	.0	1179
55	08/17/85	TYLOX	60	60	2	.0	1657
55	08/17/85	DALMANE 30MG	40	40	4	.0	1658
55	09/10/85	TYLOX	60	60	2	.0	1180
55	10/01/85	DARVOCET	60	60	4	.0	1659
55	10/01/85	PERCODAN	60	60	2	.0	1660
55	11/11/85	PERCODAN	60	60	2	.0	1183

PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
55	11/26/85	PERCODAN	50	50	2	.0	1186
55	11/26/85	XANAX .25MG	50	50	4	.0	1187
56	10/09/84	PERCODAN	40	40	2	.0	1644
56	10/09/84	SECONAL SODIUM (NA) 100MG	20	20	2	.0	1645
56	10/20/84	TYLOX	40	40	2	.0	1635
** 57	11/19/84	PERCODAN	60	60	2	.0	1398
57	11/19/84	VALIUM 5MG	60	60	4	.0	1399
57	01/07/85	PERCODAN	60	60	2	.0	270
57	01/07/85	VALIUM 5MG	60	60	4	.0	271
57	02/11/85	PERCODAN	60	60	2	.0	148
57	02/11/85	VALIUM 5MG	60	60	4	.0	149
57	03/14/85	PERCODAN	50	50	2	.0	260
57	03/14/85	VALIUM 5MG	50	50	4	.0	261
57	04/04/85	PERCODAN	80	80	2	.0	255
57	04/04/85	VALIUM 5MG	80	80	4	.0	256
57	04/04/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	257
57	06/03/85	PERCODAN	60	60	2	.0	375
57	06/03/85	VALIUM 5MG	60	60	4	.0	376
57	07/12/85	PERCODAN	50	50	2	.0	371
58	10/12/85	PERCODAN	40	40	2	.0	414
59	10/16/85	PERCODAN	50	50	2	.0	1650
59	11/05/85	PERCODAN	50	50	2	.0	943
** 60	08/07/85	TYLOX	40	40	2	.0	234
60	08/07/85	VALRELEASE CAPSULES	40	40	4	.0	235
60	08/07/85	DALMANE 30MG	30	30	4	.0	236
** 61	04/08/85	PERCODAN	50	50	2	.0	140
61	04/08/85	VALIUM 5MG	30	30	4	.0	141
61	04/22/85	PERCODAN	20	20	2	.0	137
61	04/29/85	PERCODAN	50	50	2	.0	600
61	04/29/85	VALIUM 5MG	50	50	4	.0	601
61	05/23/85	PERCODAN	40	40	2	.0	558
61	06/10/85	PERCODAN	15	15	2	.0	130
61	06/10/85	VALIUM 5MG	15	15	4	.0	131
61	06/17/85	PERCODAN	50	50	2	.0	230
61	06/17/85	VALIUM 5MG	50	50	4	.0	231
61	07/09/85	PERCODAN	60	60	2	.0	860
61	07/09/85	VALIUM 10MG	60	60	4	.0	861

PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
61	07/18/85	PERCODAN	40	40	2	.0	227
61	08/14/85	PERCODAN	60	60	2	.0	590
61	08/14/85	VALIUM 10MG	60	60	4	.0	591
62	12/03/85	TYLOX	60	60	2	.0	1014
** 63	01/24/85	TYLOX	60	60	2	.0	696
63	01/24/85	VALIUM 5MG	60	60	4	.0	697
63	01/24/85	DALMANE 30MG	40	40	4	.0	698
63	02/18/85	TYLOX	60	60	2	.0	690
63	02/18/85	VALIUM 5MG	60	60	4	.0	691
63	02/18/85	DALMANE 30MG	40	40	4	.0	692
63	03/11/85	PERCODAN	40	40	2	.0	687
63	03/11/85	VALIUM 5MG	40	40	4	.0	688
63	03/11/85	DALMANE 30MG	30	30	4	.0	689
63	03/25/85	PERCODAN	60	60	2	.0	683
63	03/25/85	DALMANE 30MG	40	40	4	.0	684
63	05/20/85	PERCODAN	50	50	2	.0	676
63	05/20/85	DALMANE 30MG	30	30	4	.0	677
63	06/08/85	PERCODAN	50	50	2	.0	669
63	06/08/85	VALIUM 5MG	50	50	4	.0	670
63	06/08/85	DALMANE	30	30	4	.0	671
63	07/05/85	PERCODAN	60	60	2	.0	667
63	07/05/85	DALMANE 30MG	40	40	4	.0	668
63	07/29/85	PERCODAN	60	60	2	.0	664
63	07/29/85	VALIUM 5MG	60	60	4	.0	665
63	07/29/85	DALMANE 30MG	40	40	4	.0	666
63	08/19/85	PERCODAN	50	50	2	.0	672
63	09/10/85	PERCOCET-5	60	60	2	.0	949
63	09/10/85	VALIUM 5MG	60	60	4	.0	950
63	10/11/85	PERCODAN	60	60	2	.0	946
63	10/11/85	VALIUM 5MG	60	60	4	.0	947
63	10/11/85	DALMANE 30MG	40	40	4	.0	948
63	10/28/85	PERCODAN	60	60	2	.0	944
63	10/28/85	VALIUM 5MG	60	60	4	.0	945
63	11/11/85	PERCODAN	60	60	2	.0	942
63	11/20/85	PERCODAN	60	60	2	.0	941
63	12/09/85	PERCODAN	60	60	2	.0	939
64	11/29/85	PERCODAN	40	40	2	.0	811
** 65	01/31/85	TYLOX	80	80	2	.0	567
65	01/31/85	VALIUM 5MG	80	80	4	.0	568
65	08/12/85	TYLOX	60	60	2	.0	525
65	08/12/85	VALIUM 5MG	60	60	4	.0	526

PRESCRIPTION LIST
BY PATIENT NUMBER
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PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
65	08/12/85	FIORINAL	60	60	3	.0	527
65	10/28/85	TYLOX	60	60	2	.0	481
** 66	08/20/84	PERCODAN	60	60	2	.0	903
66	09/10/84	SOMA COMPOUND	60	120	U	1.0	659
66	09/10/84	SECONAL SODIUM (NA) 100MG	40	80	2	1.0	660
66	09/10/84	PERCODAN	50	50	2	.0	661
66	09/10/84	VALIUM 5MG	50	50	4	.0	662
66	09/20/84	PERCODAN	60	60	2	.0	1591
66	09/20/84	VALIUM 5MG	60	60	4	.0	1592
66	09/21/84	SOMA	60	60	U	.0	646
66	09/21/84	SECONAL SODIUM (NA) 100MG	30	30	2	.0	647
66	10/08/84	SECONAL SODIUM (NA) 100MG	30	30	2	.0	643
66	10/08/84	SOMA COMPOUND	60	60	U	.0	1588
66	10/08/84	PERCODAN	60	60	2	.0	1589
66	10/08/84	VALIUM 5MG	60	60	4	.0	1590
66	10/19/84	PERCODAN	40	40	2	.0	1584
66	10/19/84	VALIUM 5MG	40	40	4	.0	1585
66	10/19/84	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1586
66	10/19/84	SOMA	40	40	U	.0	1587
66	11/05/84	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1578
66	11/05/84	PERCODAN	50	50	2	.0	1579
66	11/05/84	VALIUM 5MG	50	50	4	.0	1580
66	11/05/84	SOMA COMPOUND	50	50	U	.0	1581
66	11/15/84	SOMA	60	60	U	.0	648
66	11/15/84	PERCODAN	50	50	2	.0	649
66	11/15/84	SECONAL SODIUM (NA) 100MG	30	30	2	.0	650
66	11/15/84	VALIUM 5MG	50	50	4	.0	651
66	12/03/84	SECONAL SODIUM (NA) 100MG	30	30	2	.0	587
66	12/03/84	PERCODAN	60	60	2	.0	1575
66	12/03/84	SOMA	60	60	U	.0	1576
66	12/27/84	SECONAL SODIUM (NA) 100MG	40	40	2	.0	578
66	12/27/84	VALIUM 5MG	60	60	4	.0	1551
66	12/27/84	PERCODAN	60	60	2	.0	1552
66	12/27/84	SOMA	100	100	U	.0	1553
66	01/08/85	PERCODAN	60	60	2	.0	1545
66	01/08/85	VALIUM 5MG	50	50	4	.0	1546
66	01/08/85	SOMA	60	60	U	.0	1547
66	01/08/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1548
66	01/23/85	PERCODAN	60	60	2	.0	569
66	01/23/85	VALIUM 5MG	60	60	4	.0	570
66	01/23/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	571
66	02/10/85	PERCODAN	60	60	2	.0	1572
66	02/10/85	VALIUM 5MG	60	60	4	.0	1573
66	02/10/85	SOMA	80	80	U	.0	1574
66	02/25/85	PERCODAN	60	60	2	.0	1568
66	02/25/85	VALIUM 5MG	60	60	4	.0	1569
66	02/25/85	SOMA	80	80	U	.0	1570

PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
66	02/25/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1571
66	03/14/85	PERCODAN	60	60	2	.0	627
66	03/14/85	VALIUM 5MG	60	60	4	.0	628
66	03/14/85	SOMA COMPOUND	60	60	U	.0	629
66	03/14/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1567
66	03/25/85	PERCODAN	50	50	2	.0	620
66	03/25/85	SOMA	50	50	U	.0	621
66	03/25/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	622
66	03/25/85	VALIUM 5MG	50	50	4	.0	623
66	04/11/85	PERCODAN	50	50	2	.0	615
66	04/11/85	SOMA	50	50	U	.0	616
66	04/11/85	VALIUM 5MG	50	50	4	.0	617
66	04/22/85	PERCODAN	40	40	2	.0	1561
66	04/22/85	SOMA	40	40	U	.0	1562
66	04/22/85	VALIUM 5MG	40	40	4	.0	1563
66	04/22/85	SECONAL SODIUM (NA) 100MG	20	20	2	.0	1564
66	04/29/85	PERCODAN	40	40	2	.0	602
66	04/29/85	VALIUM 5MG	40	40	4	.0	603
66	04/29/85	SOMA	40	40	U	.0	604
66	05/06/85	PERCODAN	50	50	2	.0	1556
66	05/06/85	VALIUM 5MG	40	40	4	.0	1557
66	05/06/85	SOMA	60	60	U	.0	1558
66	05/06/85	SECONAL SODIUM (NA) 100MG	20	20	2	.0	1559
66	05/22/85	PERCODAN	30	30	2	.0	559
66	05/22/85	VALIUM 5MG	30	30	4	.0	560
66	05/22/85	SOMA COMPOUND	60	60	U	.0	561
66	05/22/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1540
66	06/04/85	PERCODAN	50	50	2	.0	554
66	06/04/85	VALIUM 5MG	50	50	4	.0	555
66	06/04/85	SOMA COMPOUND	50	50	U	.0	556
66	06/05/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1533
66	06/17/85	PERCODAN	40	40	2	.0	547
66	06/17/85	SOMA COMPOUND	60	60	U	.0	548
66	06/17/85	VALIUM 5MG	60	60	4	.0	549
66	07/08/85	SOMA COMPOUND	60	60	U	.0	539
66	07/08/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	540
66	07/08/85	PERCODAN	50	50	2	.0	1509
66	07/08/85	VALIUM 5MG	50	50	4	.0	1510
66	07/25/85	PERCODAN	40	40	2	.0	529
66	07/25/85	VALIUM 5MG	40	40	4	.0	530
66	07/25/85	SOMA COMPOUND	50	50	U	.0	531
66	07/25/85	SECONAL SODIUM (NA) 100MG	20	20	2	.0	532
66	08/05/85	PERCODAN	40	40	2	.0	1514
66	08/05/85	SOMA	60	60	U	.0	1515
66	08/05/85	VALIUM 5MG	40	40	4	.0	1516
66	08/05/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1517
66	08/19/85	PERCODAN	40	40	2	.0	1521
66	08/19/85	SOMA	60	60	U	.0	1522
66	08/19/85	VALIUM 5MG	40	40	4	.0	1523

PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
66	08/19/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1524
66	09/09/85	PERCODAN	60	60	2	.0	1527
66	09/09/85	VALIUM 5MG	60	60	4	.0	1528
66	09/09/85	SOMA	60	60	U	.0	1529
66	09/09/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1530
66	09/19/85	PERCODAN	30	30	2	.0	506
66	09/19/85	SECONAL SODIUM (NA) 100MG	20	20	2	.0	507
66	09/19/85	VALIUM 5MG	30	30	4	.0	508
66	09/19/85	SOMA	40	40	U	.0	509
66	09/30/85	PERCODAN	30	30	2	.0	1486
66	09/30/85	VALIUM 5MG	30	30	4	.0	1487
66	09/30/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1488
66	09/30/85	SOMA	60	60	U	.0	1489
66	10/10/85	SECONAL SODIUM (NA) 100MG	20	20	2	.0	494
66	10/10/85	PERCODAN	30	30	2	.0	495
66	10/10/85	VALIUM 5MG	30	30	4	.0	496
66	10/10/85	SOMA COMPOUND	50	50	U	.0	497
66	10/21/85	PERCODAN	40	40	2	.0	491
66	10/21/85	SOMA COMPOUND	50	50	U	.0	492
66	10/31/85	PERCODAN	40	40	2	.0	482
66	10/31/85	VALIUM 5MG	40	40	4	.0	483
66	11/11/85	PERCODAN	60	60	2	.0	479
66	11/25/85	PERCODAN	40	40	2	.0	473
66	12/05/85	PERCODAN	50	50	2	.0	460
66	12/05/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	461
66	12/15/85	PERCODAN	40	40	2	.0	456
66	12/15/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	457
** 67	10/27/84	DARVOCET-N 100	60	60	4	.0	639
67	10/27/84	PERCODAN	60	60	2	.0	640
67	11/15/84	PERCODAN	60	60	2	.0	635
67	11/15/84	DARVOCET-N 100	60	60	4	.0	636
67	11/15/84	VALIUM 5MG	50	50	4	.0	637
67	11/15/84	DALMANE 30MG	30	30	4	.0	638
67	12/13/84	DARVOCET-N 100	100	100	4	.0	583
67	12/13/84	PERCODAN	60	60	2	.0	584
67	12/13/84	VALIUM 5MG	60	60	4	.0	585
67	12/13/84	DALMANE 30MG	40	40	4	.0	586
67	08/12/85	PERCODAN	40	40	2	.0	521
67	08/12/85	VALIUM 5MG	40	40	4	.0	522
67	08/28/85	PERCODAN	40	40	2	.0	515
67	08/28/85	VALIUM 5MG	40	40	4	.0	516
68	10/28/85	TYLOX	60	60	2	.0	1363
68	11/11/85	TYLOX	50	50	2	.0	1365
68	12/09/85	TYLOX	60	60	2	.0	1350

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	PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
**	69	07/23/85	PERCODAN	50	50	2	.0	1167
	69	09/26/85	PERCODAN	40	40	2	.0	1072
	69	10/08/85	PERCODAN	60	60	2	.0	1153
	69	10/22/85	PERCODAN	50	50	2	.0	1145
	69	11/05/85	PERCODAN	30	30	2	.0	1143
	69	11/14/85	PERCODAN	60	60	2	.0	1142
	69	11/19/85	PERCODAN	50	50	2	.0	1139
	69	12/02/85	PERCODAN	40	40	2	.0	810
	70	10/14/85	PERCODAN	50	50	2	.0	1472
	70	10/14/85	VALIUM 5MG	40	40	4	.0	1473
	70	10/28/85	PERCODAN	50	50	2	.0	908
	70	12/16/85	PERCODAN	50	50	2	.0	904
**	71	06/18/85	TYLOX	80	80	2	.0	544
	71	06/18/85	LIBRIUM 25MG	60	60	4	.0	545
	71	06/18/85	DALMANE 30MG	40	40	4	.0	546
	71	07/07/85	TYLOX	50	50	2	.0	541
	71	07/16/85	TYLOX	60	60	2	.0	537
	71	08/05/85	TYLOX	50	50	2	.0	127
	71	08/15/85	TYLOX	60	120	2	1.0	518
	71	08/15/85	VICODIN	60	120	3	1.0	519
	71	09/10/85	TYLOX	60	60	2	.0	513
	71	09/26/85	TYLOX	50	50	2	.0	501
	71	10/18/85	TYLOX	60	60	2	.0	125
	71	11/05/85	TYLOX	60	60	2	.0	124
	71	12/09/85	TYLOX	60	60	2	.0	120
**	72	06/18/85	PERCODAN	50	50	2	.0	1005
	72	06/18/85	VALIUM 5MG	50	50	4	.0	1006
	72	09/11/85	PERCODAN	50	50	2	.0	1087
	72	09/11/85	VALIUM 5MG	50	50	4	.0	1088
	72	09/30/85	PERCODAN	40	40	2	.0	1066
	72	09/30/85	VALIUM 10MG	40	40	4	.0	1067
	73	01/31/85	PERCODAN	30	30	2	.0	195
—	73	01/31/85	SECONAL SODIUM (NA) 100MG	20	20	2	.0	196
**	74	03/04/85	TYLOX	50	50	2	.0	1439
	74	03/04/85	VALIUM 5MG	50	50	4	.0	1440
	74	04/04/85	TYLOX	60	60	2	.0	100
	74	04/04/85	LIBRIUM 25MG	60	60	4	.0	101
	74	04/04/85	DALMANE 30MG	40	40	4	.0	102
—	74	12/17/85	TYLOX	60	60	2	.0	61

PRESCRIPTION LIST
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PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
** 75	12/24/84	PERCODAN	60	60	2	.0	1613
75	12/24/84	VALIUM 5MG	60	60	4	.0	1614
75	02/04/85	TYLOX	60	60	2	.0	739
75	02/04/85	VALIUM 5MG	60	60	4	.0	740
75	02/25/85	TYLOX	60	60	2	.0	735
75	09/23/85	TYLOX	60	60	2	.0	1622
75	10/21/85	TYLOX	60	60	2	.0	1619
75	11/25/85	TYLOX	50	50	2	.0	1618
76	01/30/85	PERCODAN	40	40	2	.0	1691
** 77	08/30/85	PERCODAN	60	60	2	.0	1319
77	08/30/85	VALIUM 5MG	60	60	4	.0	1320
77	09/16/85	PERCODAN	60	60	2	.0	1370
77	09/16/85	VALIUM 5MG	60	60	4	.0	1371
77	10/14/85	PERCODAN	80	80	2	.0	1355
77	10/14/85	VALIUM 5MG	80	80	4	.0	1356
77	11/04/85	PERCODAN	40	40	2	.0	1361
77	11/04/85	VALIUM 5MG	40	40	4	.0	1362
77	11/08/85	PERCODAN	50	50	2	.0	1366
77	12/02/85	PERCODAN	60	60	2	.0	1351
77	12/02/85	VALIUM 10MG	60	60	4	.0	1352
78	07/08/85	TYLOX	40	40	2	.0	995
** 78	07/08/85	VALIUM 5MG	40	40	4	.0	996
78	07/08/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	997
78	09/12/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1081
78	09/12/85	PERCODAN	80	80	2	.0	1413
78	09/12/85	VALIUM 5MG	80	80	4	.0	1414
78	09/20/85	TYLOX	60	60	2	.0	1076
78	10/07/85	TYLOX	60	60	2	.0	1065
78	11/04/85	TYLOX	40	40	2	.0	1038
78	11/11/85	TYLOX	50	50	2	.0	1033
78	11/19/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1025
78	11/19/85	TYLOX	40	40	2	.0	1026
78	12/02/85	TYLOX	50	50	2	.0	1017
78	12/21/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1016
** 79	07/10/85	TYLOX	40	40	2	.0	992
79	07/10/85	VALIUM 5MG	40	40	4	.0	993
79	07/10/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	994
79	08/26/85	TYLOX	60	60	2	.0	1096
79	08/26/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1097
79	09/11/85	TYLOX	50	50	2	.0	1085
79	09/11/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1086

PRESCRIPTION LIST
BY PATIENT NUMBER
CHARLES SHIN, MD

PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
79	10/28/85	TYLOX	40	40	2	.0	1050
79	10/28/85	VALIUM 5MG	30	30	4	.0	1051
79	10/28/85	SECONAL SODIUM (NA) 100MG	20	20	2	.0	1052
79	11/26/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1019
79	11/26/85	TYLOX	60	60	2	.0	1020
80	04/01/85	PERCODAN	60	60	2	.0	191
81	05/26/85	TYLOX	60	60	2	.0	207
81	09/16/85	TYLOX	50	50	2	.0	32
82	09/05/85	PERCODAN	60	60	2	.0	50
82	11/20/85	TYLOX	60	60	2	.0	1600
82	12/02/85	TYLOX	40	40	2	.0	1599
** 83	04/27/85	PERCODAN	60	60	2	.0	42
83	04/27/85	VALIUM 5MG	60	60	4	.0	43
83	05/30/85	PERCODAN	60	60	2	.0	40
83	05/30/85	VALIUM 5MG	60	60	4	.0	41
83	06/10/85	PERCODAN	60	60	2	.0	44
83	07/22/85	PERCODAN	60	60	2	.0	1596
83	08/05/85	PERCODAN	60	60	2	.0	1597
83	09/10/85	PERCODAN	60	60	2	.0	1598
83	09/24/85	PERCODAN	60	60	2	.0	45
83	09/24/85	VALIUM 5MG	60	60	4	.0	46
83	10/22/85	PERCODAN	60	60	2	.0	51
83	10/22/85	VALIUM 5MG	60	60	4	.0	52
83	10/22/85	DALMANE 30MG	30	30	4	.0	53
83	10/28/85	PERCODAN	60	60	2	.0	331
83	10/28/85	VALIUM 5MG	60	60	4	.0	332
83	11/06/85	PERCODAN	60	60	2	.0	58
83	11/21/85	PERCODAN	50	50	2	.0	57
83	12/17/85	PERCODAN	60	60	2	.0	59
— 84	04/22/85	PERCODAN	60	60	2	.0	835
85	08/20/85	SOMA COMPOUND W/CODEINE	40	40	3	.0	1101
** 85	08/20/85	PERCODAN	40	40	2	.0	1102
85	09/03/85	PERCODAN	50	50	2	.0	1091
85	09/16/85	PERCODAN	30	30	2	.0	1079
85	09/16/85	SOMA COMPOUND	60	60	U	.0	1080
85	09/26/85	PERCODAN	40	40	2	.0	1073
— 85	10/17/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1059

PRESCRIPTION LIST
BY PATIENT NUMBER
CHARLES SHIN, MD

PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
85	10/17/85	PERCODAN	50	50	2	.0	1060
85	10/29/85	SECONAL SODIUM (NA) 100MG	20	20	2	.0	1046
85	10/29/85	PERCODAN	30	30	2	.0	1047
85	11/04/85	PERCODAN	40	40	2	.0	1039
85	11/04/85	SECONAL SODIUM (NA) 100MG	20	20	2	.0	1040
85	11/11/85	PERCODAN	60	60	2	.0	1034
85	11/11/85	SECONAL SODIUM (NA) 100MG	20	20	2	.0	1035
85	11/21/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1023
85	11/21/85	PERCODAN	60	60	2	.0	1024
86	12/05/85	TYLOX	60	60	2	.0	31
** 87	02/26/85	TYLOX	80	80	2	.0	1117
87	05/01/85	PERCODAN	50	50	2	.0	930
87	05/01/85	VALIUM 5MG	50	50	4	.0	931
87	05/01/85	DALMANE 30MG	30	30	4	.0	932
87	05/13/85	PERCODAN	60	60	2	.0	782
87	06/17/85	PERCODAN	60	60	2	.0	779
87	08/05/85	PERCODAN	80	80	2	.0	824
87	08/19/85	PERCODAN	60	60	2	.0	773
87	09/03/85	PERCODAN	50	50	2	.0	177
87	09/10/85	PERCODAN	60	60	2	.0	768
87	09/10/85	VALIUM 5MG	60	60	4	.0	769
87	10/28/85	TYLOX	60	60	2	.0	814
87	10/28/85	VALIUM 5MG	60	60	4	.0	815
** 88	04/22/85	TYLOX	60	60	2	.0	934
88	04/22/85	TYLENOL NO 3	60	60	3	.0	935
88	04/22/85	VALIUM 5MG	60	60	4	.0	936
88	08/05/85	TYLOX	80	80	2	.0	1326
88	08/05/85	TYLENOL NO 3	80	80	3	.0	1327
88	10/28/85	TYLOX	50	50	2	.0	812
88	10/28/85	VALIUM 5MG	50	50	4	.0	813
88	11/11/85	TYLOX	60	60	2	.0	763
88	12/02/85	TYLOX	60	60	2	.0	809
** 89	07/11/85	PERCODAN	40	40	2	.0	990
89	07/11/85	VALIUM 5MG	40	40	4	.0	991
89	07/15/85	PERCODAN	60	60	2	.0	988
89	07/23/85	PERCODAN	40	40	2	.0	982
89	08/06/85	PERCODAN	60	60	2	.0	1107
89	10/22/85	PERCODAN	50	50	2	.0	1053
89	11/04/85	PERCODAN	50	50	2	.0	1041
89	11/04/85	VALIUM 5MG	50	50	4	.0	1042

PRESCRIPTION LIST
BY PATIENT NUMBER
CHARLES SHIN, MD

	PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
**	90	10/23/84	TYLENOL NO 4	50	50	3	.0	317
	90	10/23/84	VALIUM 5MG	50	50	4	.0	318
	90	10/23/84	SECONAL SODIUM (NA) 100MG	30	30	2	.0	319
	90	10/23/84	PERCODAN	50	50	2	.0	320
	90	12/12/84	PERCODAN	60	60	2	.0	307
	90	12/12/84	VALIUM 5MG	60	60	4	.0	308
	90	12/12/84	SECONAL SODIUM (NA) 100MG	30	30	2	.0	309
	90	12/13/84	DILAUDID SUPPOSITORIES 3MG	50	50	2	.0	1314
	90	12/13/84	PLACIDYL 750MG	40	40	4	.0	1315
	90	01/23/85	DEMEROL 50MG	80	80	2	.0	297
	90	03/25/85	TYLOX	80	80	2	.0	283
**	91	04/04/85	TYLOX	40	40	2	.0	1343
	91	04/04/85	VALIUM 5MG	40	40	4	.0	1344
	91	04/04/85	DALMANE 30MG	30	30	4	.0	1345
	92	08/28/85	PERCODAN	30	30	2	.0	178
**	93	09/12/85	DARVOCET-N 100	100	100	4	.0	388
	93	09/12/85	PERCODAN	60	60	2	.0	389
**	94	02/22/85	TYLOX	50	50	2	.0	1504
	94	02/22/85	VALIUM 5MG	40	40	4	.0	1505
	94	02/22/85	DALMANE 30MG	30	30	4	.0	1506
	95	08/28/84	PERCODAN	60	60	2	.0	202
	95	09/17/84	PERCODAN	50	50	2	.0	1593
	96	12/15/85	TYLOX	60	60	2	.0	60
	97	11/29/84	PERCODAN	50	50	2	.0	1393
	97	11/29/84	DALMANE 30MG	30	30	4	.0	1394
**	98	04/11/85	TYLOX	50	100	2	1.0	406
	98	04/19/85	TYLOX	50	50	2	.0	405
	98	04/25/85	TYLOX	60	60	2	.0	404
	98	05/23/85	TYLOX	60	60	2	.0	402
**	99	10/15/84	TYLOX	50	50	2	.0	896
	99	10/15/84	VALIUM 5MG	50	50	4	.0	897

PRESCRIPTION LIST
BY PATIENT NUMBER
CHARLES SHIN, MD

PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
99	11/29/84	TYLOX	60	60	2	.0	1278
99	09/16/85	TYLOX	60	120	2	1.0	1269
99	10/12/85	TYLOX	40	40	2	.0	1265
99	10/12/85	VALIUM 5MG	40	40	4	.0	1266
99	10/26/85	TYLOX	60	60	2	.0	1263
99	10/27/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1666
99	10/31/85	TYLOX	60	60	2	.0	1262
99	11/25/85	TYLOX	60	60	2	.0	1258
100	01/26/85	TYLOX	8	8	2	.0	572
100	01/26/85	TAGAMET 300MG TABLETS	60	60	U	.0	573
101	12/02/85	TYLOX	50	50	2	.0	1601
** 102	08/06/85	PERCODAN	40	40	2	.0	1272
102	08/12/85	PERCODAN	40	40	2	.0	1279
102	08/21/85	PERCODAN	40	40	2	.0	1100
102	08/27/85	PERCODAN	40	40	2	.0	1095
102	09/05/85	PERCODAN	60	60	2	.0	1089
102	09/16/85	PERCODAN	60	60	2	.0	1077
102	09/26/85	PERCODAN	30	30	2	.0	54
102	10/07/85	PERCODAN	40	40	2	.0	1064
102	10/21/85	PERCODAN	60	60	2	.0	1057
102	10/31/85	PERCODAN	40	40	2	.0	1045
102	11/07/85	PERCODAN	40	40	2	.0	1036
102	11/14/85	PERCODAN	40	40	2	.0	1031
102	11/19/85	PERCODAN	60	60	2	.0	1030
102	11/26/85	PERCODAN	40	40	2	.0	1021
102	12/02/85	PERCODAN	40	40	2	.0	1018
103	11/12/85	PERCODAN	60	60	2	.0	851
103	11/26/85	PERCODAN	60	60	2	.0	850
104	03/25/85	LASIX TABLETS 40MG	30	30	U	.0	214
104	03/25/85	PERCODAN	60	60	2	.0	215
104	03/25/85	VALIUM 5MG	60	60	4	.0	216
104	06/10/85	PERCODAN	60	60	2	.0	205
104	06/10/85	VALIUM 5MG	60	60	4	.0	206
105	03/11/85	PERCODAN	60	60	2	.0	1474
105	03/11/85	VALIUM 5MG	60	60	4	.0	1475

PRESCRIPTION LIST
BY PATIENT NUMBER
CHARLES SHIN, MD

	PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
**	106	03/04/85	TYLOX	60	60	2	.0	1594
	106	03/04/85	VALIUM 5MG	60	60	4	.0	1595
	106	09/12/85	PERCODAN	50	50	2	.0	47
	106	09/12/85	VALRELEASE CAPSULES	40	40	4	.0	48
	106	09/12/85	DALMANE 30MG	40	40	4	.0	49
	107	11/19/85	TYLOX	50	50	2	.0	1138
**	108	11/30/84	TYLOX	60	60	2	.0	1694
	108	11/30/84	VALIUM 5MG	60	60	4	.0	1695
	108	11/30/84	DALMANE 30MG	30	30	4	.0	1696
	108	12/11/84	TYLOX	60	120	2	1.0	153
	108	01/08/85	TYLOX	60	60	2	.0	151
	108	01/08/85	VALIUM 5MG	60	60	4	.0	152
**	109	02/18/84	TYLOX	60	120	2	1.0	1443
	109	02/18/84	VALIUM 5MG	60	120	4	1.0	1444
	109	11/01/84	VALIUM 5MG	60	60	4	.0	1452
	109	11/01/84	TYLOX	60	60	2	.0	1453
	109	11/13/84	VALIUM 5MG	60	60	4	.0	1441
	109	11/13/84	TYLOX	60	60	2	.0	1442
	109	01/29/85	TYLOX	60	120	2	1.0	150
	109	02/19/85	TYLOX	60	60	2	.0	1446
	109	02/19/85	VALIUM 5MG	60	120	4	1.0	1447
	109	04/09/85	TYLOX	60	60	2	.0	1449
	109	04/09/85	VALIUM 5MG	60	60	4	.0	1450
**	110	06/13/85	TYLOX	80	80	2	.0	980
	110	06/13/85	VALIUM 5MG	80	80	4	.0	981
	110	09/12/85	TYLOX	80	80	2	.0	968
	110	09/12/85	VALIUM 5MG	80	80	4	.0	969
	110	11/05/85	TYLOX	60	60	2	.0	959
	110	11/05/85	VALIUM 5MG	60	60	4	.0	960
	110	11/26/85	TYLOX	80	80	2	.0	953
	110	11/26/85	VALIUM 5MG	80	80	4	.0	954
	111	12/21/84	TYLOX	50	50	2	.0	1482
**	112	10/15/84	TYLOX	60	60	2	.0	321
	112	10/15/84	DALMANE 30MG	40	40	4	.0	322
	112	01/05/85	TYLOX	100	100	2	.0	300
	112	02/18/85	TYLOX	80	80	2	.0	275
	112	05/13/85	TYLOX	40	80	2	1.0	355

PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
112	09/09/85	TYLOX	80	80	2	.0	337
112	11/04/85	TYLOX	80	80	2	.0	330
113	11/26/84	TYLOX	60	60	2	.0	1577
113	06/03/85	TYLOX	60	60	2	.0	1536
** 114	09/10/84	PERCODAN	40	40	2	.0	656
114	10/25/84	TYLOX	50	50	2	.0	641
114	11/15/84	TYLOX	40	40	2	.0	634
114	12/08/84	PERCODAN	50	50	2	.0	1554
114	12/08/84	DALMANE 30MG	30	30	4	.0	1555
114	12/17/84	PERCODAN	60	60	2	.0	581
114	12/17/84	VALIUM 5MG	50	50	4	.0	582
114	01/08/85	PERCODAN	50	50	2	.0	576
114	01/08/85	VALIUM 5MG	50	50	4	.0	577
114	01/21/85	PERCODAN	60	60	2	.0	574
114	01/21/85	VALIUM 5MG	60	60	4	.0	575
114	02/08/85	PERCODAN	50	50	2	.0	565
114	02/08/85	VALIUM 5MG	50	50	4	.0	566
114	02/28/85	PERCODAN	60	60	2	.0	631
114	02/28/85	VALIUM 5MG	60	60	4	.0	632
114	04/18/85	PERCODAN	60	60	2	.0	614
114	04/23/85	PERCODAN	60	60	2	.0	608
114	04/23/85	VALIUM 5MG	60	60	4	.0	609
114	04/23/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	610
114	05/14/85	PERCODAN	60	60	2	.0	588
114	05/14/85	VALIUM 5MG	60	60	4	.0	589
114	06/02/85	PERCODAN	50	50	2	.0	557
114	06/11/85	PERCODAN	60	60	2	.0	552
114	07/03/85	PERCODAN	60	60	2	.0	542
114	08/13/85	PERCODAN	60	60	2	.0	520
114	09/05/85	PERCODAN	60	60	2	.0	514
114	10/02/85	PERCODAN	40	40	2	.0	498
114	10/22/85	PERCODAN	45	45	2	.0	490
114	11/25/85	PERCODAN	60	60	2	.0	472
114	12/10/85	PERCODAN	60	60	2	.0	453
** 115	05/03/85	PERCODAN	60	60	2	.0	595
115	05/03/85	VALIUM 5MG	60	60	4	.0	596
115	05/03/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	597
115	05/14/85	PERCODAN	60	60	2	.0	562
115	06/05/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	553
116	08/10/85	TYLENOL NO 3	60	60	3	.0	1427
116	08/10/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1428

PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
117	04/24/85	TYLOX	60	60	2	.0	1655
117	04/24/85	VALIUM 5MG	60	60	4	.0	1656
** 118	01/29/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1277
118	02/28/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1295
118	02/28/85	PERCODAN	80	80	2	.0	1296
118	05/02/85	PERCODAN	60	60	2	.0	1289
118	05/02/85	VALIUM 10MG	60	60	4	.0	1290
118	05/02/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1291
118	07/12/85	PERCODAN	60	60	2	.0	1465
118	07/12/85	VALIUM 5MG	60	60	4	.0	1466
118	09/11/85	PERCODAN	60	60	2	.0	1082
118	09/11/85	VALIUM 10MG	60	60	4	.0	1083
118	09/11/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1084
118	09/24/85	PERCODAN	80	80	2	.0	503
118	09/24/85	VALIUM 10MG	60	60	4	.0	504
118	09/24/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	505
118	10/22/85	PERCODAN	60	60	2	.0	487
118	10/22/85	VALIUM 10MG	60	60	4	.0	488
118	10/22/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	489
118	11/02/85	VALIUM 10MG	80	80	4	.0	1043
118	11/02/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1044
118	11/02/85	PERCODAN	80	80	2	.0	1286
118	11/22/85	PERCODAN	60	60	2	.0	1136
118	11/22/85	VALIUM 5MG	60	60	4	.0	1423
118	11/22/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1424
118	12/02/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	466
118	12/02/85	PERCODAN	50	50	2	.0	467
119	04/08/85	PERCODAN	45	90	2	1.0	1565
119	04/08/85	FLEXERIL	40	80	U	1.0	1566
119	06/03/85	PERCODAN	50	50	2	.0	1534
119	06/03/85	FLEXERIL	50	50	U	.0	1535
119	08/01/85	PERCODAN	60	60	2	.0	528
** 120	07/30/85	PERCODAN	60	60	2	.0	1654
120	08/15/85	PERCODAN	60	60	2	.0	1160
120	08/15/85	TYLENOL NO 3	60	60	3	.0	1161
120	08/15/85	VALIUM 5MG	60	60	4	.0	1162
120	09/05/85	PERCODAN	60	60	2	.0	1154
120	09/05/85	VALIUM 5MG	60	60	4	.0	1155
120	10/17/85	PERCODAN	60	60	2	.0	1147
120	10/17/85	VALIUM 5MG	60	60	4	.0	1148
120	11/21/85	PERCODAN	60	60	2	.0	1137
120	11/26/85	PERCODAN	40	40	2	.0	1372

PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
121	08/19/85	TYLOX	80	80	2	.0	915
122	10/22/84	TYLOX	60	60	2	.0	316
122	03/25/85	TYLOX	80	80	2	.0	1483
122	12/12/85	TYLOX	60	120	2	1.0	1479
123	12/12/85	PERCODAN	60	60	2	.0	118
** 124	05/20/85	PERCODAN	60	60	2	.0	920
124	05/20/85	VALIUM 5MG	60	60	4	.0	921
124	07/17/85	PERCODAN	60	60	2	.0	1321
124	07/17/85	VALIUM 5MG	60	60	4	.0	1322
124	07/17/85	DALMANE 30MG	40	40	4	.0	1323
124	08/06/85	PERCODAN	60	60	2	.0	1328
124	08/06/85	VALIUM 5MG	60	60	4	.0	1329
124	08/20/85	PERCODAN	60	60	2	.0	1623
124	08/20/85	VALIUM 5MG	60	60	4	.0	1624
124	08/20/85	DALMANE 30MG	40	40	4	.0	1625
124	09/17/85	PERCODAN	60	60	2	.0	767
124	10/29/85	PERCODAN	60	60	2	.0	1364
124	12/02/85	PERCODAN	50	50	2	.0	122
124	12/12/85	PERCODAN	80	80	2	.0	1349
125	10/01/85	PERCODAN	40	40	2	.0	1651
126	04/01/85	PERCODAN	60	60	2	.0	1171
126	04/01/85	VALIUM 5MG	60	60	4	.0	1172
127	12/18/84	TYLOX	50	50	2	.0	1481
** 128	05/30/85	PERCODAN	80	80	2	.0	1539
128	07/08/85	PERCODAN	60	60	2	.0	538
128	08/06/85	PERCODAN	60	60	2	.0	1518
— 128	08/06/85	VALIUM 5MG	60	60	4	.0	1519
128	09/09/85	PERCODAN	60	120	2	1.0	1531
128	09/09/85	VALIUM 5MG	60	120	4	1.0	1532
128	10/19/85	PERCODAN	80	80	2	.0	485
128	10/19/85	VALIUM 5MG	80	80	4	.0	486
128	12/02/85	PERCODAN	80	80	2	.0	463
— 129	09/11/85	PERCODAN	40	40	2	.0	338

PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
129	09/11/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	339
129	09/26/85	PERCODAN	40	40	2	.0	1478
** 130	08/27/84	TYLOX	60	60	2	.0	663
130	09/17/84	TYLOX	40	40	2	.0	849
130	10/22/84	TYLOX	60	60	2	.0	642
130	11/13/84	TYLOX	50	50	2	.0	848
130	11/29/84	TYLOX	50	50	2	.0	633
130	12/17/84	TYLOX	100	200	2	1.0	580
130	01/14/85	TYLOX	80	80	2	.0	845
130	02/06/85	TYLOX	60	60	2	.0	844
130	03/14/85	TYLOX	60	60	2	.0	843
130	04/01/85	TYLOX	50	50	2	.0	839
130	04/15/85	TYLOX	40	40	2	.0	836
130	04/22/85	TYLOX	60	60	2	.0	607
130	05/09/85	TYLOX	40	40	2	.0	834
130	05/20/85	TYLOX	50	50	2	.0	832
130	06/03/85	TYLOX	50	50	2	.0	829
130	06/17/85	TYLOX	60	60	2	.0	550
130	06/17/85	VICODIN	60	60	3	.0	551
130	07/03/85	TYLOX	60	60	2	.0	543
130	08/01/85	TYLOX	60	60	2	.0	825
130	08/01/85	VICODIN	60	60	3	.0	826
130	10/21/85	TYLOX	40	40	2	.0	816
131	05/29/85	PERCODAN	40	40	2	.0	34
132	05/01/85	PERCODAN	50	50	2	.0	1462
132	11/18/85	PERCODAN	40	40	2	.0	219
133	04/09/85	PERCODAN	60	60	2	.0	1346
133	04/09/85	VALIUM 5MG	60	60	4	.0	1347
133	10/10/85	PERCODAN	60	60	2	.0	817
133	10/10/85	VALIUM 5MG	60	60	4	.0	818
** 134	09/07/84	PERCOCET-5	40	40	2	.0	655
134	01/11/85	PERCOCET-5	50	50	2	.0	1388
134	01/31/85	PERCOCET-5	50	50	2	.0	1387
134	02/12/85	PERCOCET-5	50	50	2	.0	1386
134	02/28/85	PERCOCET-5	60	60	2	.0	1384
134	03/14/85	PERCOCET-5	60	60	2	.0	1383
134	04/01/85	PERCOCET-5	50	50	2	.0	1382
134	04/11/85	PERCOCET-5	60	60	2	.0	1381
134	06/06/85	PERCOCET-5	60	60	2	.0	1376

PRESCRIPTION LIST
BY PATIENT NUMBER
CHARLES SHIN, MD

PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
134	06/06/85	VALIUM 5MG	60	60	4	.0	1377
134	06/18/85	PERCOCET-5	60	60	2	.0	1004
134	07/08/85	PERCOCET-5	40	40	2	.0	998
134	07/08/85	VALIUM 5MG	40	40	4	.0	999
134	08/12/85	PERCOCET-5	40	40	2	.0	1106
134	09/05/85	PERCOCET-5	60	60	2	.0	1090
134	09/19/85	PERCOCET-5	50	50	2	.0	855
134	10/17/85	PERCOCET-5	60	60	2	.0	1058
134	12/05/85	PERCOCET-5	60	60	2	.0	1015
135	02/28/85	DEMEROL 50MG	50	50	2	.0	1340
136	09/04/84	PERCODAN	50	50	2	.0	1283
136	09/11/84	PERCODAN	40	40	2	.0	1282
137	02/18/85	PERCODAN	60	120	2	1.0	1385
** 138	10/17/85	PERCOCET-5	60	60	2	.0	1149
138	10/17/85	VALIUM 5MG	60	60	4	.0	1150
138	11/14/85	VALIUM 5MG	50	50	4	.0	1140
138	11/14/85	PERCOCET-5	50	50	2	.0	1141
138	11/27/85	PERCOCET-5	40	40	2	.0	1134
138	11/27/85	VALIUM 5MG	40	40	4	.0	1135
** 139	03/26/85	PERCODAN	60	60	2	.0	383
139	03/26/85	VALIUM 5MG	60	60	4	.0	384
139	03/26/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	385
139	04/01/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	382
139	04/30/85	PERCODAN	50	50	2	.0	380
139	04/30/85	VALIUM 5MG	50	50	4	.0	381
139	09/03/85	PERCODAN	50	50	2	.0	1507
139	09/03/85	FLEXERIL	50	50	U	.0	1508
139	11/07/85	PERCODAN	60	60	2	.0	379
** 140	03/04/85	TYLOX	50	100	2	1.0	142
140	04/22/85	TYLOX	60	60	2	.0	1170
** 141	11/06/85	TYLOX	60	60	2	.0	1037
141	11/21/85	TYLOX	50	50	2	.0	1022
141	12/03/85	TYLOX	60	60	2	.0	1411
141	12/03/85	VALIUM 5MG	60	60	4	.0	1412

PRESCRIPTION LIST
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	PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
**	142	09/17/84	PERCODAN	50	50	2	.0	114
	142	09/17/84	VALIUM 5MG	50	50	4	.0	115
	142	05/16/85	PERCODAN	50	50	2	.0	92
	142	05/16/85	VALIUM 5MG	50	50	4	.0	93
	142	07/12/85	PERCODAN	50	50	2	.0	144
	142	07/12/85	VALIUM 5MG	50	50	4	.0	145
	142	10/01/85	PERCODAN	60	60	2	.0	415
	142	10/01/85	VALIUM 5MG	60	60	4	.0	416
	142	10/25/85	PERCODAN	40	40	2	.0	411
	142	10/25/85	VALIUM 5MG	40	40	4	.0	412
	142	10/31/85	PERCODAN	60	60	2	.0	23
	142	11/21/85	PERCODAN	60	60	2	.0	15
	142	12/05/85	PERCODAN	60	60	2	.0	8
**	143	09/17/84	PERCODAN	60	60	2	.0	758
	143	09/17/84	VALIUM 5MG	60	60	4	.0	759
	143	09/17/84	SECONAL SODIUM (NA) 100MG	30	30	2	.0	760
	143	10/20/84	PERCODAN	60	60	2	.0	750
	143	10/20/84	VALIUM 5MG	60	60	4	.0	751
	143	10/20/84	SECONAL SODIUM (NA) 100MG	40	40	2	.0	752
	143	12/17/84	PERCODAN	100	100	2	.0	747
	143	12/17/84	VALIUM 5MG	60	60	4	.0	748
	143	12/17/84	SECONAL SODIUM (NA) 100MG	40	40	2	.0	749
	144	07/15/85	PERCODAN	60	60	2	.0	989
**	145	03/05/85	PERCOCET-5	40	40	2	.0	237
	145	03/14/85	PERCOCET-5	60	60	2	.0	1415
	145	03/25/85	TYLOX	40	40	2	.0	1113
	145	05/07/85	CODEINE 30MG	60	60	2	.0	928
	145	05/07/85	VALIUM 5MG	60	60	4	.0	929
	145	05/16/85	TYLOX	60	60	2	.0	922
	145	05/16/85	DARVOCET-N 100	60	60	4	.0	923
	145	05/16/85	TYLENOL NO 3	50	50	3	.0	924
	145	05/16/85	DALMANE 30MG	40	40	4	.0	925
	145	05/24/85	PERCOCET-5	60	60	2	.0	232
	145	06/04/85	DARVOCET-N 100	80	80	4	.0	1335
—	145	06/04/85	PERCOCET-5	60	60	2	.0	1336
	145	06/04/85	VALIUM 5MG	60	60	4	.0	1337
	145	06/04/85	DALMANE 30MG	40	40	4	.0	1338
	145	07/08/85	PERCOCET-5	40	40	2	.0	1330
	145	07/08/85	DALMANE 30MG	30	30	4	.0	1331
	145	07/08/85	DARVOCET-N 100	40	40	4	.0	1332
	145	07/08/85	TAGAMET 200MG TABLETS	40	40	U	.0	1333
	145	07/08/85	VALIUM 5MG	40	40	4	.0	1334
—	145	07/10/85	PERCOCET-5	60	60	2	.0	1324

PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
145	07/29/85	TYLOX	60	60	2	.0	1325
146	04/15/85	PERCODAN	50	50	2	.0	875
147	04/30/85	FLEXERIL	40	40	U	.0	1689
147	04/30/85	TYLOX	50	50	2	.0	1690
147	09/17/85	TYLOX	60	60	2	.0	703
148	08/06/85	PERCODAN	50	50	2	.0	1520
** 149	04/08/85	TYLENOL W/CODEINE	40	40	U	.0	446
149	04/08/85	PERCODAN	40	40	2	.0	447
149	04/22/85	PERCODAN	50	50	2	.0	441
149	04/22/85	TYLENOL NO 3	50	50	3	.0	442
149	04/30/85	TYLOX	50	50	2	.0	1495
149	06/18/85	PERCODAN	40	40	2	.0	433
149	11/01/85	PERCODAN	40	40	2	.0	22
150	11/23/85	PERCODAN	60	60	2	.0	1306
150	12/12/85	PERCODAN	60	60	2	.0	1303
151	01/30/85	PERCODAN	50	50	2	.0	1612
152	08/29/85	PERCODAN	40	40	2	.0	517
153	11/29/85	PERCOCET-5	60	60	2	.0	940
153	12/19/85	TYLOX	60	60	2	.0	938
** 154	03/07/85	TYLOX	80	80	2	.0	448
154	04/15/85	TYLOX	60	120	2	1.0	445
154	05/20/85	TYLOX	60	120	2	1.0	438
154	07/17/85	TYLOX	40	40	2	.0	431
154	08/06/85	TYLOX	40	40	2	.0	427
154	08/29/85	TYLOX	50	50	2	.0	426
154	09/30/85	TYLOX	60	60	2	.0	1497
154	11/10/85	TYLOX	60	60	2	.0	20
155	06/13/85	TYLOX	50	50	2	.0	129

PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
156	09/07/85	TYLOX	60	60	2	.0	1476
156	09/30/85	TYLOX	50	50	2	.0	204
157	08/26/85	TYLOX	60	60	2	.0	1308
158	10/17/85	PERCODAN	40	40	2	.0	1631
159	01/30/85	TYLOX	40	40	2	.0	1688
** 160	06/16/85	PERCODAN	60	60	2	.0	1500
160	06/16/85	VALIUM 5MG	60	60	4	.0	1501
160	06/16/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1502
** 161	04/02/85	PERCODAN	50	50	2	.0	213
161	04/17/85	PERCODAN	50	50	2	.0	138
161	04/17/85	VALRELEASE CAPSULES	40	40	4	.0	139
161	04/22/85	PERCODAN	50	50	2	.0	211
161	05/02/85	PERCODAN	40	40	2	.0	210
161	05/13/85	PERCODAN	60	60	2	.0	136
161	05/23/85	PERCODAN	40	40	2	.0	134
161	05/23/85	VALIUM 5MG	40	40	4	.0	135
161	06/03/85	PERCODAN	40	40	2	.0	188
161	06/10/85	PERCODAN	60	60	2	.0	186
161	06/10/85	VALIUM 5MG	60	60	4	.0	187
161	07/08/85	PERCODAN	30	30	2	.0	185
161	07/18/85	PERCODAN	40	40	2	.0	182
161	07/18/85	VALIUM 5MG	40	40	4	.0	183
161	07/25/85	PERCODAN	40	40	2	.0	128
161	08/26/85	PERCODAN	60	60	2	.0	179
161	08/26/85	VALIUM 5MG	60	60	4	.0	180
161	09/05/85	PERCODAN	50	50	2	.0	176
161	09/16/85	PERCODAN	50	50	2	.0	175
161	09/24/85	PERCODAN	40	40	2	.0	172
161	10/07/85	PERCODAN	60	60	2	.0	126
161	10/18/85	PERCODAN	50	50	2	.0	171
— 161	11/25/85	PERCODAN	60	60	2	.0	123
161	12/03/85	PERCODAN	60	60	2	.0	121
161	12/09/85	TYLOX	60	60	2	.0	119
161	12/16/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	117
161	12/19/85	TYLOX	60	60	2	.0	116
** 162	09/26/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	502
162	10/18/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	493

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	PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
	162	11/11/85	TYLENOL NO 3	40	40	3	.0	1492
	162	11/11/85	SECONAL SODIUM (NA) 100MG	20	20	2	.0	1493
	162	12/17/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	452
**	163	04/04/85	TYLOX	60	60	2	.0	876
	163	04/04/85	DALMANE 30MG	40	40	4	.0	877
	163	04/04/85	VALIUM 5MG	50	50	4	.0	878
	163	08/19/85	TYLOX	60	60	2	.0	1169
	164	09/11/85	TYLOX	60	60	2	.0	1468
	164	09/11/85	VALIUM 5MG	60	60	4	.0	1469
	165	05/23/85	TYLOX	40	40	2	.0	1451
	165	10/10/85	TYLOX	60	60	2	.0	1432
	166	10/15/85	PERCODAN	60	60	2	.0	1470
	166	10/15/85	TYLENOL NO 3	40	40	3	.0	1471
**	167	01/07/85	TYLOX	60	60	2	.0	303
	167	01/07/85	VALIUM 5MG	60	60	4	.0	304
	167	01/07/85	DALMANE 30MG	30	30	4	.0	305
	167	03/13/85	TYLOX	60	60	2	.0	280
	167	03/13/85	VALIUM 5MG	60	60	4	.0	281
	167	03/13/85	DALMANE 30MG	40	40	4	.0	282
	167	05/17/85	TYLOX	50	50	2	.0	350
	167	05/17/85	VALIUM 5MG	50	50	4	.0	351
	167	08/21/85	TYLOX	60	60	2	.0	356
	167	08/21/85	TYLENOL NO 3	60	60	3	.0	357
	167	08/21/85	VALIUM 5MG	60	60	4	.0	358
	167	11/18/85	TYLOX	60	60	2	.0	325
**	168	10/29/84	PERCODAN	60	60	2	.0	314
	168	10/29/84	VALIUM 5MG	60	60	4	.0	315
	168	11/06/84	PERCODAN	50	50	2	.0	313
—	168	11/26/84	PERCODAN	60	60	2	.0	1480
	168	12/06/84	PERCODAN	60	60	2	.0	310
	168	12/06/84	VALIUM 5MG	60	60	4	.0	311
	168	12/06/84	DALMANE 30MG	40	40	4	.0	312
	168	01/11/85	PERCODAN	60	60	2	.0	301
	168	01/11/85	VALIUM 5MG	60	60	4	.0	302
	168	01/30/85	PERCODAN	80	80	2	.0	289
	168	01/30/85	VALIUM 5MG	80	80	4	.0	290
—	168	01/30/85	DALMANE 30MG	40	40	4	.0	291

PRESCRIPTION LIST
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PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
168	03/01/85	PERCODAN	80	80	2	.0	288
168	03/12/85	PERCODAN	60	60	2	.0	279
168	04/23/85	PERCODAN	60	60	2	.0	276
168	04/23/85	VALIUM 5MG	60	60	4	.0	277
168	04/23/85	DALMANE 30MG	30	30	4	.0	278
168	05/13/85	PERCODAN	60	60	2	.0	273
168	05/13/85	VALIUM 5MG	60	60	4	.0	274
168	06/18/85	PERCODAN	60	60	2	.0	348
168	06/18/85	VALIUM 5MG	60	60	4	.0	349
168	06/18/85	PERCODAN	60	60	2	.0	352
168	06/18/85	VALIUM 5MG	60	60	4	.0	353
168	06/18/85	TENUATE DOSPAN	60	60	4	.0	354
168	07/26/85	PERCODAN	50	50	2	.0	346
168	07/26/85	VALIUM 5MG	50	50	4	.0	347
168	08/12/85	PERCODAN	60	60	2	.0	342
168	08/12/85	VALIUM 5MG	60	60	4	.0	343
168	09/10/85	PERCODAN	60	60	2	.0	335
168	09/10/85	VALIUM 5MG	60	60	4	.0	336
168	10/17/85	PERCODAN	40	40	2	.0	333
168	10/17/85	VALIUM 5MG	40	40	4	.0	334
168	11/12/85	VALIUM 5MG	60	60	4	.0	326
168	11/12/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	327
168	11/12/85	TENUATE DOSPAN	50	50	4	.0	328
168	11/12/85	PERCODAN	60	60	2	.0	329
** 169	09/09/85	PERCODAN	60	60	2	.0	1367
169	09/09/85	VICODIN	60	60	3	.0	1368
169	09/09/85	VALIUM 5MG	60	60	4	.0	1369
169	10/14/85	PERCODAN	50	50	2	.0	1357
169	10/14/85	VICODIN	50	50	3	.0	1358
169	10/14/85	VALIUM 5MG	50	50	4	.0	1359
169	10/22/85	PERCODAN	60	60	2	.0	1353
169	10/22/85	VALIUM 5MG	60	60	4	.0	1354
** 170	12/03/84	TYLOX	50	50	2	.0	1316
170	12/03/84	FIORINAL W/CODEINE NO3	50	50	3	.0	1317
170	12/03/84	VALIUM 5MG	50	50	4	.0	1318
170	06/10/85	TYLOX	60	60	2	.0	1003
— 170	06/17/85	DALMANE 30MG	30	30	4	.0	1008
170	06/17/85	TYLENOL NO 3	80	160	3	1.0	1009
170	06/17/85	VALIUM 5MG	80	160	4	1.0	1010
171	08/27/84	PERCODAN	50	50	2	.0	1636
** 172	10/25/84	TYLOX	50	50	2	.0	1615

PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
172	10/25/84	FLEXERIL	50	50	U	.0	1616
172	10/25/84	VALIUM 5MG	50	50	4	.0	1617
172	01/22/85	TYLOX	60	60	2	.0	1609
172	01/22/85	LIBRIUM 25MG	40	40	4	.0	1610
172	01/22/85	FLEXERIL	60	60	U	.0	1611
172	04/16/85	TYLOX	60	60	2	.0	783
172	04/16/85	LIBRIUM 25MG	60	60	4	.0	784
172	05/07/85	TYLOX	60	60	2	.0	780
172	05/07/85	LIBRIUM 25MG	50	50	4	.0	781
172	06/12/85	TYLOX	50	50	2	.0	777
172	06/12/85	LIBRIUM 25MG	50	50	4	.0	778
172	10/03/85	TYLOX	60	60	2	.0	1373
** 173	02/04/85	PERCODAN	50	50	2	.0	693
173	02/04/85	VICODIN	50	50	3	.0	694
173	02/04/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	695
173	03/11/85	VICODIN	60	60	3	.0	685
173	03/11/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	686
173	04/01/85	PERCODAN	50	50	2	.0	680
173	04/01/85	VICODIN	60	60	3	.0	681
173	04/01/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	682
173	05/09/85	VICODIN	60	60	3	.0	678
173	05/09/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	679
173	06/06/85	PERCODAN	50	50	2	.0	673
173	06/06/85	VICODIN	80	80	3	.0	674
173	06/06/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	675
173	08/29/85	VICODIN	50	50	3	.0	224
173	08/29/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	225
173	09/23/85	PERCODAN	60	60	2	.0	951
173	09/23/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	952
173	10/24/85	VICODIN	60	60	3	.0	221
173	10/24/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	222
** 174	03/01/85	PERCODAN	50	50	2	.0	407
174	03/13/85	PERCODAN	40	40	2	.0	1498
174	03/29/85	PERCODAN	50	50	2	.0	1499
** 175	08/16/84	PERCODAN	50	50	2	.0	1683
175	10/22/84	PERCODAN	50	50	2	.0	1280
175	10/22/84	VALIUM 5MG	50	50	4	.0	1281
175	01/30/85	PERCODAN	80	80	2	.0	1682
175	04/04/85	PERCODAN	80	80	2	.0	1681
175	05/13/85	PERCODAN	60	60	2	.0	1670
175	06/15/85	PERCODAN	60	60	2	.0	1275
175	07/30/85	FLEXERIL	60	60	U	.0	1436
175	07/30/85	FIORINAL W/CODEINE NO3	60	60	3	.0	1437

PRESCRIPTION LIST
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PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
175	07/30/85	PERCODAN	60	60	2	.0	1438
175	08/16/85	FLEXERIL	50	50	U	.0	1684
175	09/05/85	PERCODAN	60	60	2	.0	1679
175	09/05/85	FLEXERIL	60	60	U	.0	1680
175	10/21/85	PERCODAN	50	50	2	.0	1676
175	10/21/85	FLEXERIL	50	50	U	.0	1677
175	10/21/85	FIORINAL W/CODEINE NO3	50	50	3	.0	1678
175	11/19/85	PERCODAN	60	60	2	.0	1259
** 176	07/10/85	PERCODAN	40	40	2	.0	1406
176	07/10/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1407
176	07/10/85	HYCODAN TABLETS	40	40	3	.0	1408
177	05/06/85	VALIUM 5MG	40	40	4	.0	592
** 177	05/06/85	PERCODAN	40	40	2	.0	593
177	05/06/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	594
177	05/20/85	PERCODAN	40	40	2	.0	869
177	05/20/85	VALIUM 5MG	20	20	4	.0	870
177	05/20/85	SECONAL SODIUM (NA) 100MG	20	20	2	.0	871
177	06/03/85	PERCODAN	40	40	2	.0	1378
177	06/03/85	VALIUM 5MG	40	40	4	.0	1379
177	06/03/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	1380
178	06/09/85	TYLOX	60	60	2	.0	1311
179	08/27/85	DEMEROL 100MG	50	50	2	.0	1159
179	10/22/85	DEMEROL 100MG	40	40	2	.0	1144
** 180	09/11/84	TYLOX	60	60	2	.0	1299
180	09/11/84	VALIUM 10MG	60	60	4	.0	1300
180	09/11/84	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1301
** 181	03/25/85	PERCODAN	60	60	2	.0	284
181	03/25/85	VALIUM 5MG	60	60	4	.0	285
181	04/29/85	PERCODAN	50	50	2	.0	926
181	04/29/85	VALIUM 5MG	50	50	4	.0	927
181	06/10/85	PERCODAN	60	60	2	.0	228
181	06/10/85	DALMANE 30MG	40	40	4	.0	229
181	07/22/85	PERCODAN	60	60	2	.0	1309
181	07/22/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1310
181	08/19/85	PERCODAN	50	50	2	.0	340
181	08/19/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	341
181	10/29/85	PERCODAN	60	60	2	.0	1307

	PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
	181	11/19/85	PERCODAN	60	60	2	.0	323
	181	11/19/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	324
**	182	03/11/85	VALIUM 5MG	40	40	4	.0	880
	182	03/11/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	881
	182	03/28/85	PERCOCET-5	60	60	2	.0	618
	182	03/28/85	VALIUM 5MG	60	60	4	.0	619
	182	04/22/85	PERCOCET-5	50	50	2	.0	611
	182	04/22/85	VALIUM 5MG	50	50	4	.0	612
	182	04/22/85	DALMANE 30MG	30	30	4	.0	613
	182	12/17/85	PERCOCET-5	50	50	2	.0	1494
**	183	10/16/84	PERCODAN	50	50	2	.0	1401
	183	10/16/84	DEMEROL 50MG	50	50	2	.0	1403
	183	10/16/84	VISTARIL 50MG	50	50	U	.0	1404
	183	11/19/84	PERCODAN	50	50	2	.0	1396
	183	11/19/84	VALIUM 5MG	50	50	4	.0	1397
	183	11/27/84	VALIUM 5MG	60	60	4	.0	1389
	183	11/27/84	PERCODAN	60	60	2	.0	1390
	183	11/27/84	DEMEROL 50MG	50	50	2	.0	1391
	183	11/27/84	VISTARIL 50MG	50	50	U	.0	1392
	183	01/11/85	PERCODAN	60	60	2	.0	269
	183	01/15/85	PERCODAN	60	60	2	.0	265
	183	01/15/85	VISTARIL 50MG	60	60	U	.0	266
	183	01/15/85	DEMEROL 50MG	60	60	2	.0	267
	183	02/12/85	PERCODAN	60	60	2	.0	264
	183	03/10/85	DEMEROL 50MG	60	60	2	.0	262
	183	03/10/85	PERCODAN	60	60	2	.0	263
	183	03/26/85	DEMEROL 50MG	80	80	2	.0	258
	183	03/26/85	PERCODAN	80	80	2	.0	259
	183	04/16/85	PERCODAN	50	50	2	.0	254
	183	04/25/85	PERCODAN	60	60	2	.0	252
	183	05/16/85	PERCODAN	60	60	2	.0	246
	183	05/16/85	VALIUM 5MG	60	60	4	.0	247
	183	05/16/85	DEMEROL 50MG	40	40	2	.0	248
	183	05/16/85	VISTARIL 50MG	40	40	U	.0	249
	183	05/16/85	DALMANE 30MG	30	30	4	.0	250
	183	06/04/85	PERCODAN	60	60	2	.0	377
—	183	06/04/85	DEMEROL 50MG	50	50	2	.0	378
	183	07/11/85	PERCODAN	50	50	2	.0	372
	183	07/11/85	VISTARIL	60	60	U	.0	373
	183	07/11/85	DEMEROL 50MG	50	50	2	.0	374
	183	07/25/85	PERCODAN	50	50	2	.0	368
	183	08/01/85	PERCODAN	60	60	2	.0	366
	183	08/01/85	VALIUM 5MG	60	60	4	.0	367
	183	08/01/85	DEMEROL 50MG	50	50	2	.0	369
—	183	08/01/85	VISTARIL 50MG	50	50	U	.0	370

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PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
183	08/27/85	PERCODAN	60	60	2	.0	170
183	09/12/85	DEMEROL 50MG	60	60	2	.0	162
183	09/12/85	PERCODAN	80	80	2	.0	163
183	09/12/85	VALIUM 5MG	80	80	4	.0	164
183	09/12/85	DALMANE 30MG	40	40	4	.0	165
183	09/20/85	PERCODAN	60	60	2	.0	159
183	09/20/85	DEMEROL 50MG	60	60	2	.0	160
183	09/20/85	VISTARIL 50MG	60	60	U	.0	161
183	10/08/85	FLEXERIL	80	80	U	.0	1454
183	10/08/85	VICODIN	80	80	3	.0	1455
183	10/08/85	PERCODAN	60	60	2	.0	1456
183	11/04/85	PERCODAN	50	50	2	.0	157
183	11/12/85	PERCODAN	60	60	2	.0	154
184	06/08/85	PERCODAN	60	60	2	.0	1463
184	06/08/85	VALIUM 5MG	60	60	4	.0	1464
185	01/18/85	TYLOX	40	40	2	.0	408
186	05/31/85	TYLOX	40	40	2	.0	1638
186	05/31/85	VALIUM 5MG	40	40	4	.0	1639
186	06/10/85	TYLOX	60	60	2	.0	866
187	09/16/85	PERCODAN	50	50	2	.0	173
187	09/16/85	SOMA COMPOUND	50	50	U	.0	174
** 188	09/10/84	TYLOX	60	60	2	.0	733
188	09/10/84	SOMA	60	60	U	.0	734
188	10/22/84	TYLOX	60	60	2	.0	731
188	10/22/84	SOMA	40	40	U	.0	732
188	11/30/84	TYLOX	50	50	2	.0	728
188	11/30/84	VALIUM 5MG	50	50	4	.0	729
188	11/30/84	DALMANE 30MG	30	30	4	.0	730
188	12/27/84	TYLOX	60	60	2	.0	725
188	12/27/84	SOMA COMPOUND	60	60	U	.0	726
188	12/27/84	DALMANE 30MG	40	40	4	.0	727
188	02/04/85	TYLOX	30	30	2	.0	722
188	02/04/85	SOMA COMPOUND	30	30	U	.0	723
188	02/04/85	DALMANE 30MG	20	20	4	.0	724
188	02/21/85	TYLOX	80	80	2	.0	718
188	02/21/85	VALIUM 5MG	80	80	4	.0	719
188	02/21/85	DALMANE 30MG	40	40	4	.0	720
188	03/14/85	TYLOX	60	60	2	.0	716
188	03/14/85	VALIUM 5MG	60	60	4	.0	717

PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
188	04/04/85	TYLOX	60	60	2	.0	715
188	04/25/85	TYLOX	60	60	2	.0	713
188	04/25/85	VALIUM 5MG	60	60	4	.0	714
188	05/16/85	TYLOX	60	60	2	.0	712
188	05/21/85	TYLOX	60	60	2	.0	709
188	05/21/85	SOMA COMPOUND	60	60	U	.0	710
188	05/21/85	VALIUM 5MG	60	60	4	.0	711
188	06/18/85	TYLOX	60	120	2	1.0	707
188	06/18/85	VALIUM 5MG	60	120	4	1.0	708
188	09/24/85	FIORINAL W/CODEINE NO3	80	80	3	.0	721
188	10/24/85	TYLOX	60	60	2	.0	363
188	10/24/85	VALIUM 5MG	60	60	4	.0	364
188	10/24/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	365
188	11/14/85	TYLOX	80	80	2	.0	362
188	12/04/85	TYLOX	50	50	2	.0	360
188	12/04/85	SOMA COMPOUND	50	50	U	.0	361
188	12/19/85	TYLOX	60	60	2	.0	359
** 189	03/25/85	TYLOX	80	80	2	.0	1629
189	04/11/85	TYLOX	60	60	2	.0	785
189	08/12/85	TYLOX	60	60	2	.0	774
189	10/21/85	FIORINAL	100	100	3	.0	1620
189	10/21/85	TYLOX	50	50	2	.0	1621
189	11/18/85	TYLOX	60	60	2	.0	762
189	12/09/85	TYLOX	60	60	2	.0	761
190	12/27/84	TYLENOL W/CODEINE	50	50	U	.0	409
190	12/27/84	SECONAL SODIUM (NA) 100MG	30	30	2	.0	410
** 191	09/17/84	TYLOX	60	60	2	.0	200
191	09/17/84	SECONAL SODIUM (NA) 100MG	30	30	2	.0	201
191	10/08/84	TYLOX	50	50	2	.0	894
191	10/08/84	VALIUM 5MG	50	50	4	.0	895
191	01/22/85	TYLOX	60	60	2	.0	887
191	01/22/85	VALIUM 5MG	60	60	4	.0	888
191	01/22/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	889
— 191	03/05/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	885
191	03/05/85	TYLOX	80	80	2	.0	886
191	05/02/85	TYLOX	60	60	2	.0	872
191	05/02/85	VALIUM 5MG	60	60	4	.0	873
191	05/02/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	874
191	05/23/85	PERCODAN	40	40	2	.0	867
191	05/23/85	VALIUM 5MG	40	40	4	.0	868
191	06/11/85	VICODIN	60	60	3	.0	863
191	06/11/85	VALIUM 5MG	60	60	4	.0	864
— 191	06/11/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	865

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	PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
	191	07/09/85	VICODIN	60	60	3	.0	857
	191	07/09/85	VALIUM 5MG	60	60	4	.0	858
	191	07/09/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	859
	191	11/04/85	TYLOX	40	40	2	.0	853
	191	11/04/85	VALIUM 5MG	40	40	4	.0	854
	191	11/14/85	TYLOX	60	60	2	.0	477
	191	12/02/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	465
	192	08/14/85	PERCODAN	40	40	2	.0	1633
**	193	02/11/85	TYLOX	60	120	2	1.0	1348
	194	09/04/85	TYLOX	60	60	2	.0	1467
**	195	10/18/84	TALWIN NX	40	40	4	.0	753
	195	10/18/84	SECONAL SODIUM (NA) 100MG	30	30	2	.0	754
	195	10/29/84	TALWIN NX	50	50	4	.0	242
	195	10/29/84	SECONAL SODIUM (NA) 100MG	20	20	2	.0	243
	195	12/20/84	PERCODAN	50	50	2	.0	306
	195	02/04/85	PERCODAN	30	30	2	.0	295
	195	02/04/85	SECONAL SODIUM (NA) 100MG	20	20	2	.0	296
	195	02/18/85	PERCODAN	50	50	2	.0	736
	195	02/18/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	737
	195	03/25/85	PERCODAN	50	50	2	.0	1627
	195	03/25/85	FLEXERIL	50	50	U	.0	1628
	195	04/25/85	TYLOX	40	40	2	.0	937
	196	11/03/84	TYLOX	50	50	2	.0	1582
	196	11/03/84	VALIUM 5MG	50	50	4	.0	1583
**	197	03/10/85	PERCODAN	40	40	2	.0	1640
	197	03/10/85	TYLENOL NO 3	40	40	3	.0	1641
	197	03/14/85	PERCODAN	40	40	2	.0	879
**	198	05/10/85	PERCOCET-5	30	30	2	.0	208
	198	05/10/85	VICODIN	40	40	3	.0	209
	198	07/11/85	PERCODAN	50	50	2	.0	1204
	198	07/11/85	DALMANE 30MG	30	30	4	.0	1205
	198	08/06/85	PERCODAN	40	40	2	.0	1209
	198	08/06/85	SECONAL SODIUM (NA) 100MG	20	20	2	.0	1210
	198	08/15/85	PERCODAN	60	60	2	.0	1215

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**	199	09/12/85	PERCODAN	40	40	2	.0	391
	199	09/12/85	VALIUM 5MG	30	30	4	.0	392
	199	09/12/85	DALMANE 30MG	20	20	4	.0	393
	200	09/25/85	TYLOX	30	30	2	.0	1496
**	201	12/17/84	VICODIN	60	120	3	1.0	1549
	201	12/17/84	PERCODAN	50	100	2	1.0	1550
	202	05/28/85	TYLENOL NO 3	50	100	3	1.0	1011
	203	05/13/85	PERCODAN	40	40	2	.0	833
	203	06/03/85	PERCODAN	60	60	2	.0	189
	203	06/03/85	VALIUM 5MG	60	60	4	.0	190
	204	03/07/85	PERCOCET-5	40	40	2	.0	1692
	204	03/07/85	VALIUM 5MG	40	40	4	.0	1693
	205	11/19/85	TYLOX	60	60	2	.0	955
**	206	02/25/85	PERCODAN	60	60	2	.0	449
	206	02/25/85	VALIUM 5MG	60	60	4	.0	450
	206	02/25/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	451
	206	04/22/85	PERCODAN	60	60	2	.0	443
	206	04/22/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	444
	206	06/17/85	PERCODAN	60	120	2	1.0	434
	206	06/17/85	SECONAL SODIUM (NA) 100MG	40	80	2	1.0	435
	206	08/02/85	PERCODAN	40	40	2	.0	428
	206	08/02/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	429
	206	09/17/85	PERCODAN	50	50	2	.0	420
	206	09/17/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	421
	206	10/21/85	PERCODAN	50	50	2	.0	29
	206	10/21/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	30
—	206	11/15/85	PERCODAN	60	60	2	.0	12
	206	11/15/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	13
	207	03/26/85	TYLENOL NO 3	40	40	3	.0	1341
	207	03/26/85	SECONAL SODIUM (NA) 100MG	20	20	2	.0	1342
—	208	11/04/85	DEMEROL 50MG	30	30	2	.0	220

PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
209	07/20/85	TYLOX	50	50	2	.0	1513
** 210	10/14/84	TYLOX	60	120	2	1.0	1418
210	10/14/84	VALIUM 5MG	60	120	4	1.0	1419
210	10/14/84	DALMANE 30MG	40	80	4	1.0	1420
210	11/15/84	DEMEROL 50MG	50	50	2	.0	1127
210	11/15/84	VALIUM 5MG	50	50	4	.0	1128
210	11/15/84	DALMANE 30MG	40	40	4	.0	1129
210	12/10/84	TYLOX	60	60	2	.0	1122
210	12/10/84	VALIUM 5MG	60	60	4	.0	1123
210	12/10/84	DALMANE 30MG	30	30	4	.0	1124
210	01/22/85	TYLOX	80	80	2	.0	1119
210	01/22/85	VALIUM 5MG	80	80	4	.0	1120
210	03/12/85	TYLOX	80	80	2	.0	1114
210	03/12/85	VALIUM 5MG	80	80	4	.0	1115
210	03/12/85	DALMANE 30MG	20	20	4	.0	1116
210	04/09/85	TYLOX	80	80	2	.0	1108
210	04/09/85	VALIUM 5MG	80	80	4	.0	1109
210	04/09/85	DALMANE 30MG	40	40	4	.0	1110
210	05/20/85	TYLOX	80	80	2	.0	918
210	05/20/85	VALIUM 5MG	80	80	4	.0	919
210	07/15/85	TYLOX	60	60	2	.0	916
210	07/15/85	VALIUM 5MG	60	60	4	.0	917
210	08/15/85	TYLOX	60	60	2	.0	1646
210	08/15/85	VALIUM 5MG	60	60	4	.0	1647
210	08/15/85	TAGAMET 300MG TABLETS	60	60	U	.0	1648
210	09/23/85	TYLOX	80	80	2	.0	911
210	09/23/85	VALIUM 5MG	80	80	4	.0	912
210	11/04/85	DEMEROL 50MG	60	60	2	.0	907
210	12/02/85	DEMEROL 50MG	60	60	2	.0	905
211	09/28/85	TYLOX	50	50	2	.0	1687
** 212	11/21/84	TYLOX	60	60	2	.0	893
212	03/09/85	TYLOX	60	60	2	.0	882
212	03/09/85	VALIUM 5MG	60	60	4	.0	883
212	03/09/85	DALMANE 30MG	40	40	4	.0	884
212	10/04/85	TYLOX	40	40	2	.0	1637
213	11/02/84	PERCOCET-5	40	40	2	.0	1459
214	11/19/84	TYLOX	40	40	2	.0	1417

PRESCRIPTION LIST
BY PATIENT NUMBER
CHARLES SHIN, MD

PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
215	06/12/85	TYLOX	60	60	2	.0	1434
215	06/12/85	VALIUM 5MG	60	60	4	.0	1435
** 216	09/10/84	TYLOX	60	60	2	.0	657
216	09/10/84	VALIUM 5MG	50	50	4	.0	658
216	01/14/85	TYLOX	60	60	2	.0	1543
216	01/14/85	VALIUM 5MG	60	60	4	.0	1544
216	05/20/85	TYLOX	60	60	2	.0	1541
216	05/20/85	VALIUM 5MG	60	60	4	.0	1542
216	07/22/85	TYLOX	60	60	2	.0	1511
216	07/22/85	VALIUM 5MG	60	60	4	.0	1512
216	08/26/85	TYLOX	60	60	2	.0	1525
216	08/26/85	VALIUM 5MG	60	60	4	.0	1526
216	10/21/85	TYLOX	50	50	2	.0	1490
216	10/21/85	VALIUM 5MG	40	40	4	.0	1491
216	12/02/85	TYLOX	60	60	2	.0	468
** 217	03/10/85	TYLOX	40	40	2	.0	1674
217	03/10/85	VALIUM 5MG	40	40	4	.0	1675
217	03/28/85	TYLOX	60	60	2	.0	1673
217	04/25/85	PERCODAN	40	40	2	.0	1671
217	04/25/85	VALIUM 5MG	40	40	4	.0	1672
217	05/07/85	PERCODAN	60	60	2	.0	1276
217	05/28/85	PERCODAN	50	50	2	.0	1669
217	06/04/85	PERCODAN	60	120	2	1.0	1667
217	06/04/85	PERCODAN	60	120	2	1.0	1668
217	07/16/85	TYLOX	60	60	2	.0	1274
217	07/28/85	PERCODAN	60	60	2	.0	1273
217	08/27/85	DEMEROL 50MG	40	40	2	.0	1271
217	09/12/85	DEMEROL 100MG	60	60	2	.0	1270
217	09/24/85	DEMEROL 100MG	60	60	2	.0	1268
217	10/08/85	DEMEROL 100MG	50	50	2	.0	1267
217	10/17/85	DEMEROL 50MG	50	50	2	.0	1264
217	11/12/85	TYLOX	60	60	2	.0	1260
217	11/12/85	DALMANE 30MG	40	40	4	.0	1261
217	12/05/85	TYLOX	60	60	2	.0	1257
218	06/06/85	PERCODAN	60	60	2	.0	1177
218	06/06/85	VALIUM 5MG	60	60	4	.0	1178
219	11/29/85	DEMEROL 50MG	60	60	2	.0	469
220	04/23/85	PERCODAN	50	50	2	.0	1560

PRESCRIPTION LIST
BY PATIENT NUMBER
CHARLES SHIN, MD

PATIENT NUMBER	DATE	DRUG	AMOUNT	TOTAL AMOUNT	SCHEDULE	REFILLS	PRESC. NUMBER
221	11/15/84	TYLOX	40	40	2	.0	1125
221	11/15/84	VALIUM 5MG	40	40	4	.0	1126
** 222	01/21/85	PERCODAN	50	50	2	.0	298
222	01/21/85	SECONAL SODIUM (NA) 100MG	30	30	2	.0	299
222	02/18/85	PERCODAN	80	80	2	.0	292
222	02/18/85	VALIUM 5MG	80	80	4	.0	293
222	02/18/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	294
222	03/06/85	PERCODAN	80	80	2	.0	1312
222	03/06/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	1313
222	12/09/85	VALIUM 5MG	60	60	4	.0	458
222	12/09/85	SECONAL SODIUM (NA) 100MG	40	40	2	.0	459
222	12/09/85	TYLOX	60	60	2	.0	1305
222	12/16/85	VALIUM 5MG	40	80	4	1.0	454
222	12/16/85	SECONAL SODIUM (NA) 100MG	30	60	2	1.0	455
223	02/07/85	PERCODAN	80	80	2	.0	738

OVERALL PATIENT NAME TALLY: 1696

OVERALL TOTAL AMOUNT TOTAL: 92078

TOTAL DRUG AMOUNTS
BY DRUG, YEAR, AND MONTH
CHARLES SHIN, MD

CODEINE 30MG

TOTAL AMOUNT FOR MONTH 5 IS 60

TOTAL AMOUNT FOR YEAR 85 IS 60

TOTAL AMOUNT FOR THIS DRUG 60

DEMEROL 100MG

TOTAL AMOUNT FOR MONTH 8 IS 110
TOTAL AMOUNT FOR MONTH 9 IS 330
TOTAL AMOUNT FOR MONTH 10 IS 180
TOTAL AMOUNT FOR MONTH 11 IS 60

TOTAL AMOUNT FOR YEAR 85 IS 680

TOTAL AMOUNT FOR THIS DRUG 680

DEMEROL 50MG

TOTAL AMOUNT FOR MONTH 8 IS 40
TOTAL AMOUNT FOR MONTH 10 IS 160
TOTAL AMOUNT FOR MONTH 11 IS 150
TOTAL AMOUNT FOR MONTH 12 IS 60

TOTAL AMOUNT FOR YEAR 84 IS 410

TOTAL AMOUNT FOR MONTH 1 IS 140
TOTAL AMOUNT FOR MONTH 2 IS 110
TOTAL AMOUNT FOR MONTH 3 IS 280
TOTAL AMOUNT FOR MONTH 5 IS 40
TOTAL AMOUNT FOR MONTH 6 IS 170
TOTAL AMOUNT FOR MONTH 7 IS 290
TOTAL AMOUNT FOR MONTH 8 IS 90
TOTAL AMOUNT FOR MONTH 9 IS 170
TOTAL AMOUNT FOR MONTH 10 IS 110
TOTAL AMOUNT FOR MONTH 11 IS 210
TOTAL AMOUNT FOR MONTH 12 IS 60

TOTAL AMOUNT FOR YEAR 85 IS 1670

TOTAL AMOUNT FOR THIS DRUG 2080

DALMANE

TOTAL AMOUNT FOR MONTH 6 IS 30

TOTAL AMOUNT FOR YEAR 85 IS 30

TOTAL AMOUNT FOR THIS DRUG 30

DALMANE 30MG

TOTAL AMOUNT FOR MONTH 10 IS 180
TOTAL AMOUNT FOR MONTH 11 IS 190
TOTAL AMOUNT FOR MONTH 12 IS 210

TOTAL AMOUNT FOR YEAR 84 IS 580

TOTAL AMOUNT FOR MONTH 1 IS 140
TOTAL AMOUNT FOR MONTH 2 IS 210
TOTAL AMOUNT FOR MONTH 3 IS 170
TOTAL AMOUNT FOR MONTH 4 IS 240
TOTAL AMOUNT FOR MONTH 5 IS 190
TOTAL AMOUNT FOR MONTH 6 IS 150
TOTAL AMOUNT FOR MONTH 7 IS 240
TOTAL AMOUNT FOR MONTH 8 IS 110
TOTAL AMOUNT FOR MONTH 9 IS 130
TOTAL AMOUNT FOR MONTH 10 IS 130
TOTAL AMOUNT FOR MONTH 11 IS 70

TOTAL AMOUNT FOR YEAR 85 IS 1780

TOTAL AMOUNT FOR THIS DRUG 2360

DILAUDID SUPPOSITORIES 3MG

TOTAL AMOUNT FOR MONTH 12 IS 50

TOTAL AMOUNT FOR YEAR 84 IS 50

TOTAL AMOUNT FOR THIS DRUG 50

DARVOCET

TOTAL AMOUNT FOR MONTH 10 IS 60

TOTAL AMOUNT FOR YEAR 85 IS 60

TOTAL AMOUNT FOR THIS DRUG 60

TOTAL DRUG AMOUNTS
BY DRUG, YEAR, AND MONTH
CHARLES SHIN, MD

DARVOCET-N 100

TOTAL AMOUNT FOR MONTH 10 IS 60
TOTAL AMOUNT FOR MONTH 11 IS 60
TOTAL AMOUNT FOR MONTH 12 IS 100

TOTAL AMOUNT FOR YEAR 84 IS 220

TOTAL AMOUNT FOR MONTH 1 IS 60
TOTAL AMOUNT FOR MONTH 5 IS 60
TOTAL AMOUNT FOR MONTH 6 IS 80
TOTAL AMOUNT FOR MONTH 7 IS 40
TOTAL AMOUNT FOR MONTH 9 IS 100

TOTAL AMOUNT FOR YEAR 85 IS 340

TOTAL AMOUNT FOR THIS DRUG 560

ELAVIL 150MG

TOTAL AMOUNT FOR MONTH 7 IS 40

TOTAL AMOUNT FOR YEAR 85 IS 40

TOTAL AMOUNT FOR THIS DRUG 40

ELAVIL 50MG

TOTAL AMOUNT FOR MONTH 3 IS 30

TOTAL AMOUNT FOR YEAR 85 IS 30

TOTAL AMOUNT FOR THIS DRUG 30

FIORINAL

TOTAL AMOUNT FOR MONTH 4 IS 60
TOTAL AMOUNT FOR MONTH 8 IS 60
TOTAL AMOUNT FOR MONTH 9 IS 60
TOTAL AMOUNT FOR MONTH 10 IS 100

TOTAL AMOUNT FOR YEAR 85 IS 280

TOTAL AMOUNT FOR THIS DRUG 280

FIORINAL W/CODEINE NO3

TOTAL AMOUNT FOR MONTH 12 IS 50

TOTAL AMOUNT FOR YEAR 84 IS 50

TOTAL AMOUNT FOR MONTH 7 IS 60
TOTAL AMOUNT FOR MONTH 8 IS 60
TOTAL AMOUNT FOR MONTH 9 IS 200
TOTAL AMOUNT FOR MONTH 10 IS 50
TOTAL AMOUNT FOR MONTH 11 IS 60

TOTAL AMOUNT FOR YEAR 85 IS 430

TOTAL AMOUNT FOR THIS DRUG 480

FLEXERIL

TOTAL AMOUNT FOR MONTH 10 IS 50

TOTAL AMOUNT FOR YEAR 84 IS 50

TOTAL AMOUNT FOR MONTH 1 IS 60
TOTAL AMOUNT FOR MONTH 3 IS 50
TOTAL AMOUNT FOR MONTH 4 IS 120
TOTAL AMOUNT FOR MONTH 6 IS 50
TOTAL AMOUNT FOR MONTH 7 IS 120
TOTAL AMOUNT FOR MONTH 8 IS 50
TOTAL AMOUNT FOR MONTH 9 IS 110
TOTAL AMOUNT FOR MONTH 10 IS 130

TOTAL AMOUNT FOR YEAR 85 IS 690

TOTAL AMOUNT FOR THIS DRUG 740

HYCODAN TABLETS

TOTAL AMOUNT FOR MONTH 6 IS 60
TOTAL AMOUNT FOR MONTH 7 IS 40

TOTAL AMOUNT FOR YEAR 85 IS 100

TOTAL AMOUNT FOR THIS DRUG 100

LIBRIUM 25MG

TOTAL AMOUNT FOR MONTH 1 IS 40
TOTAL AMOUNT FOR MONTH 3 IS 60
TOTAL AMOUNT FOR MONTH 4 IS 120
TOTAL AMOUNT FOR MONTH 5 IS 50
TOTAL AMOUNT FOR MONTH 6 IS 110
TOTAL AMOUNT FOR MONTH 12 IS 50

TOTAL AMOUNT FOR YEAR 85 IS 430

TOTAL AMOUNT FOR THIS DRUG 430

LASIX TABLETS 40MG

TOTAL AMOUNT FOR MONTH 3 IS 30

TOTAL AMOUNT FOR YEAR 85 IS 30

TOTAL AMOUNT FOR THIS DRUG 30

PERCODAN

TOTAL AMOUNT FOR MONTH 8 IS 360
TOTAL AMOUNT FOR MONTH 9 IS 460
TOTAL AMOUNT FOR MONTH 10 IS 550
TOTAL AMOUNT FOR MONTH 11 IS 540
TOTAL AMOUNT FOR MONTH 12 IS 920

TOTAL AMOUNT FOR YEAR 84 IS 2830

TOTAL AMOUNT FOR MONTH 1 IS 1120
TOTAL AMOUNT FOR MONTH 2 IS 1280
TOTAL AMOUNT FOR MONTH 3 IS 1580
TOTAL AMOUNT FOR MONTH 4 IS 2230
TOTAL AMOUNT FOR MONTH 5 IS 1760
TOTAL AMOUNT FOR MONTH 6 IS 2145
TOTAL AMOUNT FOR MONTH 7 IS 2350
TOTAL AMOUNT FOR MONTH 8 IS 2320
TOTAL AMOUNT FOR MONTH 9 IS 2840
TOTAL AMOUNT FOR MONTH 10 IS 2955
TOTAL AMOUNT FOR MONTH 11 IS 2940
TOTAL AMOUNT FOR MONTH 12 IS 1470

TOTAL AMOUNT FOR YEAR 85 IS 24990

TOTAL AMOUNT FOR THIS DRUG 27820

PERCOCET-5

TOTAL AMOUNT FOR MONTH 8 IS 60
TOTAL AMOUNT FOR MONTH 9 IS 40
TOTAL AMOUNT FOR MONTH 11 IS 40

TOTAL AMOUNT FOR YEAR 84 IS 140

TOTAL AMOUNT FOR MONTH 1 IS 160
TOTAL AMOUNT FOR MONTH 2 IS 210
TOTAL AMOUNT FOR MONTH 3 IS 320
TOTAL AMOUNT FOR MONTH 4 IS 270
TOTAL AMOUNT FOR MONTH 5 IS 150
TOTAL AMOUNT FOR MONTH 6 IS 240
TOTAL AMOUNT FOR MONTH 7 IS 295
TOTAL AMOUNT FOR MONTH 8 IS 200
TOTAL AMOUNT FOR MONTH 9 IS 330
TOTAL AMOUNT FOR MONTH 10 IS 300
TOTAL AMOUNT FOR MONTH 11 IS 270
TOTAL AMOUNT FOR MONTH 12 IS 110

TOTAL AMOUNT FOR YEAR 85 IS 2855

TOTAL AMOUNT FOR THIS DRUG 2995

PLACIDYL 750MG

TOTAL AMOUNT FOR MONTH 12 IS 40

TOTAL AMOUNT FOR YEAR 84 IS 40

TOTAL AMOUNT FOR THIS DRUG 40

RESTORIL 30MG

TOTAL AMOUNT FOR MONTH 10 IS 30

TOTAL AMOUNT FOR YEAR 84 IS 30

TOTAL AMOUNT FOR THIS DRUG 30

SOMA COMPOUND W/CODEINE

TOTAL AMOUNT FOR MONTH 7 IS 60
TOTAL AMOUNT FOR MONTH 8 IS 40
TOTAL AMOUNT FOR MONTH 9 IS 140
TOTAL AMOUNT FOR MONTH 10 IS 50

TOTAL AMOUNT FOR YEAR 85 IS 290

TOTAL AMOUNT FOR THIS DRUG 290

SECONAL SODIUM (NA) 100MG

TOTAL AMOUNT FOR MONTH 9 IS 210
TOTAL AMOUNT FOR MONTH 10 IS 270
TOTAL AMOUNT FOR MONTH 11 IS 60
TOTAL AMOUNT FOR MONTH 12 IS 250

TOTAL AMOUNT FOR YEAR 84 IS 790

TOTAL AMOUNT FOR MONTH 1 IS 180
TOTAL AMOUNT FOR MONTH 2 IS 280
TOTAL AMOUNT FOR MONTH 3 IS 480
TOTAL AMOUNT FOR MONTH 4 IS 310
TOTAL AMOUNT FOR MONTH 5 IS 260
TOTAL AMOUNT FOR MONTH 6 IS 410
TOTAL AMOUNT FOR MONTH 7 IS 510
TOTAL AMOUNT FOR MONTH 8 IS 460
TOTAL AMOUNT FOR MONTH 9 IS 740
TOTAL AMOUNT FOR MONTH 10 IS 480
TOTAL AMOUNT FOR MONTH 11 IS 610
TOTAL AMOUNT FOR MONTH 12 IS 430

TOTAL AMOUNT FOR YEAR 85 IS 5150

TOTAL AMOUNT FOR THIS DRUG 5940

SOMA

TOTAL AMOUNT FOR MONTH 9 IS 120
TOTAL AMOUNT FOR MONTH 10 IS 80
TOTAL AMOUNT FOR MONTH 11 IS 110
TOTAL AMOUNT FOR MONTH 12 IS 200

TOTAL AMOUNT FOR YEAR 84 IS 510

TOTAL AMOUNT FOR MONTH 1 IS 60
TOTAL AMOUNT FOR MONTH 2 IS 220
TOTAL AMOUNT FOR MONTH 3 IS 50
TOTAL AMOUNT FOR MONTH 4 IS 130
TOTAL AMOUNT FOR MONTH 5 IS 60
TOTAL AMOUNT FOR MONTH 8 IS 120
TOTAL AMOUNT FOR MONTH 9 IS 160
TOTAL AMOUNT FOR MONTH 10 IS 120
TOTAL AMOUNT FOR MONTH 11 IS 60

TOTAL AMOUNT FOR YEAR 85 IS 980

TOTAL AMOUNT FOR THIS DRUG 1490

SOMA COMPOUND

TOTAL AMOUNT FOR MONTH 9 IS 120
TOTAL AMOUNT FOR MONTH 10 IS 60
TOTAL AMOUNT FOR MONTH 11 IS 50
TOTAL AMOUNT FOR MONTH 12 IS 160

TOTAL AMOUNT FOR YEAR 84 IS 390

TOTAL AMOUNT FOR MONTH 1 IS 100
TOTAL AMOUNT FOR MONTH 2 IS 30
TOTAL AMOUNT FOR MONTH 3 IS 140
TOTAL AMOUNT FOR MONTH 4 IS 60
TOTAL AMOUNT FOR MONTH 5 IS 260
TOTAL AMOUNT FOR MONTH 6 IS 190
TOTAL AMOUNT FOR MONTH 7 IS 230
TOTAL AMOUNT FOR MONTH 9 IS 190
TOTAL AMOUNT FOR MONTH 10 IS 100
TOTAL AMOUNT FOR MONTH 12 IS 50

TOTAL AMOUNT FOR YEAR 85 IS 1350

TOTAL AMOUNT FOR THIS DRUG 1740

TENUATE DOSPAN

TOTAL AMOUNT FOR MONTH 6 IS 60
TOTAL AMOUNT FOR MONTH 11 IS 50

TOTAL AMOUNT FOR YEAR 85 IS 110

TOTAL AMOUNT FOR THIS DRUG 110

TAGAMET TABLETS

TOTAL AMOUNT FOR MONTH 9 IS 80

TOTAL AMOUNT FOR YEAR 85 IS 80

TOTAL AMOUNT FOR THIS DRUG 80

TAGAMET 200MG TABLETS

TOTAL AMOUNT FOR MONTH 7 IS 40

TOTAL AMOUNT FOR YEAR 85 IS 40

TOTAL AMOUNT FOR THIS DRUG 40

TAGAMET 300MG TABLETS

TOTAL AMOUNT FOR MONTH 1 IS 60
TOTAL AMOUNT FOR MONTH 8 IS 60

TOTAL AMOUNT FOR YEAR 85 IS 120

TOTAL AMOUNT FOR THIS DRUG 120

TALWIN NX

TOTAL AMOUNT FOR MONTH 10 IS 90

TOTAL AMOUNT FOR YEAR 84 IS 90

TOTAL AMOUNT FOR THIS DRUG 90

TYLOX

TOTAL AMOUNT FOR MONTH 2 IS 120
TOTAL AMOUNT FOR MONTH 7 IS 60
TOTAL AMOUNT FOR MONTH 8 IS 60
TOTAL AMOUNT FOR MONTH 9 IS 280
TOTAL AMOUNT FOR MONTH 10 IS 790
TOTAL AMOUNT FOR MONTH 11 IS 840
TOTAL AMOUNT FOR MONTH 12 IS 680

TOTAL AMOUNT FOR YEAR 84 IS 2830

TOTAL AMOUNT FOR MONTH 1 IS 1148
TOTAL AMOUNT FOR MONTH 2 IS 910
TOTAL AMOUNT FOR MONTH 3 IS 1220
TOTAL AMOUNT FOR MONTH 4 IS 1450
TOTAL AMOUNT FOR MONTH 5 IS 1420
TOTAL AMOUNT FOR MONTH 6 IS 1110
TOTAL AMOUNT FOR MONTH 7 IS 790
TOTAL AMOUNT FOR MONTH 8 IS 1410
TOTAL AMOUNT FOR MONTH 9 IS 2050
TOTAL AMOUNT FOR MONTH 10 IS 1450
TOTAL AMOUNT FOR MONTH 11 IS 1810
TOTAL AMOUNT FOR MONTH 12 IS 1680

TOTAL AMOUNT FOR YEAR 85 IS 16448

TOTAL AMOUNT FOR THIS DRUG 19278

TYLENOL W/CODEINE

TOTAL AMOUNT FOR MONTH 12 IS 50

TOTAL AMOUNT FOR YEAR 84 IS 50

TOTAL AMOUNT FOR MONTH 4 IS 40

TOTAL AMOUNT FOR YEAR 85 IS 40

TOTAL AMOUNT FOR THIS DRUG 90

TYLENOL NO 3

TOTAL AMOUNT FOR MONTH 3 IS 80
TOTAL AMOUNT FOR MONTH 4 IS 110
TOTAL AMOUNT FOR MONTH 5 IS 150
TOTAL AMOUNT FOR MONTH 6 IS 160
TOTAL AMOUNT FOR MONTH 8 IS 260
TOTAL AMOUNT FOR MONTH 10 IS 40
TOTAL AMOUNT FOR MONTH 11 IS 40

TOTAL AMOUNT FOR YEAR 85 IS 840

TOTAL AMOUNT FOR THIS DRUG 840

TYLENOL NO 4

TOTAL AMOUNT FOR MONTH 10 IS 410

TOTAL AMOUNT FOR YEAR 84 IS 410

TOTAL AMOUNT FOR MONTH 3 IS 60
TOTAL AMOUNT FOR MONTH 7 IS 60
TOTAL AMOUNT FOR MONTH 9 IS 80

TOTAL AMOUNT FOR YEAR 85 IS 200

TOTAL AMOUNT FOR THIS DRUG 610

VALIUM 10MG

TOTAL AMOUNT FOR MONTH 9 IS 60

TOTAL AMOUNT FOR YEAR 84 IS 60

TOTAL AMOUNT FOR MONTH 5 IS 60
TOTAL AMOUNT FOR MONTH 7 IS 60
TOTAL AMOUNT FOR MONTH 8 IS 120
TOTAL AMOUNT FOR MONTH 9 IS 630
TOTAL AMOUNT FOR MONTH 10 IS 400
TOTAL AMOUNT FOR MONTH 11 IS 180
TOTAL AMOUNT FOR MONTH 12 IS 60

TOTAL AMOUNT FOR YEAR 85 IS 1510

TOTAL AMOUNT FOR THIS DRUG 1570

VALIUM 5MG

TOTAL AMOUNT FOR MONTH 12 IS 50

TOTAL AMOUNT FOR YEAR 82 IS 50

TOTAL AMOUNT FOR MONTH 2 IS 120
TOTAL AMOUNT FOR MONTH 8 IS 110
TOTAL AMOUNT FOR MONTH 9 IS 330
TOTAL AMOUNT FOR MONTH 10 IS 1090
TOTAL AMOUNT FOR MONTH 11 IS 690
TOTAL AMOUNT FOR MONTH 12 IS 620

TOTAL AMOUNT FOR YEAR 84 IS 2960

TOTAL AMOUNT FOR MONTH 1 IS 1000
TOTAL AMOUNT FOR MONTH 2 IS 1190
TOTAL AMOUNT FOR MONTH 3 IS 1290
TOTAL AMOUNT FOR MONTH 4 IS 1640
TOTAL AMOUNT FOR MONTH 5 IS 1470
TOTAL AMOUNT FOR MONTH 6 IS 1655
TOTAL AMOUNT FOR MONTH 7 IS 1390
TOTAL AMOUNT FOR MONTH 8 IS 1440
TOTAL AMOUNT FOR MONTH 9 IS 1750
TOTAL AMOUNT FOR MONTH 10 IS 1600
TOTAL AMOUNT FOR MONTH 11 IS 890
TOTAL AMOUNT FOR MONTH 12 IS 260

TOTAL AMOUNT FOR YEAR 85 IS 15575

TOTAL AMOUNT FOR THIS DRUG 18585

VISTARIL

TOTAL AMOUNT FOR MONTH 7 IS 60

TOTAL AMOUNT FOR YEAR 85 IS 60

TOTAL AMOUNT FOR THIS DRUG 60

VISTARIL 50MG

TOTAL AMOUNT FOR MONTH 10 IS 100
TOTAL AMOUNT FOR MONTH 11 IS 50

TOTAL AMOUNT FOR YEAR 84 IS 150

TOTAL AMOUNT FOR MONTH 1 IS 60
TOTAL AMOUNT FOR MONTH 5 IS 40
TOTAL AMOUNT FOR MONTH 8 IS 50
TOTAL AMOUNT FOR MONTH 9 IS 60
TOTAL AMOUNT FOR MONTH 11 IS 60

TOTAL AMOUNT FOR YEAR 85 IS 270

TOTAL AMOUNT FOR THIS DRUG 420

VICODIN

TOTAL AMOUNT FOR MONTH 12 IS 180

TOTAL AMOUNT FOR YEAR 84 IS 180

TOTAL AMOUNT FOR MONTH 2 IS 50
TOTAL AMOUNT FOR MONTH 3 IS 180
TOTAL AMOUNT FOR MONTH 4 IS 60
TOTAL AMOUNT FOR MONTH 5 IS 100
TOTAL AMOUNT FOR MONTH 6 IS 200
TOTAL AMOUNT FOR MONTH 7 IS 60
TOTAL AMOUNT FOR MONTH 8 IS 230
TOTAL AMOUNT FOR MONTH 9 IS 120
TOTAL AMOUNT FOR MONTH 10 IS 250

TOTAL AMOUNT FOR YEAR 85 IS 1250

TOTAL AMOUNT FOR THIS DRUG 1430

VALRELEASE CAPSULES

TOTAL AMOUNT FOR MONTH 10 IS 60
TOTAL AMOUNT FOR MONTH 11 IS 50

TOTAL AMOUNT FOR YEAR 84 IS 110

TOTAL AMOUNT FOR MONTH 4 IS 40
TOTAL AMOUNT FOR MONTH 8 IS 40
TOTAL AMOUNT FOR MONTH 9 IS 100
TOTAL AMOUNT FOR MONTH 11 IS 60

TOTAL AMOUNT FOR YEAR 85 IS 240

TOTAL AMOUNT FOR THIS DRUG 350

XANAX .25MG

TOTAL AMOUNT FOR MONTH 11 IS 50

TOTAL AMOUNT FOR YEAR 85 IS 50

TOTAL AMOUNT FOR THIS DRUG 50

TOTAL AMOUNT 92078