

CVS PHARMACY
 PATIENT PRESCRIPTION RECORD
 BETWEEN 01/01/2005 AND 03/25/2010
 PHARMACY # 5187

PAGE: 1
 RUN DATE: 05/30/2012 TIME: 14:26:01
 REQUEST NBR: 2365693

PHARMACY NAME: CVS/pharmacy #05187
 ADDRESS: 2375 VANDERBILT BEACH RD
 CITY, ST, ZIP: NAPLES FL 34109

PATIENT KEY: 51871390971
 PATIENT NAME: DEROGATIS TARA
 ADDRESS: 8454 FRANKLIN AVENUE
 CITY, ST, ZIP: WEST HOLLYWOOD CA 90069

TELEPHONE: - -
 BIRTHDATE: 06/04/1979

ALLERGIES: None communicated by the patient.
 CONDITIONS: None communicated by the patient.

<u>RX</u> <u>NUMBER</u>	<u>REL</u>	<u>NDC</u> <u>NUMBER</u>	<u>DRUG DESCRIPTION</u>	<u>PRESCRIBER NAME</u>	<u>DATE</u> <u>FILLED</u>	<u>RPH</u> <u>INT</u>	<u>QUANT</u> <u>DISP.</u>	<u>TOTAL</u> <u>PRICE</u>	<u>PATIENT</u> <u>PD AMT</u>	<u>PAYER</u> <u>#</u>	<u>PAYER</u> <u>PD AMT</u>	<u>TP AUTHORIZATION</u> <u>#</u>
291804	0	50111030703	HYDROXYZINE HCL 10 MG TABLEPLI	TAMKIN, DOUGLAS	12/09/2008	BS	25	10.00	10.00	18635	0.00	083444907818023999
291805	0	00085126401	CLARINEX 5 MG TABLET SCH	TAMKIN, DOUGLAS	12/09/2008	BS	30	103.98	50.00	18635	53.98	083444911426055999

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CITY, ST, ZIP: WEST HOLLYWOOD CA 90069

TELEPHONE: - -
BIRTHDATE: 06/04/1979

SCRIPT COUNT: 2 TOTAL AMOUNT: 113.98 TOTAL PATIENT PAID: 60.00 TOTAL AGENCY PAID: 53.98

CVS PHARMACY
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 PHARMACY # 617

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PHARMACY NAME: CVS PHARMACY #0617
 ADDRESS: 387 POMPTON AVENUE
 CITY, ST, ZIP: CEDAR GROVE NJ 07009

PATIENT KEY: 6171180841
 PATIENT NAME: DEROGATIS TARA
 ADDRESS: 8454 FRANKLIN AVENUE
 CITY, ST, ZIP: WEST HOLLYWOOD CA 90069

TELEPHONE: - -
 BIRTHDATE: 06/04/1979

ALLERGIES: None communicated by the patient.
 CONDITIONS: None communicated by the patient.

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622878	0	00378351191	RISPERIDONE 1 MG TABLET MYL	BOHMAN, PAUL G	11/21/2008	RW	60	179.02	10.00	18635	169.02	083265683561047999
653462	0	00378180501	LEVOTHYROXINE 75 MCG TABLETMYL	BOHMAN, PAUL G	03/11/2009	WK	30	13.69	13.69	1	0.00	** NO AUTH NO
653728	0	00378400305	ALPRAZOLAM 0.5 MG TABLET MYL	FEINSTEIN, BEVERLY	03/12/2009	RW	60	14.49	14.49	1	0.00	** NO AUTH NO
729259	0	00008083322	EFFEXOR XR 75 MG CAPSULE	LATIMER, EDWARD A	12/03/2009	JS	15	62.88	30.00	527	32.88	10729259 20091203
730869	0	00574022201	LIOTHYRONINE SOD 25 MCG TAB	RIESTRA, JUAN	12/09/2009	NS	20	17.22	10.00	527	7.22	10730869 20091209
730871	0	00378180501	LEVOTHYROXINE 75 MCG TABLET	RIESTRA, JUAN	12/09/2009	NS	10	3.27	3.27	527	0.00	10730871 20091209
730872	0	00093007401	ZOLPIDEM TARTRATE 10 MG TABLET	RIESTRA, JUAN	12/09/2009	NS	10	2.25	2.25	527	0.00	10730872 20091209
730873	0	00093083201	CLONAZEPAM 0.5 MG TABLET	RIESTRA, JUAN	12/09/2009	NS	20	11.45	10.00	527	1.45	10730873 20091209
730873	1	00093083201	CLONAZEPAM 0.5 MG TABLET	RIESTRA, JUAN	12/18/2009	MC	20	11.45	10.00	527	1.45	10730873 20091218
730874	0	59148000813	ABILIFY 10 MG TABLET	RIESTRA, JUAN	12/09/2009	NS	30	420.19	30.00	527	390.19	10730874 20091209
730876	0	00008083722	EFFEXOR XR 37.5 MG CAPSULE	RIESTRA, JUAN	12/09/2009	NS	30	111.25	30.00	527	81.25	10730876 20091209
733899	0	00378361101	LIOTHYRONINE SOD 5 MCG TAB	WARING, GRAHAM	12/17/2009	RL	60	38.79	10.00	527	28.79	10733899 20091217
733900	0	00378180501	LEVOTHYROXINE 75 MCG TABLET	WARING, GRAHAM	12/17/2009	RL	30	7.31	7.31	527	0.00	10733900 20091217
733901	0	59762306001	AZITHROMYCIN 250 MG TABLET	WARING, GRAHAM	12/17/2009	RL	6	7.61	7.61	527	0.00	10733901 20091217
733902	0	50428444386	CVS ALLERGY RELIEF-D TABLET	WARING, GRAHAM	12/17/2009	DB	15	11.56	11.56	1	0.00	

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ADDRESS: 387 POMPTON AVENUE
CITY, ST, ZIP: CEDAR GROVE NJ 07009

PATIENT KEY: 6171180841
PATIENT NAME: DEROGATIS TARA
ADDRESS: 8454 FRANKLIN AVENUE
CITY, ST, ZIP: WEST HOLLYWOOD CA 90069

TELEPHONE: - -
BIRTHDATE: 06/04/1979

SCRIPT COUNT: 15 TOTAL AMOUNT: 912.43 TOTAL PATIENT PAID: 200.18 TOTAL AGENCY PAID: 712.25

CVS PHARMACY
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 PHARMACY # 9652

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PHARMACY NAME:
 ADDRESS: 8491 SANTA MONICA BLVD
 CITY, ST, ZIP: WEST HOLLYWOOD CA 90069

PATIENT KEY: 96521751001
 PATIENT NAME: DEROGATIS TARA
 ADDRESS: 8454 FRANKLIN AVENUE
 CITY, ST, ZIP: WEST HOLLYWOOD CA 90069

TELEPHONE: - -
 BIRTHDATE: 06/04/1979

ALLERGIES: None communicated by the patient.
 CONDITIONS: None communicated by the patient.

<u>RX</u> <u>NUMBER</u>	<u>REL</u>	<u>NDC</u> <u>NUMBER</u>	<u>DRUG DESCRIPTION</u>	<u>PRESCRIBER NAME</u>	<u>DATE</u> <u>FILLED</u>	<u>RPH</u> <u>INT</u>	<u>QUANT</u> <u>DISP.</u>	<u>TOTAL</u> <u>PRICE</u>	<u>PATIENT</u> <u>PD AMT</u>	<u>PAYER</u> <u>#</u>	<u>PAYER</u> <u>PD AMT</u>	<u>TP AUTHORIZATION</u> <u>#</u>
158397	0	00093083201	CLONAZEPAM 0.5 MG TABLET	BOHN, PAUL B	08/16/2009	DT	9	10.99	10.99	527	0.00	10158397 20090816
904013	0	00378180501	LEVOTHYROXINE 75 MCG TABLET	MYLWARING, GRAHAM	05/20/2008	KL	30	14.49	14.49	1	0.00	** NO AUTH NO

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PHARMACY NAME:
ADDRESS: 8491 SANTA MONICA BLVD
CITY, ST, ZIP: WEST HOLLYWOOD CA 90069

PATIENT KEY: 96521751001
PATIENT NAME: DEROGATIS TARA
ADDRESS: 8454 FRANKLIN AVENUE
CITY, ST, ZIP: WEST HOLLYWOOD CA 90069

TELEPHONE: - -
BIRTHDATE: 06/04/1979

SCRIPT COUNT: 2 TOTAL AMOUNT: 25.48 TOTAL PATIENT PAID: 25.48 TOTAL AGENCY PAID: 0.00

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 PHARMACY # 9697

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PHARMACY NAME:
 ADDRESS: 23805 WEST MALIBU ROAD
 CITY, ST, ZIP: MALIBU CA 90265

PATIENT KEY: 96971651001
 PATIENT NAME: DEROGATIS TARA
 ADDRESS: 8454 FRANKLIN AVENUE
 CITY, ST, ZIP: WEST HOLLYWOOD CA 90069

TELEPHONE: - -
 BIRTHDATE: 06/04/1979

ALLERGIES: None communicated by the patient.
 CONDITIONS: None communicated by the patient.

<u>RX</u> <u>NUMBER</u>	<u>REL</u>	<u>NDC</u> <u>NUMBER</u>	<u>DRUG DESCRIPTION</u>	<u>PRESCRIBER NAME</u>	<u>DATE</u> <u>FILLED</u>	<u>RPH</u> <u>INT</u>	<u>QUANT</u> <u>DISP.</u>	<u>TOTAL</u> <u>PRICE</u>	<u>PATIENT</u> <u>PD AMT</u>	<u>PAYER</u> <u>#</u>	<u>PAYER</u> <u>PD AMT</u>	<u>TP AUTHORIZATION</u> <u>#</u>
137290	0	00093083201	CLONAZEPAM 0.5 MG TABLET TEV	BOHN, PAUL	07/04/2008	JZ	30	22.29	22.29	1	0.00	** NO AUTH NO
192227	0	00008083722	EFFEXOR XR 37.5 MG CAPSULE	BOHN, PAUL B	08/03/2009	YZ	30	111.59	25.00	527	86.59	10192227 20090803
192228	0	00378180501	LEVOTHYROXINE 75 MCG TABLET	WARING, GRAHAM D	08/03/2009	YZ	30	14.49	14.49	527	0.00	10192228 20090803

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PATIENT KEY: 96971651001
PATIENT NAME: DEROGATIS TARA
ADDRESS: 8454 FRANKLIN AVENUE
CITY, ST, ZIP: WEST HOLLYWOOD CA 90069

TELEPHONE: - -
BIRTHDATE: 06/04/1979

SCRIPT COUNT: 3 TOTAL AMOUNT: 148.37 TOTAL PATIENT PAID: 61.78 TOTAL AGENCY PAID: 86.59

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PHARMACY NAME:
 ADDRESS: 861 NORTH VINE STREET
 CITY, ST, ZIP: HOLLYWOOD CA 90038

PATIENT KEY: 97321662250
 PATIENT NAME: DEROGATIS TARA
 ADDRESS: 8454 FRANKLIN AVENUE
 CITY, ST, ZIP: WEST HOLLYWOOD CA 90069

TELEPHONE: - -
 BIRTHDATE: 06/04/1979

ALLERGIES: None communicated by the patient.
 CONDITIONS: None communicated by the patient.

<u>RX</u> <u>NUMBER</u>	<u>REL</u>	<u>NDC</u> <u>NUMBER</u>	<u>DRUG DESCRIPTION</u>	<u>PRESCRIBER NAME</u>	<u>DATE</u> <u>FILLED</u>	<u>RPH</u> <u>INT</u>	<u>QUANT</u> <u>DISP.</u>	<u>TOTAL</u> <u>PRICE</u>	<u>PATIENT</u> <u>PD AMT</u>	<u>PAYER</u> <u>#</u>	<u>PAYER</u> <u>PD AMT</u>	<u>TP AUTHORIZATION</u> <u>#</u>
181972	0	00591093201	OXYCODONE-APAP 10-325 MG TAB	SHAINSKY, KAREN	03/22/2010	AS	100	49.44	10.00	527	39.44	10181972 20100322

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PHARMACY NAME:
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PATIENT KEY: 97321662250
PATIENT NAME: DEROGATIS TARA
ADDRESS: 8454 FRANKLIN AVENUE
CITY, ST, ZIP: WEST HOLLYWOOD CA 90069

TELEPHONE: - -
BIRTHDATE: 06/04/1979

SCRIPT COUNT: 1 TOTAL AMOUNT: 49.44 TOTAL PATIENT PAID: 10.00 TOTAL AGENCY PAID: 39.44