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# Health Quality Subcommittee

**Tuesday, September 24, 2013  
1:00 PM. - 3:00 PM  
306 HOB**

**Action Packet**



# COMMITTEE MEETING REPORT

Health Quality Subcommittee

9/24/2013 1:00:00PM

**Location:** 306 HOB

**Summary:** No Bills Considered

Committee meeting was reported out: Tuesday, September 24, 2013 3:31:47PM



# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

9/24/2013 1:00:00PM

Location: 306 HOB

### Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Kenneth Roberson (Chair)	X		
Daphne Campbell	X		
Manny Diaz, Jr.	X		
Eduardo Gonzalez	X		
Bryan Nelson	X		
Jimmy Patronis			X
Kevin Rader			X
Daniel Raulerson	X		
José Rodríguez	X		
Patrick Rooney, Jr.	X		
Joe Saunders	X		
Ross Spano	X		
Clovis Watson, Jr.	X		
<b>Totals:</b>	<b>11</b>	<b>0</b>	<b>2</b>

Committee meeting was reported out: Tuesday, September 24, 2013 3:31:47PM



# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

9/24/2013 1:00:00PM

**Location:** 306 HOB

### **Presentation/Workshop/Other Business Appearances:**

Overview and status update on the Prescription Drug Monitoring Program  
Rebecca Poston (State Employee) (At Request Of Chair) - Information Only  
Department of Health  
4052 Bald Cypress Way  
Tallahassee FL 32399  
Phone: (850) 245-4444

Prescription Drug Monitoring Program  
Pamela Burch Fort (Lobbyist) - Information Only  
ACLU of Florida  
104 S. Monroe St.  
Tallahassee FL 32301  
Phone: (850) 425-1344

Committee meeting was reported out: Tuesday, September 24, 2013 3:31:47PM





# Overview and Status Update of the PDMP



## Handouts

Health Quality Subcommittee  
September 24, 2013

Rebecca Poston, BPharm, MHL



# Handout 1

<b>Report Format:</b>	Recipient Query		
<b>Name Selection</b>	<b>Demographic Focus</b>	<b>County Selection</b>	<b>Zipcode Selection (blank for all)</b>
<b>Recipient:</b> Begins with _____ Sounds like _____ Fastest Last Name = and First Name Begins _____ *Last Name: _____ *First Name: _____		Gender All ▼ *Target DOB _____ mm/dd/yyyy Within Exact Match ▼	Statewide ▲ Alachua ☰ Baker ▼ Bay ▼ Select statewide for best results
<b>Alias #1 Name:</b>	<b>Last:</b>	<b>First:</b>	<b>DOB:</b>
<b>Alias #2 Name:</b>	<b>Last:</b>	<b>First:</b>	<b>DOB:</b>
<b>Alias #3 Name:</b>	<b>Last:</b>	<b>First:</b>	<b>DOB:</b>
<b>Primary Address:</b>		<b>City:</b>	
<b>Other Address 1:</b>		<b>City:</b>	
<b>Other Address 2:</b>		<b>City:</b>	
<b>*Dispensed Timeframe From:</b> 08/13/2012 mm/dd/yyyy		<b>*Dispensed Timeframe To:</b> 08/13/2013 mm/dd/yyyy	
<b>Preset Timeframe Ranges</b>			
<input checked="" type="radio"/> Custom Timeframe <input type="radio"/> Past Month <input type="radio"/> Past Three Months <input type="radio"/> Past Six Months <input type="radio"/> Past Year			
<b>*Required Field</b> All required fields must be filled in. However, for the best search results, fill in as many fields as possible.			

# Handout 2

## Law Enforcement Report Request



Search for Prescriber  Search for Pharmacy

<b>Requestor Agency Information</b>		
PDMP Account Id: becki.le	Agency: FL DDM	*Your Case #: 2013-0810
Requesting Officer: [Blank]	Request Date: 08/13/13	Return Report by: Web Site ▼
*Telephone: 850	Fax:	Email: Rebecca_Poston@doh.state.fl.us

<b>Information about the Subject that we MUST have to fulfill your report request</b>		
<input type="radio"/> Subject Name Begins with: *Last: Dume <input type="radio"/> or Name Sounds like:	*First: Data	*Born on: 10/09/1977 mm/dd/yyyy Within: Exact Match ▼ Sex: All/Any ▼
Alias #1 Name: Last:	First:	Born: mm/dd/yyyy
Alias #2 Name: Last:	First:	Born: mm/dd/yyyy
Alias #3 Name: Last:	First:	Born: mm/dd/yyyy
*Dispensed Timeframe From: 03/01/12 mm/dd/yyyy		*Dispensed Timeframe To: 04/30/12 mm/dd/yyyy
Purpose: Forged Prescription Investigation ▼		

<b>Optional Information that helps to qualify your report request (if DOB is blank or has wide range you MUST provide County or Zipcode and Address to help narrow down search results.)</b>		
SSN: _____ DL# (with State Abbrev): _____ Health Insurance Card Id: _____	County Selection: <ul style="list-style-type: none"> <li>Statewide ▲</li> <li>Alachua =</li> <li>Baker ▼</li> <li>Bay ▼</li> </ul> Select statewide for best results	Zipcode: _____ (blank for any)
*Primary Address: 1234 Bald Cypress Way		*City: Tallahassee
Other Address 1:		City:
Other Address 2:		City:

\*Required Field  
 All required fields must be filled in.  
 However, for the best search results, fill in as many fields as possible.

Choose Report Type:  PDF  CSV  Web (with mapping)

Submit

# Handout 3

## Law Enforcement Report Request

Search for Prescriber  Search for Pharmacy

### Requestor Agency Information

PDMP Account Id: becki.le

Agency: FL DDM

\*Your Case #: 2013-0810

Requesting Officer: Becki Poston

Request Date: 08/13/13

Return Report by: Web Site ▼

\*Telephone: 850

Fax:

Email: Rebecca\_Poston@doh.state.fl.us

### Information about the Subject that we MUST have to fulfill your report request

<input type="radio"/> Subject Name Begins with: *Last: Dame	<input type="radio"/> or Name Sounds like:	*First: Data	*Born on: 10/09/1977 mm/dd/yyyy
Alias #1 Name: Last:		First:	Born: mm/dd/yyyy
Alias #2 Name: Last:		First:	Born: mm/dd/yyyy
Alias #3 Name: Last:		First:	Born: mm/dd/yyyy
*Dispensed Timeframe From: 03/01/12 mm/dd/yyyy		*Dispensed Timeframe To: 04/30/12 mm/dd/yyyy	
Purpose: Forged Prescription Investigation ▼			

### Optional Information that helps to qualify your report request (if DOB is blank or has wide range you MUST provide County or Zipcode and Address to help narrow down search results.)

SSN: _____	County Selection: Statewide Alachua Baker Bay	Zipcode: _____ (blank for any)
DL# (with State Abbrev): _____	Select statewide for best results	
Health Insurance Card Id: _____	*Primary Address: 1234 Bald Cypress Way	*City: Tallahassee
	Other Address 1:	City:
	Other Address 2:	City:

\*Required Field  
All required fields must be filled in.  
However, for the best search results, fill in as many fields as possible.

Choose Report Type:  PDF  CSV  Web (with mapping)

Submit

# Handout 4

## Law Enforcement Query

<b>Report Format:</b>	Prescriber Query		
	<b>Prescriber ID</b>	<b>County Selection</b>	<b>Zipcode Selection (blank for all)</b>
<b>**Prescriber DEA:</b> <b>**Prescriber Last Name Begins With (smith, jane):</b>	AM2681350 Mill, Phill	Statewide ▲ Alachua ☰ Baker ▼ Bay ▼ Select statewide for best results	
<b>*Dispensed Timeframe From:</b> 03/01/2012 mm/dd/yyyy		<b>*Dispensed Timeframe To:</b> 04/30/12 mm/dd/yyyy	
<b>*Your Case #:</b> 13-0616			
<b>**Either last name or DEA number is required.</b> <b>*Required Field</b> All required fields must be filled in. However, for the best search results, fill in as many fields as possible.			

Choose Report Type:  PDF  CSV  Web (with mapping)

Submit

# Handout 5

## *Law Enforcement Query*

<b>Report Format:</b>	Prescriber Report
<b>Prescriber</b> Name Begins <i>Mill, Phill</i> For Zip codes beginning	MILL, PHILL, AM2681550 FT LAUDERDALE 33301
<b>Dispensed Timeframe From:</b> 03/01/2012	<b>Dispensed Timeframe To:</b> 04/30/2012
<b>*Your Case #:</b> 13-0616	

Request

# Handout 6

## Law Enforcement Report Request



Search for Prescriber
  Search for Pharmacy

### Requestor Agency Information

PDMP Account Id: becki.le	Agency: FL DOH	*Your Case #: 2013-0810
Requesting Officer: [Redacted]	Request Date: 08/13/13	Return Report by: Web Site ▼
*Telephone: 850	Fax:	Email: Rebecca_Poston@doh.state.fl.us

### Information about the Subject that we MUST have to fulfill your report request

◊ Subject Name Begins with: *Last: Dume ◊ or Name Sounds like:	*First: Data	*Born on: 10/09/1977 mm dd yyyy Within: Exact Match ▼ Sex: All/Any ▼
Alias #1 Name: Last:	First:	Born: mm dd yyyy
Alias #2 Name: Last:	First:	Born: mm dd yyyy
Alias #3 Name: Last:	First:	Born: mm dd yyyy
*Dispensed Timeframe From: 03/01/12 mm dd yyyy	*Dispensed Timeframe To: 04/30/12 mm dd yyyy	
Purpose: Forged Prescription Investigation ▼		

### Optional Information that helps to qualify your report request (if DOB is blank or has wide range you MUST provide County or Zipcode and Address to help narrow down search results.)

SSN: _____	County Selection: <ul style="list-style-type: none"> <li>Statewide ▲</li> <li>Alachua ▬</li> <li>Baker ▬</li> <li>Bay ▼</li> </ul> Select statewide for best results	Zipcode: _____ (blank for any)
DL# (with State Abbrev): _____		
Health Insurance Card Id: _____		
*Primary Address: 1234 Bald Cypress Way	*City: Tallahassee	
Other Address 1:	City:	
Other Address 2:	City:	

\*Required Field  
 All required fields must be filled in.  
 However, for the best search results, fill in as many fields as possible.

Choose Report Type:  PDF  CSV  Web (with mapping)

Submit



# Handout 7

## Law Enforcement Query

<b>Report Format:</b>	<b>Pharmacy Query</b>		
	<b>Pharmacy ID</b>	<b>County Selection</b>	<b>Zipcode Selection (blank for all)</b>
<b>**Pharmacy DEA:</b>	AF2466109	Statewide ▲ Alachua = Baker Bay ▼ Select statewide for best results	
<b>**Pharmacy Name</b>	Florida Pharmacy		
<b>*Dispensed Timeframe From:</b> 03/01/12 mm/dd/yyyy		<b>*Dispensed Timeframe To:</b> 04/30/12 mm/dd/yyyy	
<b>*Your Case #:</b> 2013-0810			
<b>**Either name or DEA number is required.</b>			
<b>*Required Field</b>			
All required fields must be filled in.			
However, for the best search results, fill in as many fields as possible.			

Choose Report Type:  PDF  CSV  Web (with mapping)

Submit

# Handout 8

## Law Enforcement Query

<b>Report Format:</b>	Pharmacy Report
<b>Pharmacy</b> Name Begins <i>Florida Pharmacy</i> For Zip codes beginning	FLORIDA PHARMACY AF2806187 FLORIDA NY 10921 (ORANGE) FLORIDA PHARMACY AF2468103 SUNRISE FL 33326 (BROWARD) ▲ FLORIDA PHARMACY # 2 FF2526828 MIAMI GARDENS FL 33055 (MIAMI-DADE) ■ FLORIDA PHARMACY & DISCOUNT BF8659572 MIAMI FL 33126 (MIAMI-DADE) FLORIDA PHARMACY & DISCOUNT CORP FF3685736 MIAMI FL 33135 (MIAMI-DADE) ▼
<b>Dispensed Timeframe From:</b> 03/01/2012	<b>Dispensed Timeframe To:</b> 04/30/2012
<b>*Your Case #:</b> 2013-0810	

Request

# Handout 9

Health Information  
Designs Inc.

Florida  
Query Report

Date: 02/02/12  
Page#: 1

## Patient Rx History Report

DOE, JANE Search Criteria: Last Name 'doe' and First Name 'jane' and D.O.B. = '01/01/83' and Address = '123 Main' and Request Period = '12/01/10' to '02/01/12' - 1 out of 1 Recipient(s) Selected.

Fill Date	Product, Str, Form	Qty	Days	Pt ID	Prescriber	Written	RX#	N/R*	Pharm
03/03/2011	DIAZEPAM 5 MG TABLET	30.000	7	0000000001	BS8292651	03/02/2011	4028684	N	BP8575461
02/09/2011	OXYCODONE HCL 30 MG TABLET	180.000	30	0000000001	FG1128443	02/09/2011	620807	N	BW7758759
02/09/2011	HYDROMORPHONE 8 MG TABLET	60.000	30	0000000001	FG1128443	02/09/2011	620806	N	BW7758759
02/03/2011	ALPRAZOLAM 1 MG TABLET	60.000	30	0000000001	BS8292651	02/03/2011	591314	N	BW7852569
01/28/2011	ZOLPIDEM TARTRATE 10 MG TABLET	30.000	30	0000000001	BS8292651	12/03/2010	120205	R	BG9194527
01/12/2011	OXYCODONE HCL 30 MG TABLET	180.000	30	0000000001	FG1128443	01/12/2011	586661	N	BW7852569
01/12/2011	HYDROMORPHONE 4 MG TABLET	30.000	30	0000000001	FG1128443	01/12/2011	586658	N	BW7852569
12/31/2010	DIAZEPAM 10 MG TABLET	30.000	15	0000000001	BS8292651	12/03/2010	120207	R	BG9194527
12/30/2010	ZOLPIDEM TARTRATE 10 MG TABLET	30.000	30	0000000001	BS8292651	12/03/2010	120205	R	BG9194527
12/22/2010	DIAZEPAM 10 MG TABLET	30.000	15	0000000001	BS8292651	12/03/2010	120207	R	BG9194527
12/15/2010	OXYCODONE HCL 30 MG TABLET	180.000	15	0000000001	FG1128443	12/15/2010	2097679	N	AW2058887
12/03/2010	DIAZEPAM 10 MG TABLET	30.000	15	0000000001	BS8292651	12/03/2010	120207	N	BG9194527
12/03/2010	ZOLPIDEM TARTRATE 10 MG TABLET	30.000	30	0000000001	BS8292651	12/03/2010	120205	N	BG9194527

\*N/R N=New R=Refill

### Prescribers for prescriptions listed

BS8292651 Doctor 1, address, city, state, zip  
 FG1128443 Doctor 2, address, city, state, zip  
 AS1837383 Doctor 3, address, city, state, zip

### Pharmacies that dispensed prescriptions listed

BG9194527 Pharmacy 1, address, city, state, zip  
 AW2058887 Pharmacy 2, address, city, state, zip  
 BW7852569 Pharmacy 3, address, city, state, zip  
 BW7758759 Pharmacy 4, address, city, state, zip  
 BP8575461 Pharmacy 5, address, city, state, zip  
 BW8940923 Pharmacy 6, address, city, state, zip  
 BH9131436 Pharmacy 7, address, city, state, zip  
 BC7975141 Pharmacy 8, address, city, state, zip

### Patients that match search criteria

00000001 DOE JANE, DOB 01/01/83; 123 MAIN STREET, ANY CITY FL 33333

# Handout 10

Health Information  
Designs Inc.

Florida  
Query Report

Date: 02/02/12  
Page#: 1

## Prescriber Rx History Report

DOE, JOHN MD  
Dispensed From 01/26/12 to 01/31/12

Fill Date	Product, Str, Form	Qty	Days	Pt ID	Prescriber	Written	RX#	N/R*	Pharm
01/31/2012	CHLORDIAZEPOXIDE 25 MG CAPSULE	60.000	30	0000000000001	BS8292651	11/28/2011	133028	N	FS1324122
01/30/2012	TEMAZEPAM 30 MG CAPSULE	30.000	30	0000000000002	BS8292651	11/28/2011	133030	R	FS1324122
01/30/2012	DIAZEPAM 5 MG TABLET	90.000	30	0000000000003	BS8292651	11/14/2011	128585	R	BG9194527
01/28/2012	LORAZEPAM 2 MG TABLET	30.000	30	0000000000004	BS8292651	01/27/2012	4417300	N	BK1779036
01/27/2012	VYVANSE 70 MG CAPSULE	30.000	30	0000000000005	BS8292651	01/11/2012	2210803	N	BT6202395

\*N/R N=New R=Refill

### Prescribers for prescriptions listed

BS8292651 DOE, JOHN MD, DR. DOE'S MEDICAL OFFICE, 123 MAIN STREET, ANY CITY, FL 33333

### Pharmacies that dispensed prescriptions listed

BT6202395 PHARMACY 1, ADDRESS, CITY, STATE, ZIP  
BK1779036 PHARMACY 2, ADDRESS, CITY, STATE, ZIP  
FS1324122 PHARMACY 3, ADDRESS, CITY, STATE, ZIP

### Patients that match search criteria

000000000001 PATIENT 1, DOB, CITY, STATE, ZIP  
000000000002 PATIENT 2, DOB, CITY, STATE, ZIP  
000000000003 PATIENT 3, DOB, CITY, STATE, ZIP  
000000000004 PATIENT 4, DOB, CITY, STATE, ZIP  
000000000005 PATIENT 5, DOB, CITY, STATE, ZIP

### Report Disclaimers:

The Report is based on the search criteria and the data provided by the dispensing entities. For more information about any prescription, please contact the dispenser or the prescriber.  
This Report contains confidential information, including patient identifiers, and is not a public record. The information should not be provided to any other persons or entity.

# Handout 11

Health Information  
Designs Inc.

Florida  
Query Report

Date: 02/02/12  
Page#: 1

## Dispenser Rx History Report

### PHARMACY NAME

Dispensed From 01/25/12 to 01/25/12

Fill Date	Product, Str, Form	Qty	Days	Pt ID	Prescriber	Written	RX#	N/R*	Pharm
01/25/2012	ROXICET 5-325 TABLET	60.000	30	0000000000001	BS4319693	01/25/2012	2210795	N	BT6202395
01/25/2012	ZOLPIDEM TARTRATE 10 MG TABLET	30.000	30	0000000000002	AE1863441	08/16/2011	4442046	R	BT6202395
01/25/2012	TEMAZEPAM 15 MG CAPSULE	30.000	30	0000000000003	BS8823672	12/26/2011	4443150	R	BT6202395
01/25/2012	CLONAZEPAM 1 MG TABLET	90.000	30	0000000000004	AK5855044	01/19/2012	4443404	N	BT6202395

\*N/R N=New R=Refill

### Prescribers for prescriptions listed

BS4319693    PRESCRIBER 1, ADDRESS, CITY, STATE, ZIP  
AE1863441    PRESCRIBER 2, ADDRESS, CITY, STATE, ZIP  
BS8823672    PRESCRIBER 3, ADDRESS, CITY, STATE, ZIP  
AK5855044    PRESCRIBER 4, CITY, STATE, ZIP

### Pharmacies that dispensed prescriptions listed

BT6202395    PHARMACY NAME, ADDRESS, CITY, STATE, ZIP

### Patients that match search criteria

000000000001    PATIENT 1, ADDRESS, CITY, STATE, ZIP  
000000000002    PATIENT 2, ADDRESS, CITY, STATE, ZIP  
000000000003    PATIENT 3, ADDRESS, CITY, STATE, ZIP  
000000000004    PATIENT 4, ADDRESS, CITY, STATE, ZIP

### Report Disclaimers:

The Report is based on the search criteria and the data provided by the dispensing entities. For more information about any prescription, please contact the dispenser or the prescriber.

This Report contains confidential information, including patient identifiers, and is not a public record. The information should not be provided to any other persons or entity.

# Handout 12

pdviewque [Read-Only] - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View Acrobat

Calibri - 11 - A A - General

Clipboard Font Alignment Number Conditional Formatting Styles Cell Styles Cells

Minimize the Ribbon (Ctrl+F1)  
Show only the tab names on the Ribbon.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
	Fill Date	Product-S Qty	Days	Written	RX#	N/R	Pt ID	Pt Last Na	Pt First Na	Pt DOB	Pt Street / Pt City	Pt State	Pt Zip	Pre		
1	4/9/2012	HYDROCO	90	30	4/9/2012	456123 N	8087323	DATA	DUME	#####	77 SUNSET Fort Laude FL	FL	33305	BG		
2	4/9/2012	CARISOPR	60	30	4/9/2012	456124 N	8087323	DATA	DUME	#####	77 SUNSET Fort Laude FL	FL	33305	BG		
3	4/9/2012	ZOLPIDEM	30	30	4/9/2012	456125 N	8087323	DATA	DUME	#####	77 SUNSET Fort Laude FL	FL	33305	BG		
4	#####	OXYCODO	60	30	#####	987654 N	8087323	DATA	DUME	#####	77 SUNSET Fort Laude FL	FL	33305	MC		
5	#####	LORAZEP	60	30	#####	987655 N	8087323	DATA	DUME	#####	77 SUNSET Fort Laude FL	FL	33305	MC		
6	3/3/2012	HYDROCO	90	30	3/3/2012	123456 N	8087323	DATA	DUME	#####	77 SUNSET Fort Laude FL	FL	33305	AN		
7	3/3/2012	ALPRAZOL	90	30	3/3/2012	123457 N	8087323	DATA	DUME	#####	77 SUNSET Fort Laude FL	FL	33305	AN		
8	3/3/2012	ZOLPIDEM	30	30	3/3/2012	123458 N	8087323	DATA	DUME	#####	77 SUNSET Fort Laude FL	FL	33305	AN		
9	#####	HYDROCO	90	30	3/3/2012	123456 R	8087324	DATA	DUME	#####	77 SUNSET Fort Laude FL	FL	33305	AN		
10	#####	ALPRAZOL	90	30	3/3/2012	123457 R	8087324	DATA	DUME	#####	77 SUNSET Fort Laude FL	FL	33305	AN		
11	#####	ZOLPIDEM	30	30	03/03/012	123458 R	8087324	DATA	DUME	#####	77 SUNSET Fort Laude FL	FL	33305	AN		
12	#####	HYDROCO	60	30	3/3/2012	123456 R	8087325	DATA	DUME	#####	77 SUNSET Fort Laude FL	FL	33305	AN		
13	#####	ALPRAZOL	90	30	3/3/2012	123457 R	8087325	DATA	DUME	#####	77 SUNSET Fort Laude FL	FL	33305	AN		
14	#####	ZOLPIDEM	30	30	3/3/2012	123458 R	8087325	DATA	DUME	#####	77 SUNSET Fort Laude FL	FL	33305	AN		
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17	<!--CheckQueryIDQID-130521164550711857000-20737-->															
18																
19																
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pdviewque

Ready

Desktop 100% 5:46 PM 5/21/2013

# Handout 13

[Open in new window](#)

## Law Enforcement Report

All Prescribers

All Dispensers

3 out of 3 Recipient Selected From:

Name Begins *data, dume*; DOB 100977; DOB ?; DOB ?; DOB ?;

*DATA, DUME - DOB: 10/09/1977 - 77 Sunset Strip*

*DATA, DUME - DOB: 10/09/1977 - 77 Sunset Strip Apt 2a*

*DATA, DUME - DOB: 10/09/1977 - 77 Sunsetstrip*

[Map Results](#)

<u>Date Dispensed</u>	<u>Drug Name</u>	<u>Quantity Dispensed</u>	<u>Days of Supply</u>	<u>Prescriber ID</u>	<u>Prescriber</u>	<u>Date Prescribed</u>	<u>Prescription Number</u>	<u>New/Refill</u>	<u>Dispenser ID</u>	<u>Dispenser</u>	<u>Dispens</u>
04/09/12	HYDROCODON-ACETAMNOPH 7.5- 750	90	30	BG6543210	GATOR IRA	04/09/12	456123	0	AA1927376	AL'S APOTHECARY	HOLLYV
04/09/12	CARISOPRODOL 350 MG TABLET	60	30	BG6543210	GATOR IRA	04/09/12	456124	0	AA1927376	AL'S APOTHECARY	HOLLYV
04/09/12	ZOLPIDEM TARTRATE 10 MG TABLET	30	30	BG6543210	GATOR IRA	04/09/12	456125	0	AA1927376	AL'S APOTHECARY	HOLLYV
03/12/12	LORAZEPAM 1 MG TABLET	60	30	MG1234567	GRASS SAW	03/12/12	987655	0	AF2468109	FLORIDA PHARMACY	SUNRISI
03/12/12	OXYCODONE-ACETAMINOPHEN 10- 325	60	30	MG1234567	GRASS SAW	03/12/12	987654	0	AF2468109	FLORIDA PHARMACY	SUNRISI
	ALPRAZOLAM 1				MII I					EZ DISCOUNT	ET

