

NAME OF WHOLESALE DRUG DISTRIBUTOR/ MANUFACTURER

Arrow Health Medical Supply

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/ MANUFACTURER

2030 Second Ave Suite 115  
Rochester MN 55902

MIN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 141.441, CLAUSES (3) TO (8), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Rice Home Medical LLC

Willmar, Mn. 56201

1033 15th Ave. SW

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OR OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (1) TO (9), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

MIN BOARD OF PHARMACY LICENSE NUMBER

45-9999-9

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

AD Cam base ment S.

VALUE OF PAYMENTS

TYPE OF PAYMENTS

12-23-99

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

Rice Home Medical LLC

105 6th Ave. Madison, Mn.

MINNESOTA STATUTES REQUIRE WHOLESAL DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (1) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$500 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

MIN BOARD OF PHARMACY LICENSE NUMBER

360774-3

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

No reimbursements

VALUE OF PAYMENTS

PAYMENTS

TYPE OF PAYMENTS

12-23-99







NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

M + D Distributing

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

2367 University Ave - St. Paul, Mn 55104

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OR OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

This Does not Apply to Our Company  
We distribute to C-Store Industry

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	MN BOARD OF PHARMACY LICENSE NUMBER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
McKesson Drug Company	7009 South 108th Street La Vista, NE 68128	360682-5	N/A			

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

**ALCON (PUERTO RICO), INC.**

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

**P. O. BOX 3000, HUMACAO, PUERTO RICO 00792**

MIN BOARD OF PHARMACY LICENSE NUMBER

**459647-1**

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

**NOT APPLICABLE**

ADDRESS OF PRACTITIONER

VALUE OF  
PAYMENTS

TYPE OF PAYMENTS

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

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Received  
tory An  
Dept.

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

DIAMOND LAKE PHARMACY INC

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

5601 CHICAGO AVE SO, MPLS MN 55417

MN BOARD OF PHARMACY LICENSE NUMBER

360172-3

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OR OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (9) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

~~ASJG~~

1999

RECEIVED AT  
DEC 17 1999  
MINNESOTA BOARD OF PHARMACY

Edward W. Findele & Pk  
PIC

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

PM Engineering

MN BOARD OF PHARMACY LICENSE NUMBER

360859-3

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

899 SW 3rd St.

New Brighton, MN 55112

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OR OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

NO Activity

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

0

TYPE OF PAYMENTS

RECEIVED AT  
DEC 17 1999  
MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

*Prapai Dist Inc*

MN BOARD OF PHARMACY LICENSE NUMBER

360070-8

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

*Hwy 60 South Winona mn. 56101*

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (6) TO (9), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

ADDRESS OF PRACTITIONER

*No payments, Reimbursements  
or Compensation made from  
this location for 1999*

*Don Bah  
12-16-99*

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT  
DEC 17 1999  
MINNESOTA BOARD  
OF PHARMACY



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Vending Services  
MN BOARD OF PHARMACY LICENSE NUMBER

360786-6

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

130 PARKLAND AVE. DULUTH, MN 55805

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

ADDRESS OF PRACTITIONER

TYPE OF PAYMENTS

VALUE OF PAYMENTS

No activity



ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

322 N. Labare They River Falls Mn 56701

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Country Health

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, MONERAMA, REIMBURSEMENT/OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (8), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

MIN BOARD OF PHARMACY LICENSE NUMBER

360522-4

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

VALUE OF PAYMENTS

TYPE OF PAYMENTS

0

ADDRESS OF PRACTITIONER

RECEIVED AT  
DEC 28 1999  
STATE BOARD  
OF PHARMACY  
MINNESOTA



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Southern Anesthesia Surgical, Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

204 Palmetto Park Blvd.  
Lexington, SC 29072

MN BOARD OF PHARMACY LICENSE NUMBER

360273-5

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

*NA*

VALUE OF PAYMENTS

TYPE OF PAYMENTS

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OR OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

SuperGen, Inc.  
MN BOARD OF PHARMACY LICENSE NUMBER

459934-2

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

TWO Annabel Lane Ste: 200 San Ramon CA 94583

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

*[Handwritten signature]*

*[Handwritten signature]*  
S. Jason

Assistant Controller

(925) 327-0200

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

IBA Inc.

PO Box 31, Millbury, MA 01527

MN BOARD OF PHARMACY LICENSE NUMBER

360398-3

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

No reportable activity

VALUE OF PAYMENTS

TYPE OF PAYMENTS

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Morton Grove Pharmaceuticals, Inc.

MN BOARD OF PHARMACY LICENSE NUMBER

459907-0

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

NO ACTIVITY TO REPORT

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

6451 W. Main Street, Morton Grove, Illinois 60053

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (9) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
NO ACTIVITY TO REPORT			

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Livingston Healthcare Services Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

3195 N. Lanier Parkway, Decatur, GA 30034

MIN BOARD OF PHARMACY LICENSE NUMBER

360202-3

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

None

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.





NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Hy-Vee, Inc

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1801 Osceola Ave  
Chariton Iowa 50049

Att: Jeff Kent  
Distribution Center

MN BOARD OF PHARMACY LICENSE NUMBER

360588-4

Federal DEA # RH0211374

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NONE

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.





NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

NCS HealthCare of KY dba Vanguard Labs, Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

835 North L. Rogers Wells Blvd., Glasgow, KY 42141

MN BOARD OF PHARMACY LICENSE NUMBER

359946-6 359946-6

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (9) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NO PAYMENTS, HONORARIA, REIMBURSEMENT, OR ANY OTHER PAYMENTS HAVE BEEN MADE TO ANY MINNESOTA PHYSICIAN. RATHY H. JONES PHARM.D. RATHY

**EPSTEIN BECKER & GREEN, P.C.**

ATTORNEYS AT LAW

250 PARK AVENUE

NEW YORK, NEW YORK 10177-0077

(212) 351-4500

FAX: (212) 661-0989

DIRECT:

(212) 351-4847

CCACHERO@EBGLAW.COM

February 28, 2000

TWO EMBARCADERO CENTER  
SAN FRANCISCO, CALIFORNIA 94111  
(415) 398-350012750 MERIT DRIVE  
DALLAS, TEXAS 75251-1246  
(972) 628-24502400 SOUTH DIXIE HIGHWAY, SUITE 100  
MIAMI, FLORIDA 33133-3141  
(305) 886-1100510 KING STREET, SUITE 301  
ALEXANDRIA, VIRGINIA 22314-3132  
(703) 684-1204111 SOUTH CALVERT STREET, SUITE 2700  
BALTIMORE, MARYLAND 21202  
(410) 385-3275P.C. NEW YORK, WASHINGTON, D.C.  
CONNECTICUT, VIRGINIA, NEW JERSEY  
MASSACHUSETTS, MARYLAND,  
TEXAS AND CALIFORNIA ONLY1227 25<sup>TH</sup> STREET, N.W.  
WASHINGTON, D.C. 20037-1156  
(202) 861-09001875 CENTURY PARK EAST  
LOS ANGELES, CALIFORNIA 90067-2501  
(310) 556-8861ONE LANDMARK SQUARE  
STAMFORD, CONNECTICUT 06901-2601  
(203) 348-3737ONE RIVERFRONT PLAZA  
NEWARK, NEW JERSEY 07102  
(973) 642-190075 STATE STREET  
BOSTON, MASSACHUSETTS 02109  
(617) 342-4000**VIA FACSIMILE (612) 617-2212**Mr. David E. Holmstrom  
Executive Director  
Minnesota Board of Pharmacy  
2829 University Ave. SE, #530  
Minnesota, MN 55414-3251Re: Request for "Wholesale Drug Distributor's" Reports  
Relating to Gifts to Health Practitioners

Dear Mr. Holmstrom:

As we discussed during our telephone conversation last Friday afternoon, I am writing to request that copies of "wholesale drug distributor's" reports relating to gifts to health practitioners filed by five to seven different wholesalers or distributors during the past two years be sent to my attention via facsimile ((212) 661-0989).

In the event that the document length precludes faxing them, please contact me at (212) 351-4847 so that I may either provide you with my firm's Federal Express account number or, if you prefer, overnight to your office a self-addressed, postage-paid Federal Express or Express Mail envelope.

Thank you for your assistance in this matter. Should you have any questions regarding this request, please do not hesitate to contact me.

Sincerely,



Cathleen G. Cachero

NAME OF WHOLESALE DRUG DISTRIBUTOR/ MANUFACTURER

STAT MEDICAL INC

NAME OF PRACTITIONER

360013-5

Please include designation (L.S., MD, etc.)

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/ MANUFACTURER

12925-164 AVE N PLYMOUTH, MN 55444

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REBURSEMENT, OTHER COMPENSATION AUTHORIZED UNDER SECTION 144.41, CLAIMS IN TO OR PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THIS REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER Please include designation (L.S., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
AD	KJ		

FAX 617-2212





11/16/99

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Midwest Medical Equipment & Supplies

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

441.8 Laines Rd, Suite 1200 Duluth, MN 55811

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No Reportable Activity





NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER CORAM Alternate Site Services MINNESOTA BOARD OF PHARMACY LICENSE NUMBERS 360769-01	ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER -morhead 109 5th St South MORRHEAD MN 56560	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS

No payments or honoraria in 1999.  
 7/10/99  
 J.K. Okeyard Pharm.D.  
 Fax 612-617-2212





NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

RAPIDS WELDING SUPPLY

MIN BOARD OF PHARMACY LICENSE NUMBER

300350-1

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

800 NE 4<sup>th</sup> ST. GRAND RAPIDS MN

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, INCLUDING MEMBERSHIP OF THE CORPORATION AUTHORIZED UNDER SECTION 151A.01, CLAIMED TO TO BE PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

JOHN

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

R-S SALES, INC.

MN BOARD OF PHARMACY LICENSE NUMBER

360254-4

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

8407 AUSTIN TOLKY RD

FOUNTAIN RUN, KY 42133

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (9) TO (9), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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