

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

3842 Washington Ave N

Mpls MN 55412

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Mimeovalis Oxygen Co.

BOARD OF PHARMACY LICENSE NUMBER

360351-4

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

Nothing to Report

VALUE OF PAYMENTS

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 151.441, CLAUSES (9) TO (6), 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

Jons Drug

MINNESOTA BOARD OF PHARMACY LICENSE NUMBERS

360289-0

NAME OF PRACTITIONER

Please include designation (J.D., M.D., etc.)

[Handwritten signature]

ADDRESS OF PRACTITIONER

[Handwritten signature]

VALUE OF PAYMENTS

[Handwritten symbol]

TYPE OF PAYMENTS

[Handwritten symbol]

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

318 Grand Ave. Eveleth, MN

MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT, OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.46, CLAUSES OF TO 99, 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.

Table with 3 main columns: NAME OF PRACTITIONER, ADDRESS OF PRACTITIONER, VALUE OF PAYMENTS, TYPE OF PAYMENTS. The table contains 11 rows, with the first row containing handwritten data and the remaining rows being empty.

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

PHYSICIANS MED EXPRESS
360657-9

265 S. Pioneer Blvd, SPRINGBOBO, OH

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, MONETARY OR IN KIND, MADE TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THIS 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.

ADDRESS OF PRACTITIONER

NONE PAID

TYPE OF PAYMENTS

VALUE OF PAYMENTS

NAME OF PRACTITIONER

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

NAME OF WHOLESALE DRUG DISTRIBUTOR/ MANUFACTURER

Pharmacia

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/ MANUFACTURER

101 N Main Park Rapids MN 56470

MINNESOTA PHYSICIANS REQUIRE WHOSE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, REIMBURSEMENT OR OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.46, CLAIMED BY 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 PHARMACY LICENSE NUMBER

360422-5

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

9

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

HUBER SUPPLY COMPANY

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1527 N. FEDERAL AVE., MASON CITY, IA 50401

MIN BOARD OF PHARMACY LICENSE NUMBER

A59947-3

MINNESOTA STATUTES REQUIRE WHOLESLE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.441, 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 \$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.)

NONE

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Family Medical Service

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1705 Madison Ave. Mantota MN 56001

MN BOARD OF PHARMACY LICENSE NUMBER

459948-1

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 (5) 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.

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

Nothing to report

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

McKesson H&C

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Mpls.

MN BOARD OF PHARMACY LICENSE NUMBER

See attached

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 PRACTITIONER

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

S M D C PHARMACIES

ADDRESS OF PRACTITIONER

SEE ATTACHED

VALUE OF PAYMENTS

0

TYPE OF PAYMENTS

0

Borden, Smith Pharmacy

SMDC Pharmacies License and Provider Numbers

	Managing Pharmacist MN Welfare WI Welfare	License Cost Center Pharmacy Number	DEA # Tax ID #	NABP Number Medicare
Duluth Clinic Pharmacy 400 E. 3rd Street Duluth, MN 55805 218 786-3137 Fax 218 722-0103	Nat Willgohs 510060700 33109500	2611245-4 5000 01	AC6400270 41-0883623 MN9370128	24-09870 212400001
DC-West Pharmacy 4325 Grand Avenue Duluth, MN 55807 218 786-3700 Fax 218 786-3703	Timothy Ferch 210558600 33050700	261243-8 5002 02	AD2980224 41-0883623 MN9370128	24-16572 212400001
DC-Lakeside Pharmacy 4619 E. Superior Street Duluth, MN 55804 218 786-3784 Fax 218 786-7338	Allan Kostynyk 106358800 33163300	261242-5 5001 03	AD2956451 41-0883623 MN9370128	24-04642 212400001
DC-Superior Pharmacy 3500 Tower Avenue Superior, WI 54880 715 395-3882 Fax 715 395-3178	Dennis Kolari 277758400 33072400	6856 5003 04	BD6269080 41-0883623 WI243063-5	51-18662 212400001
DC-Infusion Pharmacy 400 E. 3rd Street Duluth, MN 55805 218 786-3350 Fax 218/786-1113	 34006200 33191400	261241-2 5004 05	BD2310516 41-0883623 MN9370128	24-21775 212400001
DC-Hibbing Pharmacy 730 East 34th Street Hibbing, MN 55746 218 262-5225 Fax 218 262-4322	Joe Seeba 566716000	261240-9 5009 06	BD4359635 41-0883623 MN9370128	24-05478 212400001
DC-Hermantown Pharmacy 4855 W. Arrowhead Road Hermantown, MN 55811 218 786-3549 Fax 218 725-3691	Michael Swanoski 359723700 33207700	261275-5 5006 07	BD4592172 41-0883623 MN9370128	24-21701 212400001
DC-International Falls Pharmacy 2501 Keenan Drive International Falls, MN 56649 218 285-6222 Fax 218 285-6223	Linda Davis 099517700	261417-7 5010 08	BD5239632 41-0883623 MN9370128	24-22070 212400001
SMMC Inpatient Pharmacy 407 E. 3rd Street Duluth, MN 55805 218 786-4501 Fax 218 786-7375	Richard Spehar	200207-7 7300	AS3653258 411513014	
SMMC Outpatient Pharmacy 407 E. 3rd Street Duluth, MN 55805 218 786-4220 Fax 218 786-4227 (9-29-98)	Bradley Hren 594018400 33206400	261284-9 5007 14	BS4572081 41-0883623	24-21674
St. Mary's of Superior 3500 Tower Ave Superior, WI 54880 715 392-3753 Fax 715 392-2619	David Axt	7510 SMHS	BS4714514 41-1811073	

SMDC Pharmacies License and Provider Numbers

	Managing Pharmacist MN Welfare WI Welfare	License Cost Center Pharmacy Number	DEA # Tax ID #	NABP Number Medicare
DC-Virginia Pharmacy 910 6 th Ave North Virginia, MN 55792 218 749-7828 Fax 218 749-7962 (7-1-98)	Ron Harlander 194812100	204514-4 5013 13	BD5970961 41-0883623	24-22688
DC-Hayward Pharmacy 11134 N. Hwy 77 Hayward, WI 54843 715 634-6774 Fax 715 634-5517 (8-10-98)	Wayne Chlapecka 448819900 33232000	7772 5011 11	BD5994884 41-0883623	51-24401

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Chaska Snyder Drug

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

802 Yellowbrick Road
Chaska, MN 55318

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.

MN BOARD OF PHARMACY LICENSE NUMBER

360204-9

NAME OF PRACTITIONER

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

No payments, reimbursement, honoraria or compensation have been made

to any licensed practitioner in Minnesota.

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Midwest Medical Services Inc

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

8400 Coral Sea St NE Suite 200 Blaine MN 55449

MN BOARD OF PHARMACY LICENSE NUMBER

460019-2

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

NONE

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 (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 WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

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Horizon Pharmacy #49

4027 Central Ave NE

55421

Columbia HTS MN

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.

360242-1

NAME OF PRACTITIONER

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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

None

D. J. [Signature]

NAME OF WHOLESALE DRUG DISTRIBUTOR/MAUFACTURER

Madison Hospital Pharmacy

200448-6

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY LICENSE NUMBERS

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MAUFACTURER

820 3rd Ave

Med: 501 MA

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY LICENSE NUMBERS

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MAUFACTURER

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NAME OF PRACTITIONER

Hone

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

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MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

924 NE 1st ST

FARBBAULT, MN 55021

BOYES CLINIC PHARMACY

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.

360060-1

NAME OF PRACTITIONER

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

VALUE OF PAYMENTS

TYPE OF PAYMENTS

[Handwritten signature]

[Handwritten signature] **PHI**

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

UNITY COMMUNITY PHARMACY

MN BOARD OF PHARMACY LICENSE NUMBER

360171-0

NAME OF PRACTITIONER

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

NONE

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

550 OSBORNE RD. FRIDLEY, MN 55432

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

NONE

NONE

William B. Gilbert R.P.H. P.I.C.

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

NORTHWESTERN SUPPLY COMPANY

MN BOARD OF PHARMACY LICENSE NUMBER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

525 PROGRESS ROAD - WAITE PARK, MN 56387

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.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NONE

NONE

Bob James
11-11-99

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

U of MN Teaching Hospital Pharmacy

MN BOARD OF PHARMACY LICENSE NUMBER

360709-9

NAME OF PRACTITIONER

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

Colleen Horeish, RPh

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1365 Gortner Ave

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

1365 Gortner Ave St. Paul MN

VALUE OF PAYMENTS

0

TYPE OF PAYMENTS

St. Paul MN

1352 Boyd Ave

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

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 151.441, 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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ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

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

MN BOARD OF PHARMACY LICENSE NUMBER

TYPE OF PAYMENTS

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
459785.2			

Family Medical Service

P.O. Box 970 Albert Lea MN 56007-0970

P.O. Box 970 Albert Lea MN 56007-0970

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Apria Healthcare Inc

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1500 Opportunity Rd Rochester MN 55901

MN BOARD OF PHARMACY LICENSE NUMBER

459857-6

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No payments Received.

Chief Buyer
Branch Manager

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 WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER BRINTON LABORATORIES, INC.	ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER PO BOX 266 208 LAKELAND DR SE WILLMAR MN 56201	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 151.491, 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
				1999 - NO REPORTABLE ACTIVITY			

SM 11/11/99

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ANDOVER PARK PHARMACY

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

13819 HANSON BLVD ANDOVER, MN 55304

MN BOARD OF PHARMACY LICENSE NUMBER

360866-1

NAME OF PRACTITIONER

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

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.

AL BROUSSEAU
N Brousseau RPL
11-10-99

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Winters MAIW ST Drug Inc

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

300 MAIW ST SAK Center MN 56378

MN BOARD OF PHARMACY LICENSE NUMBER

360737-4

NAME OF PRACTITIONER

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

None

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

None

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

F. Dohmen ~~Pharm~~ Anoka 1101-LUND Ave Anoka, MN 55303

MN BOARD OF PHARMACY LICENSE NUMBER

200833-00

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

None to date or expected in 1999

VALUE OF PAYMENTS

TYPE OF PAYMENTS

[Handwritten signature]
BPh.D./C.

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Hanson Northdale Drug

524 Northdale Blvd Coon Rapids MN 55448

MN BOARD OF PHARMACY LICENSE NUMBER

360646-9

NAME OF PRACTITIONER

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

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.

[Handwritten signature]

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

FAIRVIEW RED WING HOSPITAL PHARMACY

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1407 WEST FOURTH STREET, RED WING. MN. 55066

MN BOARD OF PHARMACY LICENSE NUMBER

360753-6

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 GIFTS OF ANY KIND WERE PROVIDED IN 1999

Paul J. Sumner, MD