

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Noble Drug

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

111 North Main Av Sandata MN 56623

MINNESOTA BOARD OF PHARMACY LICENSE NUMBER

114 388-5

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, BENEFICIAL BENEFICIARIES, COMPENSATION AUTHORIZED UNDER SECTION 64.44, CLAIMS (S) TO (S), 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 (e.g., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

Nord  
made  
grd.

Fax 612-617-2212

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

PADDOCK LABORATORIES INC.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

3940 QUEBEC AVE ND  
MPLS., MN. 55427

MN BOARD OF PHARMACY LICENSE NUMBER

WHOLESALE LISC. 305134-4

MANUF LISC. 405135-6

NAME OF PRACTITIONER

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

NONE

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 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

7345 Airport Freeway Elizabeth TX 76118

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 151.464, CLAUSES (3) 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 PRACTITIONER  
Please include designation (i.e., MD, etc.)

Olsten Health Services  
261359-2

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NO ACTIVITY



EXEL Logistics  
3310 Colonial Parkway  
Decatur, GA 30034

Minnesota Board of Pharmacy  
Legal Affairs Department  
Minnesota Licensed Drug Wholesalers  
Minnesota Licensed Drug Manufacturers

November 23, 1999

To whom it may concern:

This letter is in response to the request for reported payments, honoraria, reimbursement, and other compensation to Minnesota licensed practitioners. Exel Logistics does not ship directly to practitioners and therefore will not show any such activity for the year, and years to follow.

If there are any other questions that I can help you with, you can contact me at 404-243-2011.

Sincerely,

A handwritten signature in cursive script that reads "Bonnie Langer".

Bonnie Langer  
Customer Service Supervisor- Decatur Facility

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

EXEL LOGISTICS

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

3310 COLONIAL PARK WAY, DECATUR GA 30034

MN BOARD OF PHARMACY LICENSE NUMBER

360791-8

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.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NONE TO ACCOUNT.



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Graham-Field, Inc

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

12055 Missouri Bottom Road  
Hazelwood MO 63042

MN BOARD OF PHARMACY LICENSE NUMBER

360125-7

NAME OF PRACTITIONER

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

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 (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

We do not make any payments  
to practitioners  
C/Boyer  
11/30/99





# HOME HEALTH SERVICES of douglas county hospital

1525 broadway south, alexandria, minnesota 56308 • (320) 762-6036 • Fax (320) 762-6089

November 30, 1999

Mr. David Holmstrom  
Executive Director  
Minnesota Board of Pharmacy  
2829 University Ave SE #530  
Minneapolis, MN 55414-3251

Dear Mr. Holmstrom,

This notice is in response to the annual report for gifts to practitioners.  
Our office does not make any such gifts.

Should you have any questions, please contact me. My phone number is  
(320) 762-6036.

Susan Leinhart  
Coordinator  
Home Health Services  
1525 South Broadway  
Alexandria, MN 56308

sl/sl mnphm







NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

S.A. LT.

614 Neb Res/ce Ace Blackledge 56520

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALERS 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.

360625-2

NAME OF PRACTITIONER

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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

~~Handwritten text: "md" and "ACF" with a large diagonal slash across the table.~~

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

*Fifty White Drug*

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

*615 S. Mill St. Fergus Falls Mn*

MN BOARD OF PHARMACY LICENSE NUMBER

*360494-0*

NAME OF PRACTITIONER

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

*JD Acitivity*

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.

STATE OF MINNESOTA  
**Office Memorandum**

DATE : November 2, 1999

TO : Legal Affairs Department  
Minnesota Licensed Drug Wholesalers  
Minnesota Licensed Drug Manufacturers

FROM : David E. Holmstrom  
Executive Director



*From:*  
*NONE*  
*Copley*  
*270 Rastcroft Rd*  
*Dedham, MA 02024*

PHONE : (612) 617-2201 - Hearing/Speech Relay Metro: 297-5353  
FAX : (612) 617-2212 - Hearing/Speech Relay Non-Metro: 1-800-627-3529

**SUBJECT : Gifts to Practitioners**

The 1993 Minnesota Legislature passed a bill requiring each "wholesale drug distributor" to file, with the Board of Pharmacy, an annual report identifying all payments, honoraria, reimbursement, and other compensation paid to licensed practitioners in Minnesota during the preceding calendar year. The report requires companies to identify the nature and value of any payments, totaling \$100 or more, to a particular practitioner during the year. Enclosed is a copy of the form we will be using to collect this information. Please complete this form and return it to us at your earliest convenience. Please return the form even if you had no reportable activity.

All drug wholesalers and drug manufacturers, doing business in Minnesota, began keeping track of these types of disbursements, effective January 1, 1994. While no specific date is found in the statutes, reports are to be filed in early 2000, covering disbursements made in calendar 1999.

Your cooperation is greatly appreciated.

DEH:jmk

Enc.

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

EXEL LOGISTICS

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

811 SPANGLER ROAD

CAMP HELL PA. 17011

MN BOARD OF PHARMACY LICENSE NUMBER

360911 - 0

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

N/A

N/A

N/A

N/A



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Excel Logistics, Memphis, TN

For all of our addresses registered with you.

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 OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.463, 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.

360808-5

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

We Do Not Do This.



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER			
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
Snyder Drug	MN BOARD OF PHARMACY LICENSE NUMBER 360570-3	120 West 3rd ST		
NOTE	D	Trent Anderson MD AC		



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER  
Snyder Drug #89

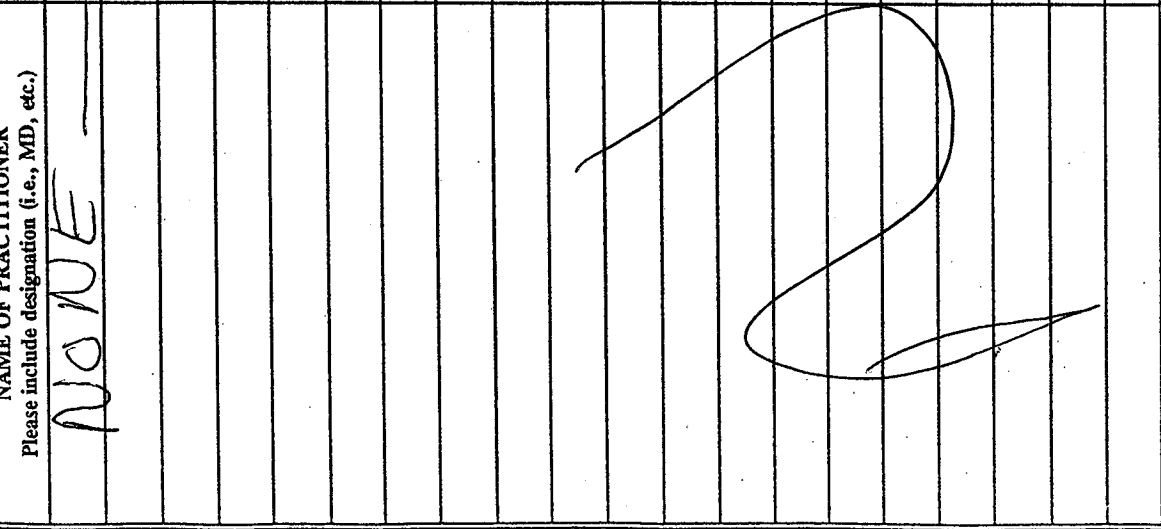
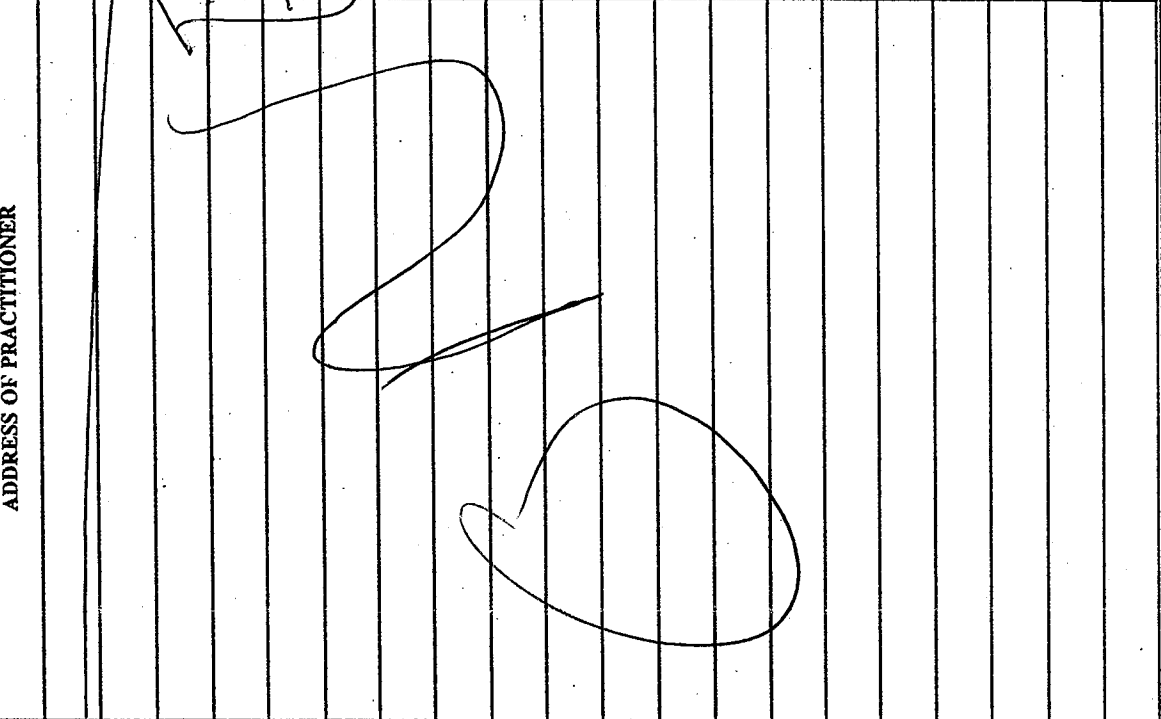
ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER  
14655 Galaxie Ave Apple Valley MN

55724

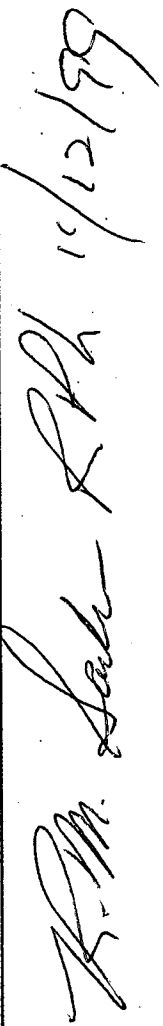
MN BOARD OF PHARMACY LICENSE NUMBER  
360433-5

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

None for Calendar Year  
Jan. 1, 1999 - Dec. 31, 1999

 R.M. Secker RPh 11/12/99



**Novartis Consumer Health, Inc.**  
560 Morris Avenue  
Summit, NJ 07901-1312

Main Number: 908-598-7600  
Fax: 908-273-2869

November 17, 1999

Minnesota Board of Pharmacy  
2829 University Avenue, Suite 530  
Minneapolis, MN 55414-3251

**RE: Gifts to Practitioners**

Dear Sir/Madam:

This correspondence pertains to Minnesota requirements for disclosure of disbursements to licensed practitioners.

To the best of our knowledge, Novartis Consumer Health, Inc. has not made disbursements of \$100.00 or more, to licensed practitioners in the State of Minnesota. A completed form noting "no reportable activity" has been enclosed as requested.

If there are questions regarding this matter, please contact the undersigned at (908) 598-7989. My mailing address is:

Novartis Consumer Health, Inc.  
560 Morris Avenue  
Summit, NJ 07901-1312

Regards,

A handwritten signature in cursive script that reads "Sheila Adamuski".

Handwritten initials "fo" in cursive, followed by the typed name and title:  
Filomena King  
Manager  
Regulatory Affairs



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Safco Dental supply Co.

2121 shermer Rd. Northbrook Il 60062

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 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.

360 857-7

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No Activity

No payment or gifts to practitioners in Minnesota





NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Koster Pharmacy Inc  
360-569-3

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1831 Tyler St  
Tyler, MN 56178

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.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
Dr Heidi Tan	240 Willow St Tyler, MN 56178	0.00	None
Dr Rana Mehta	240 Willow St Tyler, MN 56178	0.00	None
Lucinda Weber Nurse Practitioner	240 Willow St Tyler, MN 56178	0.00	None

*Handwritten signature/initials*



April 17, 2000

Minnesota Board of Pharmacy  
2829 University Ave., SE  
Suite 530  
Minneapolis, MN 55414-3251

Attention: David E. Holmstrom

Dear Mr. Holmstrom:

Subject: Gifts to Practitioners

In response to your memorandum dated November 2, 1999, I wish to inform you that the Eastman Kodak Dental Business has made no payments in the form of honorariums, reimbursements or other compensations to Practitioners during 1999.

If you have any questions or concerns, please call me at 716-724-3865.

Regards,

A handwritten signature in cursive script that reads "Patricia B. Lanzoni".

Patricia B. Lanzoni  
Regulatory Affairs  
Health Imaging Division

Enc.





April 24, 2000

RECEIVED AT

MAY 01 2000

MINNESOTA BOARD  
OF PHARMACY

David E. Holmstrom, Executive Director  
State of Minnesota  
Department: Minnesota Board of Pharmacy  
2829 University Avenue, SE, #530  
Minneapolis, MN 55414-3251

Dear Mr. Holmstrom:

Enclosed you will find Allergan's annual report indicating that no payments, honoraria, reimbursement, or other compensation were made to licensed practitioners in Minnesota during calendar year 1999.

If you should have any questions or comments, please feel free to contact me at (714) 246-4391.

Sincerely,

Elizabeth Bancroft  
Sr. Director, Regulatory Affairs

EB/dmo  
Enclosure

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ALLERGAN SALES, INC.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

2525 DUPONT DRIVE, IRVINE, CA 92612-1599

MN BOARD OF PHARMACY LICENSE NUMBER

459613-8

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
NONE			









NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

HEALTHCARE ACCESSORIES, INC.

300385-7

510 6<sup>th</sup> AVE N FARGO ND 58102

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 (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

NONE



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Canfield, Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

4221 Valley View Road Edina MN 55424

MN BOARD OF PHARMACY LICENSE NUMBER

459928-7

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.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

*Handwritten notes:*  
NK 6/15/99  
6/15/99  
see attached

RECEIVED AT  
JUN 01 2000  
MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Canfield, Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

4221 Valley View Road Edina MN 55424

MN BOARD OF PHARMACY LICENSE NUMBER

359941-1

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 (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*

RECEIVED AT  
JUN 01 2000  
MINNESOTA BOARD  
OF PHARMACY



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	
AMERISOURCE HEALTH SERVICES CORP.	2550 JOHN GLENN AVE. SWITE A, COLUMBUS, OHIO 43219	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	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
459955-9			
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)			
N/A			

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

NATIONAL SPECIALTY SERVICES, INC.

556 Metroplex Drive, Nashville, TN 37211

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.

360195-6

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NO REPORTABLE ACTIVITY



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER  
 P.O. Box 1478, Bellevue, WA 98009-1478

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 WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER  
 P.O. Box 1478, Bellevue, WA 98009-1478

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.

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