

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

*Mercer & Co*

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

*1645 Satellite Blvd. Duluth, Mn. 55097*

MIN BOARD OF PHARMACY LICENSE NUMBER

*360960-2*

MINNESOTA STATUTES REQUIRE WHOLESALE 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

*N/A*

*0*

*James H. Vandenberg  
James H. Vandenberg  
Duluth, MN  
11/17/04*

RECEIVED AT  
NOV 18 2004  
MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

*McKesson Drug Co.*

MN BOARD OF PHARMACY LICENSE NUMBER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

*3003 Airport Rd. Le Croise, WI*

MINNESOTA STATUTES REQUIRE WHOLESALE 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.)

*None*

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT  
NOV 18 2004  
MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

*Drs. Foster and Smith Pharmacy*

MN BOARD OF PHARMACY LICENSE NUMBER

*360131-2*

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

*2253 Air Park Rd. Minneapolis, MN 55450*

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 151.461, 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 TOTALLING \$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
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>

RECEIVED AT  
NOV 18 2004  
MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER  
 Prairie Lakes Healthcare Sys. 401 9th Ave SW, Watertown, SD  
 ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

MINNESOTA BOARD OF PHARMACY LICENSE NUMBER 361479-4	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 151.461, 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 TOTALLING \$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		—	—

RECEIVED AT  
 NOV 18 2004  
 MINNESOTA BOARD  
 OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER  
Airgas North Central  
MN BOARD OF PHARMACY LICENSE NUMBER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER  
2808 Gateway Drive Grand Forks ND 58203

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.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
		0	

RECEIVED AT  
NOV 18 2004  
MINNESOTA BOARD  
OF PHARMACY



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Septodont Inc. 302-325-6601

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

245-C Quigley Blvd New Castle DE 19700

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 151.461, 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.)

NONE

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

NOV 19 2004

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

*Genetco Inc*  
MIN BOARD OF PHARMACY LICENSE NUMBER  
*360269-6*

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

*711 Union Parkway, Corkeville, MN 55779*

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 151.461, CHAPTER 335 (3) TO (9), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALLING \$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

*RECEIVED AT  
NOV 19 2004  
MINNESOTA BOARD  
OF PHARMACY*



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER  
**THE HARVARD DRUG GROUP**  
 ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER  
**31778 ENTERPRISE DR., LIVONIA, MI 48150**

MN BOARD OF PHARMACY LICENSE NUMBER  
**360327-1**

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 151.461, 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 TOTALLING \$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	None	None
None	None	None	None
None	None	None	None
None	None	None	None
None	None	None	None

RECEIVED AT  
 NOV 19 2004  
 MINNESOTA BOARD  
 OF PHARMACY





NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

INO THERAPEUTICS LLC

MN BOARD OF PHARMACY LICENSE NUMBER

4600464 AND 361347-8

6 STATE HIGHWAY 173

CLINTON, NJ 08809 ATTN: BRIAN GINSBURG

MINNESOTA STATUTES REQUIRE WHOLESALE 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.)

NONE

ADDRESS OF PRACTITIONER

N/A

VALUE OF PAYMENTS

N/A

TYPE OF PAYMENTS

N/A



ATLEY PHARMACEUTICALS, INC.  
 10511 OLD RIDGE ROAD  
 ASHLAND, VA 23005

# Invoice

Invoice	INV12190
Date	6/24/2004
Page	1

Phone: (804) 227-2250  
 Fax: (804) 227-2262  
 DEA RA0183171

**Bill To:**

DOHMEN DISTRIBUTION PARTNERS  
 PO BOX 1006  
 GERMANTOWN WI 53022

**Ship To:**

DOHMEN DISTRIBUTION PARTNERS  
 C/O ANOKA, LLC  
 1101 LUND BLVD.  
 ANOKA MN 55303  
 DEA # RA0313039

Purchase Order No.	Customer ID	Sales Order #	Shipping Method	Payment Terms	Ship Date
44436	434	SOR07795	UPS GROUND	2% 30/Net 31	6/24/2004

Inv Qty	B/O	Item Number	Description	Unit Price	Ext. Price
12	0	125-1	ATUSS-12 DM 16 OZ. 59702-0802-16 LOT# 4404 12	\$74.00	\$888.00
12	0	127-1	SUDAL-12 16 OZ. 59702-0805-16 LOT# 4322 12	\$74.25	\$891.00

<b>Subtotal</b>	\$1,779.00
<b>Freight</b>	\$0.00
<b>Total</b>	\$1,779.00



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Exel Inc.

11244 S. Distribution Cove, Olive Branch, MS 38654

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALE 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 TOTALLING \$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

*[Handwritten signature]*







111 Coolidge Street, South Plainfield, New Jersey 07080-3895

Executive Office: (908) 753-2000 • Fax: (908) 753-1587

November 22, 2004

Mr. David E. Holmstrom  
Executive Director  
Minnesota Board of Pharmacy  
2829 University Avenue Southeast  
Suite 530  
Minneapolis, MN 55414-3251

Dear Mr. Holmstrom:

Enclosed is our annual report indicating that no payments, honoraria, reimbursement, and other compensation were paid to licensed practitioners in Minnesota during 2004.

Very truly yours,



Stephen C. Greene  
Vice President, Administration &  
General Counsel

en/SCG

Enclosure

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALE 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 TOTALLING \$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 WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER  
 Mckesson

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 151.461, 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 TALLING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

MINN BOARD OF PHARMACY LICENSE NUMBER  
 360676-D

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

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER  
 3000 Kershell Avenue WCH 017 4316

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Shire LLC

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

9200 Brookfield Ct. Florence KY 41042

MIN BOARD OF PHARMACY LICENSE NUMBER

361371-1

MINNESOTA STATUTES REQUIRE WHOLESALE 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)

N/A

ADDRESS OF PRACTITIONER

TYPE OF PAYMENTS

VALUE OF PAYMENTS

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER  
**Pharmacy, Inc. D/B/A CuraScript Wholesale Services** ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER  
**6272 Lee Vista Blvd, #200, Orlando, FL 32822**

MN BOARD OF PHARMACY LICENSE NUMBER  
**361323-2**

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 TOTALLING \$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

NAME OF PRACTITIONER	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
No Activites to report	No Activites to report	N/A	No Activites to report



PO Box 71, 101 Norfolk  
Street  
Mansfield, MA 02048  
Phone: 508-337-8750  
Fax: 508-337-8572  
[www.amerisourcebergen.net](http://www.amerisourcebergen.net)

**MEMO**

**TO:** David E. Holmstrom, Executive Director  
Minnesota Board of Pharmacy

**FAX:** 612 617-2201

**FROM:** John Iannuzzo, VP/DCM  
AmerisourceBergen Drug Corporation  
Mansfield, MA

**LIC. #** 361177-1

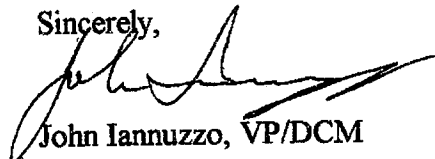
**RE:** Gifts to Practitioners

**DATE:** 11/18/04

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This is a note of clarification stating that we have not nor do we intend to issue payments, honoraria, reimbursement or any other compensation to practitioners licensed in the state of Minnesota. The form has been completed and sent to you via. US mail.

Sincerely,



John Iannuzzo, VP/DCM



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MINNESOTA STATUTES REQUIRE WHOLESALE 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
			RECEIVED AT
			NOV 22 2004
			MINNESOTA BOARD Of PHARMACY
	N A	MO 11-16-04	
	Mark Deminter	MARK DEMINTER	
	DIRECTOR OF OPERATIONS	DIRECTOR OF OPERATIONS	
	McKesson Packaging	McKesson Packaging	
	CONCORD, NC 28027	CONCORD, NC 28027	
	7101 BEDDINGTON RD.	7101 BEDDINGTON RD.	

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

MIN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESAL 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



CareforLife

a health management company

3305 Main Street, Suite 205  
Vancouver, WA 98663

RECEIVED AT  
NOV 19 2004  
WOTA BOARD  
PHARMACY

*[Handwritten signature]*  
*[Handwritten signature]*  
*[Handwritten signature]*



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

**Kuehne & Nagel Logistics, Inc.**

MN BOARD OF PHARMACY LICENSE NUMBER

**361002-8**

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

**4980 Longley Lane, Reno, NV 89502**

MINNESOTA STATUTES REQUIRE WHOLESALE 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
N/A			





Cardinal Health  
6464 Canoga Avenue  
Woodland Hills, CA 91367  
818 737 4000 tel

www.cardinal.com

RECEIVED AT  
NOV 22 2004  
MINNESOTA BOARD  
OF PHARMACY

November 26, 2003

**VIA U.S. MAIL**

Attn: Legal Affairs Department  
Minnesota Board of Pharmacy  
2829 University Avenue SE, #530  
Minneapolis, MN 55414-3251

**Re: Reply to Letter Dated November 9, 2004  
"Gifts to Practitioners"  
Cardinal Health 418, Inc., License #361312-2  
Cardinal Health  
West Chester, Ohio**

To Whom It May Concern:

This letter is in response to your request for information related to the nature and value of payments made to practitioners during the calendar year 2004. Cardinal Health's manufacturing facility in West Chester, Ohio does not make payments to physicians. We dispense directly to Cardinal Health-owned pharmacy locations.

If you have questions or need additional information, please call me at (818) 737-4655.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Ross".

Cynthia Ross, Licensing Administrator  
Nuclear Pharmacy Services business of Cardinal Health  
Quality & Regulatory

/cr

cc: Brian Toth – 5808-4

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Leiner Health Products, LLC

MN BOARD OF PHARMACY LICENSE NUMBER

361474-9

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

355 Crestmont Drive, Fort Mill, SC 29708

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.

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No reportable events.



To: Minnesota Board of Pharmacy

From: Exel Inc.

400 First Street, Suite 250  
Middletown, PA 17057

Exel Inc. has no reportable activity. Our License number is 360790-5.





November 17, 2004

Minnesota Board of Pharmacy  
David Holmstrom  
Executive Director  
2829 University Avenue Southeast, Suite 530  
Minneapolis, MN 55414-3251

RECEIVED AT  
NOV 22 2004  
MINNESOTA BOARD  
OF PHARMACY

**Exel**  
6345 Brackbill Blvd  
Mechanicsburg  
PA 17050  
USA

Telephone 717 901 1450  
Facsimile 717 901 1475

Subject: Gifts to Practitioners

Dear David

As requested, I have attached the forms of the annual report identifying all payments, honoraria, reimbursement and other compensation paid to licensed practitioners in Minnesota. Exel is a Contract Distributor for Bayer Consumer Care and all OTC material is shipped directly to retail stores, not licensed practitioners. Therefore, Exel nor Bayer has any reportable activity to submit.

Please accept this letter on behalf of the following license holders:

Exel, Ontario CA	License # 361198-8
Exel, Mechanicsburg PA	License # 361186-5
Exel, Memphis TN	License # 361196-2

If you require any further information, please give me a call at 717-901-1450. I would be happy to assist you.

Sincerely,

Lisa L. Cairo  
Customer Support Manager  
Exel

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER <b>Curative Pharmacy Services</b> MN BOARD OF PHARMACY LICENSE NUMBER <b>360924-6</b>		ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER <b>3132 Via Colinas Ste 106, WestLake Village CA 91362</b>	
--	--	--	--

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
None →			





92121

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Skyc Pharma, Inc.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

10450 Science Center Dr. San Diego, CA

MN BOARD OF PHARMACY LICENSE NUMBER

460149-2

MINNESOTA STATUTES REQUIRE WHOLESALER 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 TOTALLING \$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

RECEIVED AT  
NOV 22 2004  
MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

AMERISOURCE BERGEN  
MN BOARD OF PHARMACY LICENSE NUMBER

361177-1

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

101 NORFOLK ST.

MAUSFIELD MA 02049

MINNESOTA STATUTES REQUIRE WHOLESALE 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 TOTALLING \$1000 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.)

N/A

ADDRESS OF PRACTITIONER

N/A

VALUE OF PAYMENTS

N/A

TYPE OF PAYMENTS

N/A

RECEIVED AT  
NOV 23 2004  
MINNESOTA BOARD  
OF PHARMACY

Cardinal Health  
6464 Canoga Avenue  
Woodland Hills, CA 91367  
818 737 4000 tel

www.cardinal.com



November 23, 2004

**VIA U.S. MAIL**

Attn: Legal Affairs Department  
Minnesota Board of Pharmacy  
2829 University Avenue SE, #530  
Minneapolis, MN 55414-3251

**Re: Reply to Letter Dated November 9, 2004  
"Gifts to Practitioners"  
Cardinal Health 418, Inc., License #361315-1  
Cardinal Health  
Aurora, CO**

To Whom It May Concern:

This letter is in response to your request for information related to the nature and value of payments made to practitioners during the calendar year 2004. Cardinal Health's manufacturing facility in Aurora, Colorado does not make payments to physicians. This site dispenses directly to Cardinal Health-owned pharmacy locations.

If you have questions or need additional information, please call me at (818) 737-4655.

Sincerely,

A handwritten signature in cursive script, appearing to read "C. Ross".

Cynthia Ross, Licensing Administrator  
Nuclear Pharmacy Services business of Cardinal Health  
Quality & Regulatory

/cr

cc: Warren Fadling, Director – 5700-1

MINNESOTA BOARD OF PHARMACY 2004 REPORTING STATEMENT TO: KATHY POLSOM-ADAM 612-617-2212		Reporting Period - January 1, 2004 - December 31, 2004	TYPE OF PAYMENTS: (1) Consulting fee and expense reimbursement in connection with speaking engagement; (2) Consulting fee and expense reimbursement in connection with research project; (3) Consulting fee and expense reimbursement in connection with advisory panel; (4) consulting fee and expense reimbursement in connection with materials development; (5) Royalty payment (6) Meal in conjunction with speaker fee (7) Meal in conjunction with sales call (8) Office related gift (9) patient related gift
McNeil Consumer & Specialty Pharmaceuticals	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 (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.	VALUE OF PAYMENTS	
MIN BOARD OF PHARMACY LICENSE NUMBER: 360498-5 (issued to JOM Pharmaceutical Services, 200 Foothill Road, Bridgewater, NJ 08807) and 360498-2 (issued to JOM Pharmaceutical Services, One Cottonail Lane, Somerset, NJ 08873)	ADDRESS OF PRACTITIONER		
NAME OF PRACTITIONER (Please include designation (i.e., MD, etc.))			
Timothy Anderson, MD	14050 Nicollette Ave #204 Burnsville, MN 55337	\$6.61	(7) Meal in Conjunction with Sales Call
Timothy Anderson, MD	14050 Nicollette Ave #204 Burnsville, MN 55337	\$8.27	(7) Meal in Conjunction with Sales Call
Timothy Anderson, MD	14050 Nicollette Ave #204 Burnsville, MN 55337	\$15.21	(7) Meal in Conjunction with Sales Call
Timothy Anderson, MD	14050 Nicollette Ave #204 Burnsville, MN 55337	\$18.40	(7) Meal in Conjunction with Sales Call
Timothy Anderson, MD	14050 Nicollette Ave #204 Burnsville, MN 55337	\$47.16	(7) Meal in Conjunction with Sales Call
Alva Atkinson, MD	124 Elton Hill Lane, NW, Rochester, MN 55901	\$18.00	(7) Meal in Conjunction with Sales Call
Alva Atkinson, MD	124 Elton Hill Lane, NW, Rochester, MN 55901	\$11.13	(7) Meal in Conjunction with Sales Call
Alva Atkinson, MD	124 Elton Hill Lane, NW, Rochester, MN 55901	\$15.21	(7) Meal in Conjunction with Sales Call
Alva Atkinson, MD	124 Elton Hill Lane, NW, Rochester, MN 55901	\$18.77	(7) Meal in Conjunction with Sales Call
Alva Atkinson, MD	124 Elton Hill Lane, NW, Rochester, MN 55901	\$59.75	(7) Meal in Conjunction with Sales Call



Gerald J. August, MD	2450 Riverside Avenue, F282/2A West, Minneapolis, MN	\$500.00	(1) Consulting fee and expense reimbursement in connection with speaking engagement
Gerald J. August, MD	2450 Fiverside Avenue, F282/2A West, Minneapolis, MN	\$14.71	(7) Meal in Conjunction with Sales Call
Gerald J. August, MD	2450 Fiverside Avenue, F282/2A West, Minneapolis, MN	\$1.85	(7) Meal in Conjunction with Sales Call
John W. Baker	303 E Nicollet Blvd, Burnsville, MN 55337	\$12.45	(7) Meal in Conjunction with Sales Call
John W. Baker	303 E Nicollet Blvd, Burnsville, MN 55337	\$66.94	(7) Meal in Conjunction with Sales Call
Dr. Linda Barger	1485 81st Street NE Spring Lake Park, MN 55432	\$2.00	(9) Patient Related gift
Dr. Linda Barger	1485 81st Street NE Spring Lake Park, MN 55432	\$3.00	(7) Meal in Conjunction with Sales Call
Dr. Linda Barger	1485 81st Street NE Spring Lake Park, MN 55432	\$5.00	(7) Meal in Conjunction with Sales Call
Dr. Linda Barger	1485 81st Street NE Spring Lake Park, MN 55432	\$8.00	(7) Meal in Conjunction with Sales Call
Dr. Linda Barger	1485 81st Street NE Spring Lake Park, MN 55432	\$8.00	(7) Meal in Conjunction with Sales Call
Dr. Linda Barger	1485 81st Street NE Spring Lake Park, MN 55432	\$9.00	(7) Meal in Conjunction with Sales Call
Dr. Linda Barger	1485 81st Street NE Spring Lake Park, MN 55432	\$10.00	(7) Meal in Conjunction with Sales Call
Dr. Linda Barger	1485 81st Street NE Spring Lake Park, MN 55432	\$11.00	(7) Meal in Conjunction with Sales Call
Dr. Linda Barger	1485 81st Street NE Spring Lake Park, MN 55432	\$13.00	(7) Meal in Conjunction with Sales Call
Dr. Linda Barger	1485 81st Street NE Spring Lake Park, MN 55432	\$50.00	(10) Medically relevant gift
Gene Beaver	200 First St West Paynesville Mn 56362	\$55.64	(6) Meal in conjunction with speaker fee
Jessica Belmarite	238 Grand Avenue, Saint Paul, MN 55102	\$125.00	(10) Medically relevant gift
Scott Benson	545 W. 7th St. St. Paul Mn 55102	\$44.54	(7) Meal in Conjunction with Sales Call
Bernhardson	New Ulm Peds	\$57.10	(7) Meal in Conjunction with Sales Call
Bernhardson	New Ulm Peds	\$2.62	(7) Meal in Conjunction with Sales Call
Jyoti Bhagia M.D.	800 Medical Center Drive, P.O. Box 800 Fairmont, MN 56031	\$9.58	(7) Meal in Conjunction with Sales Call
Jyoti Bhagia M.D.	800 Medical Center Drive, P.O. Box 800 Fairmont, MN 56031	\$14.35	(7) Meal in Conjunction with Sales Call
Jyoti Bhagia M.D.	800 Medical Center Drive, P.O. Box 800 Fairmont, MN 56031	\$65.08	(7) Meal in Conjunction with Sales Call
Jyoti Bhagia M.D.	800 Medical Center Drive, P.O. Box 800 Fairmont, MN 56031	\$75.00	(10) Medically relevant gift
Dawn Blomgren	5502 W Broadway Ave Minneapolis Mn 55428	\$75.00	(10) Medically relevant gift
Norman Booth	120 Main St. # 158 Wamamingo Mn 55983	\$75.00	(10) Medically relevant gift

Michael L. Bristow, D.O.	Alexandria Clinic 610 30th Ave W Alexandria, MN	\$78.46	(6) Meal in conjunction with speaker fee
James Bukstein, MD	8559 Edinbrook Parkway, Brooklyn Park, MN 55443	\$19.28	(7) Meal in Conjunction with Sales Call
James Bukstein, MD	8559 Edinbrook Parkway, Brooklyn Park, MN 55443	\$38.00	(7) Meal in Conjunction with Sales Call
James Bukstein, MD	8559 Edinbrook Parkway, Brooklyn Park, MN 55443	\$5.65	(7) Meal in Conjunction with Sales Call
James Bukstein, MD	8559 Edinbrook Parkway, Brooklyn Park, MN 55443	\$8.90	(7) Meal in Conjunction with Sales Call
Terrance Cahill, MD	435 S. Grove St Blue Earth, MN 56013	\$9.57	(7) Meal in Conjunction with Sales Call
Terrance Cahill, MD	435 S. Grove St Blue Earth, MN 56013	\$11.63	(7) Meal in Conjunction with Sales Call
Terrance Cahill, MD	435 S. Grove St Blue Earth, MN 56013	\$13.93	(7) Meal in Conjunction with Sales Call
Terrance Cahill, MD	435 S. Grove St Blue Earth, MN 56013	\$15.21	(7) Meal in Conjunction with Sales Call
Caine	Wabasha	\$101.53	(7) Meal in Conjunction with Sales Call
Emily Chapman, MD	250 N. Central Ave., #101, Wayzata MN 55391	\$107.80	(6) Meal in conjunction with speaker fee
Fee Sean Jane Chin, MD	714 Washington Avenue, Detroit Lakes, MN 56501	\$25.28	(7) Meal in Conjunction with Sales Call
Fee Sean Jane Chin, MD	714 Washington Avenue, Detroit Lakes, MN 56501	\$15.12	(7) Meal in Conjunction with Sales Call
Fee Sean Jane Chin, MD	714 Washington Avenue, Detroit Lakes, MN 56501	\$15.43	(7) Meal in Conjunction with Sales Call
Marcia Christensen	1109 N. Eisenhower, Mason City IA 50401	\$81.26	(6) Meal in conjunction with speaker fee
Gregory Clark	Worthington Specialty Clinics Worthington Mn 56187	\$25.00	(10) Medically relevant gift
Gregory Clark	Worthington Specialty Clinics Worthington Mn 56187	\$125.00	(10) Medically relevant gift
Sarah Colwell	1655 Beam Aveste 302 Saint Paul Mn 55109	\$125.00	(10) Medically relevant gift
Corrigan	Southdale	\$52.72	(7) Meal in Conjunction with Sales Call
Denise Counsell	1900 Silver Lake Rd NW STE 110 Saint Paul MN 55112	\$17.20	(8) Office Related Gift
Denise Counsell	1900 Silver Lake Rd NW STE 110 Saint Paul MN 55112	\$58.27	(7) Meal in Conjunction with Sales Call
Denise Counsell	1900 Silver Lake Rd NW STE 110 Saint Paul MN 55112	\$85.56	(7) Meal in Conjunction with Sales Call
Terry Coyne, MD	233 Grand Ave, St. Paul, MN, 55102	\$9.00	(7) Meal in Conjunction with Sales Call
Terry Coyne, MD	233 Grand Ave, St. Paul, MN, 55102	\$9.00	(7) Meal in Conjunction with Sales Call
Terry Coyne, MD	233 Grand Ave, St. Paul, MN, 55102	\$11.00	(7) Meal in Conjunction with Sales Call

Terry Coyne, MD	233 Grand Ave, St. Paul, MN, 55102	\$16.00	(7) Meal in Conjunction with Sales Call
Terry Coyne, MD	233 Grand Ave, St. Paul, MN, 55102	\$0.90	(8) Office Related Gift
Terry Coyne, MD	233 Grand Ave, St. Paul, MN, 55102	\$1.02	(8) Office Related Gift
Terry Coyne, MD	233 Grand Ave, St. Paul, MN, 55102	\$1.13	(8) Office Related Gift
Terry Coyne, MD	233 Grand Ave, St. Paul, MN, 55102	\$1.24	(8) Office Related Gift
Terry Coyne, MD	233 Grand Ave, St. Paul, MN, 55102	\$1.40	(8) Office Related Gift
Terry Coyne, MD	233 Grand Ave, St. Paul, MN, 55102	\$6.57	(8) Office Related Gift
Terry Coyne, MD	233 Grand Ave, St. Paul, MN, 55102	\$8.71	(7) Meal in Conjunction with Sales Call
Dina Curran, MD	3955 Parklawn Ave #120 Edina, MN 55435	\$68.90	(6) Meal in conjunction with speaker fee
Dina Curran, MD	3955 Parklawn Ave #120 Edina, MN 55435	\$125.00	(10) Medically relevant gift
Renese Dahring	2485 Woodbridge Roseville Mn 55113	\$42.50	(7) Meal in Conjunction with Sales Call
William C Davis	6525 Drew Ave S Minneapolis MN 55435	\$48.59	(7) Meal in Conjunction with Sales Call
William C Davis	6525 Drew Ave S Minneapolis MN 55435	\$7.00	(7) Meal in Conjunction with Sales Call
Jon Dennis, MD	1900 CentraCare Circle, St Cloud, MN 56303	\$14.00	(7) Meal in Conjunction with Sales Call
Jon Dennis, MD	1900 CentraCare Circle, St Cloud, MN 56303	\$2.46	(7) Meal in Conjunction with Sales Call
Jon Dennis, MD	1900 CentraCare Circle, St Cloud, MN 56303	\$4.39	(7) Meal in Conjunction with Sales Call
Jon Dennis, MD	1900 CentraCare Circle, St Cloud, MN 56303	\$36.45	(7) Meal in Conjunction with Sales Call
Jon Dennis, MD	1900 CentraCare Circle, St Cloud, MN 56303	\$3.52	(7) Meal in Conjunction with Sales Call
Jon Dennis, MD	1900 CentraCare Circle, St Cloud, MN 56303	\$5.30	(7) Meal in Conjunction with Sales Call
Jon Dennis, MD	1900 CentraCare Circle, St Cloud, MN 56303	\$12.65	(7) Meal in Conjunction with Sales Call
Kenneth Dirlam	1217 8th North Streetnew Ulm Medical Clinic New Ulm Mn 56073	\$100.00	(10) Medically relevant gift
James Dufort, MD	14135 Cedar Ave, Apple Valley, MN, 55124	\$0.68	(8) Office Related Gift
James Dufort, MD	14135 Cedar Ave. S., Eagan, MN, 55124	\$0.75	(8) Office Related Gift
James Dufort, MD	14135 Cedar Ave. S., Eagan, MN, 55124	\$8.63	(8) Office Related Gift
James Dufort, MD	14135 Cedar Ave, Apple Valley, MN, 55124	\$9.51	(8) Office Related Gift

James Dufort, MD	14165 Cedar Ave., Eagan, Mn. 55124	\$14.05	(8) Office Related Gift
James Dufort, MD	14135 Cedar Ave S., Eagan, Mn. 55124	\$7.96	(8) Office Related Gift
James Dufort, MD	14135 Cedar Ave, Apple Valley, MN 55124	\$9.66	(8) Office Related Gift
James Dufort, MD	14135 Cedar Ave. S., Eagan, Mn. 55124	\$11.95	(8) Office Related Gift
James Dungan	1290 East Main Street Mankato Mn 56001	\$125.00	(10) Medically relevant gift
Roger Durand, MD	6545 France Ave. S., Ste 400, Edina, MN 55435	\$10.43	(7) Meal in Conjunction with Sales Call
Roger Durand, MD	6545 France Ave. S., Ste 400, Edina, MN 55435	\$49.37	(7) Meal in Conjunction with Sales Call
Roger Durand, MD	6545 France Ave. S., Ste 400, Edina, MN 55435	\$66.94	(7) Meal in Conjunction with Sales Call
Roger Durand, MD	6545 France Ave. S., Ste 400, Edina, MN 55435	\$75.61	(7) Meal in Conjunction with Sales Call
Roger Durand, MD	6545 France Ave. S., Ste 400, Edina, MN 55435	\$75.61	(7) Meal in Conjunction with Sales Call
Dale Duthoy	Minnehatch Scenic Hills St Paul Mn 55119	\$125.00	(10) Medically relevant gift
Brian Ebeling	9358 Ensign Ave S Bloomington Mn 55438	\$125.00	(10) Medically relevant gift
Rennie Eckert	1900 S. Avenue, La Crosse WI 54601	\$86.54	(6) Meal in conjunction with speaker fee
Dr. Espinosa	675 E. Nicollet Ave, Burnsville, MN 55337	\$10.40	(7) Meal in Conjunction with Sales Call
Dr. Espinosa	675 E. Nicollet Ave, Burnsville, MN 55337	\$13.30	(7) Meal in Conjunction with Sales Call
Dr. Espinosa	675 E. Nicollet Ave, Burnsville, MN 55337	\$15.21	(7) Meal in Conjunction with Sales Call
Dr. Espinosa	675 E. Nicollet Ave, Burnsville, MN 55337	\$30.57	(7) Meal in Conjunction with Sales Call
Dr. Espinosa	675 E. Nicollet Ave, Burnsville, MN 55337	\$30.78	(7) Meal in Conjunction with Sales Call
Dr. Espinosa	675 E. Nicollet Ave, Burnsville, MN 55337	\$51.93	(7) Meal in Conjunction with Sales Call
Dr. Espinosa	675 E. Nicollet Ave, Burnsville, MN 55337	\$126.32	(7) Meal in Conjunction with Sales Call
Dr. Espinosa	675 E. Nicollet Ave, Burnsville, MN 55337	\$130.98	(7) Meal in Conjunction with Sales Call
Kenneth Etteman	Gateway Fam Hlth Ctrs Hwy 61 Moose Lake Mn 55767	\$125.00	(10) Medically relevant gift
Jean K. Fahey M.D	Alexandria Clinic 610 30th Ave W Alexandria, MN	\$78.45	(6) Meal in conjunction with speaker fee
Scott Fairbairn	2855 Campus Dr #300 Plymouth, MN 55441	\$50.00	(10) Medically relevant gift
Stevan C. Ferguson M.D.	Alexandria Clinic 610 30th Ave W Alexandria, MN	\$78.45	(6) Meal in conjunction with speaker fee
Leslie Fishman, MD	233 Grand Ave, St. Paul, MN. 55102	\$9.00	(7) Meal in Conjunction with Sales Call