

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/03/2022
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NAME OF PROVIDER OR SUPPLIER PATRIOTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1208-L EAST HUDSON BOULEVARD GASTONIA, NC 28054
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on February 3, 2022. Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or</p>	V 118	<p>RECEIVED FEB 16 2022 DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Handwritten Signature]

TITLE

Qualified Professional

(X6) DATE

2.11.22

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure all medications were administered on the written order of a person authorized by law to prescribe medications and that all MARs were kept current affecting 3 of 3 clients (Clients #1, #2, and #3). The findings are:</p> <p>Finding #1 Review on 2/3/22 of Client #1's record revealed: -Admitted 12/15/17; -Diagnosed with Mild Intellectual Developmental Disability; -No physician's orders for Polyethylene Glycol (fiber), Omega Fish Oil (supplement), Nasal Spray (allergies); -Physician's order dated 3/15/21 for Omeprazole DR (heartburn) 20mg (milligram) one cap (caplet) daily and Oxybutynin ER (Extended Release) (bladder control) 15mg one tab (tablet) daily; -Physician's order dated 5/27/21 for Gabapentin (seizures) 300mg one cap three times per day, Hydroxyzine (antihistamine) 25mg two caps twice daily, Lithium Carbonate (mood stabilizer) 300mg two caps twice daily; -Physician's order dated 5/4/21 for Vitamin B12 (supplement) 2500mcg (micrograms) one tab daily; -MARs dated December, 2021 and January and February, 2022 revealed:</p>	V 118		

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> -no dose for Polyethylene Glycol, Omeprazole, Gabapentin, Hydroxyzine, Vitamin B12, and nasal spray; -no administration directions for Hydroxyzine, Lithium Carbonate, and nasal spray; -incorrect dosage directions for Oxybutynin on the January, 2022 and December, 2021 MARs. <p>Observation on 2/3/22 at approximately 11:15am of Client #1's medications revealed:</p> <ul style="list-style-type: none"> -Bottle of Polyethylene Glycol 3350 dispensed 12/9/21 with label instructions to administer one cap (17grams) in eight ounces of water daily; -Blister pack of Omeprazole DR 20mg dispensed 1/3/22 with label instructions to administer one cap daily; -Blister pack of Gabapentin 300mg dispensed 1/24/22 with label instructions to administer one cap three times daily; -Blister pack of Oxybutynin ER 15mg dispensed 12/13/21 with label instructions to administer one tab daily; -Blister pack of Omega Fish Oil 1,000mg dispensed 12/28/21 with label instructions to administer one tab daily; -Blister pack of Hydroxyzine 25mg dispensed 1/11/22 with label instructions to administer 2 caps twice daily; -Blister pack of Lithium Carbonate 300mg dispensed 1/11/22 with label instructions to administer 2 caps twice daily; -Blister pack of Vitamin B12 2500mcg dispensed 12/28/21 with label instructions to administer one tab daily; -Triamcinolone 55mcg nasal spray dispensed 12/28/21 to use two sprays per nasal route. <p>Finding #2 Review on 2/3/22 of Client #2's record revealed:</p>	V 118		

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Admitted 8/15/19; -Diagnosed with Bipolar Disorder, Pervasive Developmental Disability, Moderate Intellectual Developmental Disability; -Physician's order dated 1/19/21 for Emergen-C Gummies (supplement) 250mg (milligrams) two gummies three times per day; -Physician's order dated 3/1/21 for Polyethylene Glycol (fiber) 3350 take one cap (17grams) in eight ounces of water daily; -Physician's order dated 6/8/21 for Levothyroxine (thyroid) 50mcg (micrograms) 1 tab (tablet) daily each morning; -Physician's order dated 6/16/21 for Benztropine (anti-tremors) 1mg 1 tab daily; -No physician's order for Omeprazole (heartburn) 200mg; -MARs dated December, 2021 and January and February, 2022 revealed: <ul style="list-style-type: none"> -administration of Emergen-C Gummies 500mg 1 tab three times per day; -no dose for Polyethylene Glycol; -administration of Levothyroxine 50mg 1 tab daily instead of Levothyroxine 50mcg (microgram) 1 tab daily; -no dose for Benztropine on the January and February, 2022 MARs; -administration of Omeprazole 200mg 1 tab daily. Observation on 2/3/22 at approximately 11:30am of Client #2's medications revealed: <ul style="list-style-type: none"> -Bottle of Emergen-C Gummies 250mg gummies dispensed 1/12/22 with label instructions to administer two gummies three times daily; -Bottle of Polyethylene Glycol 3350 dispensed 12/6/21 with label instructions to administer one cap (17gm) in eight ounces of water daily; -Blister pack of Levothyroxine 50mcg dispensed 1/12/22 with label instructions to administer one 	V 118		
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V 118	<p>Continued From page 4</p> <p>tab daily; -Blister pack of Benztropine 1mg dispensed 1/11/22 with label instructions to administer one tab daily; -Blister pack of Omeprazole 200mg dispensed 1/24/22 with label instructions to administer one tab daily.</p> <p>Finding #3 Review on 2/3/22 of Client #3's record revealed: -Admitted 12/15/17; -Diagnosed with Intermittent Explosive Disorder, Severe Intellectual Developmental Disability, Autism, Schizophrenia; -Physician's order dated 3/2/21 for Lorazepam (anxiety) 1mg (milligram) one tab (tablet) twice daily as needed; -Physician's order dated 4/1/21 for Neudexta (pseudobulbar affect) 10mg 1 cap (caplet) twice daily; -No physician's order for WalMucil Powder (fiber), body lotion, or Vitamin D (supplement); -MARs dated December, 2021 and January and February, 2022 revealed: -Lorazepam 1mg one tab twice daily as a standing order as opposed to as needed; -no dose for Neudexta on the January, 2022 MAR; -no dose for WalMucil Powder or Vitamin D; -Lotion used twice daily.</p> <p>Observation on 2/3/22 at approximately 11:05am of Client #3's medications revealed: -Blister pack of Lorazepam 1mg dispensed 1/18/22 with label instructions to administer one tab twice daily as needed; -Blister pack of Neudexta 10mg dispensed 1/11/22 with label instructions to administer one cap twice daily; -Bottle of WalMucil Powder dispensed 1/12/22</p>	V 118		

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V 118	Continued From page 5 with label instructions to "use as directed;" -Bottle of body lotion dispensed 12/14/21 with label instructions to apply to body twice daily; -Blister pack of Vitamin D 1,000 unit caps (caplets) dispensed 1/24/22 with label instructions to administer one cap daily. Interview on 2/3/22 with the Chief Operating Officer revealed: -Will ensure all medication orders are obtained and kept on file at the facility; -Will ensure all medication administration records are corrected immediately. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on interview and observation, the facility failed to ensure hot water temperatures were maintained between 100-116 degrees Fahrenheit. The findings are: Observation on 2/2/22 at approximately 2L05pm - 2:15pm of the facility revealed:	V 752		

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V 752	<p>Continued From page 6</p> <p>-Water temperatures in the kitchen and both bathrooms of the facility registered 118 degrees Fahrenheit.</p> <p>Interviews on 2/3/22 with Clients #1, #2, and #3 revealed: -Denied any burns from the hot water at the facility.</p> <p>Interviews on 2/2/22 and 2/3/22 with Staff #1, House Manager, and Qualified Professional revealed: -Denied any clients sustained burns from the hot water at the facility.</p> <p>Interview on 2/3/22 with the Chief Executive Officer revealed: -Contact was made to the maintenance department for the water temperature to be adjusted.</p>	V 752		

Opportunity Awaits, Inc.
760-A North New Hope Road, Gastonia, NC 28054

Plan of correction

This is in response to the deficiencies that were cited as a result of survey on Feb. 3, 2022

Finding: #1

No physicians order for Polyethylene Glycol, Omega 3 Fish Oil and Nasal Spray.

No dose for Polyethylene Glycol, Omeprazole, Gabapentin, Hydroxyzine, Vitamin B-12, and nasal spray

No administration directives for Hydroxyzine and nasal spray.

Incorrect dosage directions for Oxybutynin for Jan. 2022 and Dec. 2022 MAR.

Correction:

- The physician's orders for Polyethylene Glycol, Omega 3 Fish Oil and nasal spray have been obtained and placed in the consumer's Medical Administration Record log.
- MAR has been updated to include dosages for Polyethylene Glycol, Omeprazole, Gabapentin, Hydroxyzine, Vitamin B-12, and nasal spray.
- The administration directives for Hydroxyzine and nasal spray have been added to consumer's MAR.
- Jan 2022 and Dec. 2021 MAR have been updated to include the correct dosage directives for Oxybutynin.

Finding: #2

No physicians order for Omeprazole.

No dosage for Polyethylene Glycol.

No dosage for Benztropine.

Lorazepam as a PRN instead of a standing order.

Correction:

- The physician's order for Omeprazole has been placed in the consumer's Medical Administration Records.
- Consumer's Medical Administration Record has been updated to reflect the dosage for Polyethylene Glycol and Benztropine.
- Medication Administration Record has been updated to indicate that Lorazepam is a PRN.

Finding: #3

No physician's order for WalMucil Powder, Vitamin D, and lotion.

No dosage for WalMucil, Vitamin D and lotion.

No dosage for Neudexta.

Correction:

- The physician's order for WalMucil Powder, Vitamin D, and lotion has been obtained and placed in the consumer's Medical Administration Record.
- Consumer's Medical Administration Record has been updated to include the dosages for WalMucil, Vitamin D, lotion, as well as Neudexta.
- The water temperature has been adjusted by maintenance at the facility to 115 degrees Fahrenheit.

Staff will obtain additional training on Medication Administration from the QP to assist them with ensuring that all Medical Administration Records correspond with the directives on the physician's orders and that the files are updated as needed. QP will audit Medical Administration Records on a weekly basis to ensure that records are correct. Group home manager will ensure that all physician's orders are placed in consumer's Medical Administration Records upon receiving them from the physician and ensure that the Medical Administration Records are updated to reflect all current prescriptions.

Opportunity Awaits, Inc.

Medication Administration Record (MAR)

Name: [REDACTED]
 Medicaid ID#: [REDACTED]

Record#: [REDACTED]
 D.O.B: [REDACTED]

Month/Yr: _____
 Facility Name: Opportunity Awaits, Inc.

	Start/ Stop	Time	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Fanapt 12MG. 1 Tab twice daily. 8am and 4pm	Start	8AM																																	
	Stop	4PM																																	
Seroquel 300MG. 2 Tab daily at 8pm.	Start	8PM																																	
	Stop																																		
Fluticasone 50MCG. 2 sprays in each nostril daily. 8am	Start	8AM																																	
	Stop																																		
Invega ER 6MG 1 Tab a 4pm.	Start	4PM																																	
	Stop																																		
	Stop																																		

Diagnosis: Intermittent Explosive Disorder, Schizophrenia DO, Pseudobulbar, Severe I/DD, Adverse Effect of Medication.

Allergies: Seasonal Allergies

Physician Name: Lakeside Family Physicians.
 Charlotte, NC
 Phone Number: 704-316-3970

- A. Put initials in appropriate box when medication is given.
- B. Circle initials when not given.
- C. State reason for refusal / omission on back of form.
- D. PRN Medications: Reason given and results must be noted on back of form.
- E. Legend: S = School; H = Home visit; W = Work; P = Program.

Opportunity Awaits, Inc. Medication Administration Record (MAR)

Name: [REDACTED]
 Medicaid ID#: [REDACTED]

Record#: [REDACTED]
 D.O.B: [REDACTED]

Month/Yr: _____
 Facility Name: **Opportunity Awaits, Inc.**

	Start/Stop	Time	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Lorazepam 1MG (Ativan). 1 Tab twice daily. PRN	Start	4PM																																
	Stop	10PM																																
Nuedexta 10MG. 1 cap twice daily. 8am and 4pm	Start	8AM																																
	Stop	4PM																																
Benzotropine 1MG (Cogentin). 1 Tab twice daily. 8am and 8pm	Start	8AM																																
	Stop	8PM																																
Wal-Mucil Powder. 1 tablespoon twice daily on 8oz. water. PRN. 8am and 8pm	Start	8AM																																
	Stop	8PM																																

Diagnosis: Intermittent Explosive Disorder, Schizophrenia DO, Pseudobulbar, Severe I/DD, Adverse Effect of Medication.		
Allergies: Seasonal Allergies	Physician Name: Lakeside Family Physicians. Charlotte, NC Phone Number: 704-316-3970	A. Put initials in appropriate box when medication is given. B. Circle initials when not given. C. State reason for refusal / omission on back of form. D. PRN Medications: Reason given and results must be noted on back of form. E. Legend: <i>S</i> = School; <i>H</i> = Home visit; <i>W</i> = Work; <i>P</i> = Program.

Opportunity Awaits, Inc.

Medication Administration Record (MAR)

Name: [REDACTED] Record#: [REDACTED] Month/Yr: _____
 Medicaid ID#: [REDACTED] D.O.B: [REDACTED] Facility Name: Opportunity Awaits, Inc.

	Start/ Stop	Time	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Lotion. Apply twice daily. 8am and 8pm	Start	8AM																																		
	Stop	8PM																																		
Vitamin D3 1000MG. Take 1 tab daily. 8am	Start	8AM																																		
	Stop																																			
	Start																																			
	Stop																																			
	Start																																			
	Stop																																			
	Start																																			
	Stop																																			

Diagnosis: Intermittent Explosive Disorder, Schizophrenia DO, Pseudobulbar, Severe I/DD, Adverse Effect of Medication.		
Allergies: Seasonal Allergies	Physician Name: Lakeside Family Physicians. Charlotte, NC Phone Number: 704-316-3970	A. Put initials in appropriate box when medication is given. B. Circle initials when not given. C. State reason for refusal / omission on back of form. D. PRN Medications: Reason given and results must be noted on back of form. E. Legend: S = School; H = Home visit; W = Work; P = Program.

Rx Tracer #:a99ac5d81f44490fadacaf29a6983053 ** Rx# has not been assigned yet **

Prescriber#:rc_rx_region2_BB-63599477765

Electronic Information For New Prescription From The Prescriber (COPY)

Patient: [REDACTED] Phone:
(980) 888-2800 [REDACTED] Birth:
[REDACTED] Gender:
M

Prescriber: Taylor PA-C, Alexandra
Agent Name:

DEA #: [REDACTED]

LIC: [REDACTED]

NPI #: 1992323612

Sender ID: [REDACTED]

Address: 1530 Union Rd.
(704) 867-6188

Phone:

Gastonia, NC 280542201

Electronically Signed By: Alexandra Taylor

Written: 04/01/2021 Effective:

Sent: 04/01/2021 10:12am Intended Phy: MEDICAL CENTER

PHARMACY

Drug: BENZTROPINE 1 MG TABLET

Notes:

Diagnosis:

Qty: 60

Days Supply: 30

Refills: 2

DAW: 0

PUC: Tablet

SIG: Take 1 tablet by mouth twice a day

Free Text:

[REDACTED]

Rx Tracer #:b90ca269df204579a9f4055090f92291 ** Rx# has not been assigned yet **

Prescriber#:rc_rx_region2_BB-63599477932

Electronic Information For New Prescription From The Prescriber (COPY)

Patient: [REDACTED] Phone:
(980) 888-2800

[REDACTED] Birth:

[REDACTED] Gender:
M

Prescriber: Taylor PA-C, Alexandra
Agent Name:

DEA #: [REDACTED]

LIC: [REDACTED]

NPI #: 1992323612

Sender ID: [REDACTED]

Address: 1530 Union Rd.
(704) 867-6188

Phone:

Gastonia, NC 280542201

Electronically Signed By: Alexandra Taylor

Written: 04/01/2021 Effective:

Sent: 04/01/2021 10:12am Intended Phy: MEDICAL CENTER

PHARMACY

Drug: INVEGA 6 MG TABLET,EXTENDED RELEASE

Notes:

Diagnosis:

Qty: 30

Days Supply: 30

Refills: 2

DAW: 0

PUC: Tablet

SIG: Take 1 tablet by mouth once a day

Free Text:

Rx Tracer #:c460a9b9be36471ca4569bd928d53d7c ** Rx# has not been assigned yet **

Prescriber#:rc_rx_region2_BB-63599477854

Electronic Information For New Prescription From The Prescriber (COPY)

Patient: [REDACTED] Phone:
(980) 888-2800 [REDACTED] Birth:
[REDACTED] Gender:
M

Prescriber: Taylor PA-C, Alexandra
Agent Name:

DEA #: [REDACTED]
NPI #: 1992323612

LIC [REDACTED]
Sender ID: [REDACTED] Phone:

Address: 1530 Union Rd.
(704) 867-6188
Gastonia, NC 280542201

Electronically Signed By: Alexandra Taylor
Written: 04/01/2021 Effective:
Sent: 04/01/2021 10:12am Intended Phy: MEDICAL CENTER

PHARMACY

Drug: FANAPT 12 MG TABLET
Notes:

Diagnosis:

Qty: 60

Days Supply: 30
Refills: 2

DAW: 0

PUC: Tablet

SIG: Take 1 tablet by mouth twice a day

Free Text:

Rx Tracer #:bbd986d201d94243ae7c17e41b333233 ** Rx# has not been assigned yet **

Prescriber#:rc_rx_region2_BB-63599478076

Electronic Information For New Prescription From The Prescriber (COPY)

Patient: [REDACTED] Phone: (980) 888-2800

[REDACTED] Birth:

M [REDACTED] Gender:

Prescriber: Taylor PA-C, Alexandra
Agent Name:

DEA #: [REDACTED]
NPI #: 1992323612

LIC: [REDACTED]
Sender ID: [REDACTED]

Address: 1530 Union Rd. Phone: (704) 867-6188

Gastonia, NC 280542201

Electronically Signed By: Alexandra Taylor

Written: 04/01/2021 Effective:

Sent: 04/01/2021 10:12am Intended Phy: MEDICAL CENTER

PHARMACY

Drug: SEROQUEL 300 MG TABLET

Notes:

Diagnosis:

Qty: 60

Days Supply: 30
Refills: 2

DAW: 0

PUC: Tablet

SIG: Take 2 tablet by mouth every night

Free Text:

Rx Tracer #:8462f9f09e3a4c3cb230f884440edc6b ** Rx# has not been assigned yet **

Prescriber#:rc_rx_region2_BB-63599477761

Electronic Information For New Prescription From The Prescriber (COPY)

Patient: [REDACTED]
(980) 888-2800

Phone:

[REDACTED]

Birth:

M

Gender:

Prescriber: Taylor PA-C, Alexandra
Agent Name:

DEA #: [REDACTED]
NPI #: 1992323612

LIC:
Sender ID: [REDACTED]

Address: 1530 Union Rd.
(704) 867-6188

Phone:

Gastonia, NC 280542201

Electronically Signed By: Alexandra Taylor

Written: 04/01/2021 Effective:

Sent: 04/01/2021 10:13am Intended Phy: MEDICAL CENTER

PHARMACY

Drug: ATIVAN 1 MG TABLET

Notes:

Diagnosis:

Qty: 60

Days Supply: 30

Refills: 2

DAW: 0

PUC: Tablet

SIG: Take 1 tablet by mouth twice a day as needed

Free Text:

Rx Tracer #:1067102792
been assigned yet **
Prescriber#:198481882:0746931420

** Rx# has not

Electronic Information For New Prescription From The
Prescriber (COPY)

Patient:
(704) 810-913

Phone:

Birth:

Gender:

[REDACTED]

M

Prescriber: Brown MD, Aaron
Agent Name: Pannell, Robyn N

DEA #:
NPI #: 1730175456

LIC:
Sender ID:

Address: 1895 Hoffman Road, Suite A
(704) 865-1749
Gastonia, NC 280546557

Phone:

Electronically Signed By: Aaron Brown

Written: 03/02/2021

Effective:

Sent: 03/02/2021

09:11am

Intended Phy: MEDICAL CENTER

PHARMACY

Drug: FLUTICASONE PROPIONATE 50 MCG/ACTUATION NASAL
SPRAY, SUSPENSION (FLON ASE)

Diagnosis: ICD10 J302

Qty: 16

Days Supply:
Refills: 99

DAW: 0

PUC:

Gram

SIG:

2 SPRAYS IN EACH NOSTRIL DAILY

Free Text:

PHONED A.M. P.M.	PROMISED	DELIVER	WILL CALL	WELFARE	MEDICARE
------------------------	----------	---------	-----------	---------	----------

For [REDACTED] Age _____

Address _____

Rx

My

Metamucil Orange

Powder

40

6608

LABEL

REFILL pr TIMES

DEA No. _____

L. Panek

DATE 5/11/20

M.D.

REORDER # 15105

ADDRESS

05/11/20

METAMUCIL ORANGE POWDER
DR. PANEK

425GM
CT

1208-L HUDSON BOVD

GASTONIA, NC 28051

704-933-9760

METAMUCIL ORANGE POWDER

37000- 0012-0

425 GM

USE AS DIRECTED

DR. PANEK

MPA 14871

1578098600

1578098600

PHONED A.M. P.M.	PROMISED	DELIVER	WILL CALL	WELFARE	MEDICARE
------------------------	----------	---------	-----------	---------	----------

For [REDACTED] Age _____

Address _____

Rx

Jergens Ultra
Apply to entire body
except face & genitals
twice daily

LABEL

REFILL 02 TIMES

DEA No. _____

A. Brown

M. D.

DATE 12/14/21

ADDRESS _____

REORDER # 15105

[REDACTED]
 1708-L HUDSON BLVD
 GASTONIA, NC 28054
 704-927-6360
 JERGENS ULTRA HEALING
 RX # [REDACTED] 295

APPLY TO ENTIRE BODY
 EXCEPT FACE AND GENITALS
 TWICE DAILY

PRICE \$ 6.28 4 BSRILLS
 BROWN
 BB810581 173017158

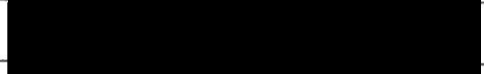
[REDACTED]

12/14/21

JERGENS ULTRA HEALING
 DR. BROWN

295
 CT

PHONED A.M. P.M.	PROMISED	DELIVER	WILL CALL	WELFARE	MEDICARE
------------------------	----------	---------	-----------	---------	----------

For  Age _____

Address _____

Rx

Jan

Vitamin D3 1000 IU

30

LABEL

REFILL _____ TIMES

DEA No. _____ M. D.

DATE _____ ADDRESS _____

REORDER # 15105

11/29/21

VITAMIN D3 1000 IUCAP
DR. BROWN

30CAP
CT

1204 E. HUDSON BLVD
GASTONIA, NC 28054
704 522 8700
VITAMIN D3 1000 IUCAP 30 CAP

TAKE 1 CAPSULE DAILY.

PRICE 6.02 11 REFILLS
BROWN
68805161 1730175476

Opportunity Awaits, Inc.

Medication Administration Record (MAR)

Name: [REDACTED]

Record#: [REDACTED]

Month/Yr: _____

Medicaid ID# [REDACTED]

D.O.B: [REDACTED]

Facility Name: Opportunity Awaits, Inc.

Medication/Dosage	Start/Stop	Time	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
	Time																																				
Clozapine 100MG Take 1 tab by mouth once a day. Take ½ tab in the am and ½ in pm.	Start	8AM																																			
	Stop	8PM																																			
Gabapentin 300MG. 1 cap 3 times daily. 8am/4pm/8pm	Start	8AM																																			
		4PM																																			
	Stop	8PM																																			
Cyproheptadine 4mg. Take twice daily. 8am and 4pm.	Start	8AM																																			
	Stop	4PM																																			
Oxybutynin 15MG. 1 tab daily	Start	8PM																																			
	Stop																																				

Diagnosis: Intellectual Developmental Disabilities (Mild), TBI, Schizoaffective DO, Major Cognitive DO, HIV, Urine Incontinence, Hyperlipidemia, Gastritis, Megaloblastic Anemia

Allergies: Tegretol, Penicillin

Physician Name: Lincoln Family Practice
Phone Number: 980-212-6500

- A. Put initials in appropriate box when medication is given.
- B. Circle initials when not given.
- C. State reason for refusal / omission on back of form.
- D. PRN Medications: Reason given and results must be noted on back of form.
- E. Legend: S = School; H = Home visit; W = Work; P = Program.

Opportunity Awaits, Inc.

Medication Administration Record (MAR)

Name: [REDACTED]

Record#: [REDACTED]

Month/Yr: _____

Medicaid ID#: [REDACTED]

D.O.B: [REDACTED]

Facility Name: Opportunity Awaits, Inc.

Medication/Dosage	Start/Stop	Time	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Ferrex 150MG cap. Take 1 tab twice daily. 8am and 8pm.	Start	8AM																																		
	Stop	8PM																																		
Omega 3 Fish Oil 1G. Take 1 capsule daily. 8am	Start	8AM																																		
	Stop																																			
Hydroxyzine 25MG. Take twice daily. 8am and 4pm	Start	8AM																																		
	Stop	4PM																																		
Lithium Carbonate 300MG. Take twice daily. 8am and 8pm.	Start	8AM																																		
	Stop	8PM																																		

Diagnosis: Intellectual Developmental Disabilities (Mild), TBI, Schizoaffective DO, Major Cognitive DO, HIV, Urine Incontinence, Hyperlipidemia, Gastritis, Megaloblastic Anemia Allergies: Tegretol, Penicillin	Physician Name: Lincoln Family Practice Phone Number: 980-212-6500	A. Put initials in appropriate box when medication is given. B. Circle initials when not given. C. State reason for refusal / omission on back of form. D. PRN Medications: Reason given and results must be noted on back of form. E. Legend: S = School; H = Home visit; W = Work; P = Program.
---	---	---

Opportunity Awaits, Inc.

Medication Administration Record (MAR)

Name: [REDACTED]

Record#: [REDACTED]

Month/Yr: _____

Medicaid ID#: [REDACTED]

D.O.B: [REDACTED]

Facility Name: Opportunity Awaits, Inc.

	Start/Stop	Time	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Nasal Spray 55MCG. 2 sprays. 8am	Start	8AM																																		
	Stop																																			
Vitamin B12 2500MG 1 tab at bedtime. 8pm	Start	8PM																																		
	Stop																																			
Amlodipine 2.5MG. 1 tab	Start	8AM																																		
	Stop	8PM																																		
	Start																																			
	Stop																																			

Diagnosis: Intellectual Developmental Disabilities (Mild), TBI, Schizoaffective DO, Major Cognitive DO, HIV, Urine Incontinence, Hyperlipidemia, Gastritis, Megaloblastic Anemia

Allergies: Tegretol, Penicillin

Physician Name: Lincoln Family Practice
Phone Number: 980-212-6500

- A. Put initials in appropriate box when medication is given.
- B. Circle initials when not given.
- C. State reason for refusal / omission on back of form.
- D. PRN Medications: Reason given and results must be noted on back of form.
- E. Legend: S = School; H = Home visit; W = Work; P = Program.

Opportunity Awaits, Inc.

Medication Administration Record (MAR)

Name: [REDACTED]

Record#: [REDACTED]

Month/Yr: _____

Medicaid ID#: [REDACTED]

D.O.B: [REDACTED]

Facility Name: Opportunity Awaits, Inc.

		Start	Stop	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Medication/Dosage	Time	HOUR																																		
	Start	8PM																																		
	Stop																																			
Biktarvy 50MG/200MG/25MG 1 Tab daily.	Start	8PM																																		
	Stop																																			
	Stop																																			
Polyethylene Glycol 17grams. 1 capful daily.	Start	8AM																																		
	Stop																																			
	Stop																																			
Cyproheptadine 4mg. Take twice daily. 8am and 4pm.	Start	8AM																																		
	Stop	4PM																																		
	Stop																																			
Omeprazole 20MG 1cap daily. 8am	Start	8AM																																		
	Stop																																			
	Stop																																			

Diagnosis: Intellectual Developmental Disabilities (Mild), TBI, Schizoaffective DO, Major Cognitive DO, HIV, Urine Incontinence, Hyperlipidemia, Gastritis, Megaloblastic Anemia

Allergies: Tegretol, Penicillin

Physician Name: Lincoln Family Practice
Phone Number: 980-212-6500

- A. Put initials in appropriate box when medication is given.
- B. Circle initials when not given.
- C. State reason for refusal / omission on back of form.
- D. PRN Medications: Reason given and results must be noted on back of form.
- E. Legend: S = School; H = Home visit; W = Work; P = Program.

Prescriber#: CERN29704258831.S6834864038001
Electronic Information For New Prescription From The Prescriber (COPY)

** Rx# has not been assigned yet **

Patient: [REDACTED]

[REDACTED]

Prescriber: TRAN, RAYMOND
Agent Name: BALLARD, BETH G
DEA #: [REDACTED]
NPI #: 1548286925
Address: 447 MCALISTER ROAD
LINCOLNTON, NC 28092

LIC: [REDACTED]
Sender ID: [REDACTED]

Phone: (980) 212-6500

Electronically Signed By: RAYMOND TRAN

Written: 09/14/2021

Sent: 09/14/2021 11:08am

Effective:
Intended Phy: MEDICAL CENTER PHARMACY

Drug: FERROUS SULFATE 325 MG (65 MG ELEMENTAL IRON) ORAL ENTERIC COATED TABLETS
BLET
Δ to Ferrous (170) Fette per MD via plan 9/14/21

Diagnosis:
Qty: 180

Days Supply:
Refills: 3

DAW: 0

PUC: Tablet
SIG: 1 tablet ORAL BID (2 times a day)

Free Text:

COPY



Rx Tracer #:342fe9dd-9ea2-4177-b39c-da9077

** Rx# has not been assigned yet **

Prescriber#:CERN27666696829.S6834864038001

Electronic Information For New Prescription From The Prescriber

Patient:

[Redacted Patient Name]

Phone: (704) 810-9134

[Redacted Address]

Gender: M

[Redacted]

90CAP
KEG

Prescriber: TRAN, RAYMOND

Agent Name: BALLARD, BETH C

DEA #: [Redacted]

LIC: [Redacted]

NPI #: 1548286925

Sender ID: [Redacted]

Address: 447 MCALISTER ROAD

Phone: (980) 212-6500

LINCOLNTON, NC 28092

Electronically Signed By: RAYMOND TRAN

Written: 03/15/2021

Effective:

Sent: 03/15/2021 12:24pm Intended Phy: MEDICAL CENTER PHARMACY

Drug: VASCEPA 1 G ORAL CAPSULE

Notes:

Diagnosis:

Qty: 90

Days Supply:

Refills: 3 DAW: 0

PUC: Capsule

SIG: 1 capsule ORAL Daily, x90 day(s)

1208-L HUDSON ST
GASTONIA, NC 28054
VASCEPA 1 GM CAPSULE
DR. TRAN

Free Text:

Rx Tracer #:49e5ff2e-a198-48c1-b76e-5ccadc
Prescriber#:CERN27666695885.S6834864038001

** Rx# has not been assigned yet **

Electronic Information For New Prescription From The Prescriber

Patient: [REDACTED]

Phone: (704) 810-9134
Birth: [REDACTED]
Gender: M

[REDACTED] 180TAB
KBG

Prescriber: TRAN, RAYMOND
Agent Name: BALLARD, BETH C

DEA #: [REDACTED]
NPI #: 1548286925

LIC: [REDACTED]
Sender ID: [REDACTED]

Address: 447 MCALISTER ROAD
LINCOLNTON, NC 28092

Phone: (980) 212-6500

Electronically Signed By: RAYMOND TRAN

Written: 03/15/2021 Effective:

Sent: 03/15/2021 12:24pm Intended Phy: MEDICAL CENTER PHARMACY

Drug: AMLODIPINE 2.5 MG ORAL TABLET

Notes:

Diagnosis: /

Qty: 180

Days Supply:

Refills: 2 DAW: 0

PUC: Tablet

SIG: 1 tablet ORAL q12hr

Free Text:

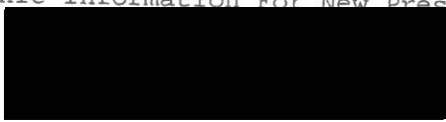
1208-L HUDSON BLVD
GASTONIA, NC 28054
AMLODIPINE BESYLATE 2.5 M
DR. TRAN

Rx Tracer #:6afb66bd-a475-4c4b-98ba-fba420
Prescriber#:CERN28768401009.S6834864038001

** Rx# has not been assigned yet **

Electronic Information For New Prescription From The Prescriber (COPY)

Patient:



Phone: (704) 810-9134
Birth: [REDACTED]
Gender: M

Prescriber: TRAN , RAYMOND

Agent Name:

DEA #: [REDACTED]
NPI #: 1548286925

LIC: [REDACTED]
Sender ID: [REDACTED]

Address: 447 MCALISTER ROAD
LINCOLNTON, NC 28092

Phone: (980) 212-6500

Electronically Signed By: RAYMOND TRAN

Written: 06/22/2021 Effective:

Sent: 06/22/2021 3:01pm Intended Phy: MEDICAL CENTER PHARMACY

Drug: FERROUS SULFATE 325 MG (65 MG ELEMENTAL IRON) ORAL ENTERIC COATED TA
BLET

3 to 4 times 100 tablets for the first 6/22/21 (2)

Diagnosis:

Qty: 60

Days Supply:

Refills: 1 DAW: 0

PUC: Tablet

SIG: 1 tablet ORAL BID (2 times a day)

Free Text:

COPY

Rx Tracer #:b96e62bf6b2345f2b91de2600ea00b5a ** Rx# has not been assigned yet**
Prescriber#:rc_rx_region2_BB-63613416312

Electronic Information For New Prescription From The Prescriber

Patient:



Phone: (704) 923-8360

Birth:

Gender: M

30TAB
KBB

Prescriber: Gihwala MD, Ramesh
Agent Name:

DEA #: [REDACTED]

LIC: [REDACTED]

NPI #: 1447200183

Sender ID: [REDACTED]

Address: 825 Majestic Court
Gastonia, NC 28054

Phone: (704) 853-0173

Electronically Signed By: Ramesh Gihwala

Written: 05/27/2021 Effective:

Sent: 05/27/2021 10:36am Intended Phy: MEDICAL CENTER PHARMACY

Drug: CLOZAPINE 100 MG TABLET

Notes:

Diagnosis:

Qty: 30

Days Supply: 30

Refills: 3 DAW: 0

PUC: Tablet

SIG: Take 1 tablet by mouth once a day as directed Take 1/2 tablet in
the AM and 1/2 tablet in the PM

Free Text:

1208-L HUDSON BLVD
GASTONIA, NC 28054
CLOZAPINE 100 MG TABLET
DR. GIHWALA

copy

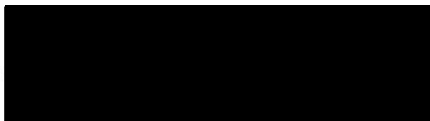
Rx Tracer #:b08ed7df-4730-48e5-bc4b-051656

** Rx# has not been assigned yet **

Prescriber#:CERN27666699347.S6834864038001

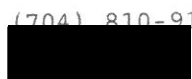
Electronic Information For New Prescription From The Prescriber

Patient:



Phone: (704) 810-9134

Birth:



Gender: M



30CAP
KGB

Prescriber: TRAN, RAYMOND

Agent Name: BALLARD, BETH C

DEA #: B16278990

LIC:

NPI #: 1548286925

Sender ID:



Address: 447 MCALISTER ROAD
LINCOLNTON, NC 28092

Phone: (980) 212-6500

Electronically Signed By: RAYMOND TRAN

Written: 03/15/2021 Effective:

Sent: 03/15/2021 12:24pm Intended Phy: MEDICAL CENTER PHARMACY

Drug: OMEPRAZOLE 20 MG ORAL DELAYED RELEASE CAPSULE

Diagnosis:

Qty: 30

Days Supply:

Refills: 5

DAW: 0

PUC: Capsule

SIG: 1 capsule ORAL Daily, x30 day(s)

Free Text:

HUDSON BLVD
GASTONIA, NC 28054
DR. TRAN
30CAP
KGB
CAPSU

Rx Tracer #:fc76eb8e63bc4a3eafaa95838f3f7ea6 ** Rx# has not been assigned yet **
Prescriber#:rc_rx_region2_BB-63613416408

Electronic Information For New Prescription From The Prescriber

Patient: [REDACTED]

Phone: (704) 923-8360
Birth: [REDACTED]
Gender: M

[REDACTED] 60CAP
KRG

Prescriber: Gihwala MD, Ramesh
Agent Name:

DEA #: [REDACTED]
NPI #: 1447200183

LIC: [REDACTED]
Sender ID: [REDACTED]

Address: 825 Majestic Court
Gastonia, NC 28054

e: (704) 853-0173

Electronically Signed By: Ramesh Gihwala

Written: 05/27/2021 Effective:

Sent: 05/27/2021 10:36am Intended Phy: MEDICAL CENTER PHARMACY

Drug: VISTARIL 25 MG CAPSULE

Notes:

Diagnosis:

Qty: 60

Days Supply: 30

Refills: 3 DAW: 0

PUC: Capsule

SIG: Take 2 capsule by mouth as directed 1/2 in am and 2 hs

[REDACTED] 60CAP
KRG
1400 E. HUDSON BLVD
GASTONIA, NC 28054
HYDROXYZINE PAM 25
DR. GIHWALA

Free Text:

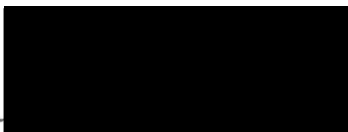
Copy

Rx Tracer #:5dafed327d4b4332b333624baacd269b ** Rx# has not been assigned yet **

Prescriber#:rc_rx_region2_BB-63613416351

Electronic Information For New Prescription From The Prescriber

Patient:



Phone: (704) 923-8360

Birth:



Gender: M



60TAB
KBB

Prescriber: Gihwala MD, Ramesh

Agent Name:

DEA #:



LIC:



NPI #: 1447200183

Sender ID:



Address: 825 Majestic Court

Gastonia, NC 28054

Phone: (704) 853-0173

Electronically Signed By: Ramesh Gihwala

Written: 05/27/2021

Effective:

Sent: 05/27/2021 10:36am

Intended Phy: MEDICAL CENTER PHARMACY

Drug: CLOZAPINE 200 MG TABLET

Notes:

1208-L HUDSON BLVD
GASTONIA, NC 28054
CLOZAPINE 200 MG TABLET
DR. GIHWALA

Diagnosis:

Qty: 60

Days Supply: 30

Refills: 3 DAW: 0

PUC: Tablet

SIG: Take 2 tablet by mouth at bedtime

Free Text:

Copy

Rx Tracer #:8d88ba3aee324a19a3c47fc6213cfa87 ** Rx# has not been assigned yet **

Prescriber#:rc_rx_region2_BB-63613416373

Electronic Information For New Prescription From The Prescriber

Patient: [Redacted]

Phone: (704) 853-8360
Birth: 12/09/1970
Gender: M

[Redacted] 60TAB
KBG

Prescriber: Gihwala MD, Ramesh
Agent Name:

DEA #: [Redacted]
NPI #: 1447200183

LIC: [Redacted]
Sender I: [Redacted]

Address: 825 Majestic Court
Gastonia, NC 28054

Phone: (704) 853-0173

Electronically Signed By: Ramesh Gihwala

Written: 05/27/2021 Effective:

Sent: 05/27/2021 10:36am Intended Phy: MEDICAL CENTER PHARMACY

Drug: CYPROHEPTADINE 4 MG TABLET

Notes:

Diagnosis:

Qty: 60

Days Supply: 30

Refills: 1 DAW: 0

PUC: Tablet

SIG: Take 1 tablet by mouth twice a day

Free Text:

LVD
GASTONIA, NC 28054
CYPROHEPTADINE 4MG TABLET
DR. GIHWALA

Copy

Rx Tracer #:4a2910b6aeb44c1db2ba83eaa2de73e8 ** Rx# has not been assigned yet **
Prescriber#:rc_rx_region2_BB-63613416378

Electronic Information For New Prescription From The Prescriber

Patient: [REDACTED]

Phone: (704) 923-8360
Birth: [REDACTED]
Gender: M

[REDACTED] 120CAP
KGB

Prescriber: Gihwala MD, Ramesh
Agent Name: [REDACTED]

DEA #: [REDACTED]
NPI #: 1447200183

LIC: [REDACTED]
Sender ID: [REDACTED]

Address: 825 Majestic Court
Gastonia, NC 28054

Phone: (704) 853-0173

Electronically Signed By: Ramesh Gihwala

Written: 05/27/2021 Effective:

Sent: 05/27/2021 10:36am Intended Phy: MEDICAL CENTER PHARMACY

Drug: LITHIUM CARBONATE 300 MG CAPSULE

Notes:

[REDACTED] BLVD
GASTONIA, NC 28054
LITHIUM CARBONATE 300 MG
DR. GIHWALA

Diagnosis:

Qty: 120

Days Supply: 30

Refills: 3 DAW: 0

PUC: Capsule

SIG: Take 2 capsule by mouth twice a day

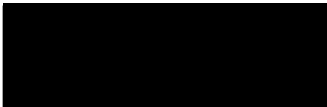
Free Text:

Copy

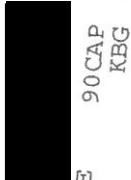
Rx Tracer #:008b5a6fb6644fa2ad6da24435719f37 ** Rx# has not been assigned yet **
Prescriber#:rc_rx_region2_BB-63613416363

Electronic Information For New Prescription From The Prescriber

Patient:



Phone: (704) 923-8360
Birth: [REDACTED]
Gender: M



90CAP
KRB

Prescriber: Gihwala MD, Ramesh
Agent Name:

DEA #: [REDACTED]
NPI #: 1447200183

LIC: [REDACTED]
Sender ID: [REDACTED]

Address: 825 Majestic Court
Gastonia, NC 28054

Phone: (704) 853-0173

Electronically Signed By: Ramesh Gihwala

Written: 05/27/2021 Effective:

Sent: 05/27/2021 10:36am Intended Phy: MEDICAL CENTER PHARMACY

Drug: GABAPENTIN 300 MG CAPSULE

Notes:

Diagnosis:

Qty: 90

Days Supply:

Refills: 3 DAW: 0

PUC: Capsule

SIG: Take 1 capsule by mouth three times a day

Free Text:

Copy

HUDSON BLVD
GASTONIA, NC 28054
GABAPENTIN 300 MG CAPSULE
DR. GIHWALA

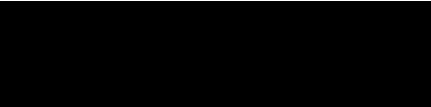
Rx Tracer #:c0a47eal-8d13-4e56-857b-4c6672

** Rx# has not been assigned yet **

Prescriber#:CERN28216938761.S6834864038001

Electronic Information For New Prescription From The Prescriber

Patient:



Phone: (704) 810-9134

Birth: [Redacted]

Gender: M



Prescriber: TRAN , RAYMOND

Agent Name: LEE , SALLY

DEA #: [Redacted]

LIC:

NPI #: 1548286925

Sender ID: [Redacted]

Address: 447 MCALISTER ROAD

Phone: (980) 212-6500

LINCOLNTON, NC 28092

Electronically Signed By: RAYMOND TRAN

Written: 05/04/2021 Effective:

Sent: 05/04/2021 08:43am Intended Phy: MEDICAL CENTER PHARMACY

Drug: B12 2500MCG W/FOLIC ACID

Notes:

Diagnosis:

Qty: 90

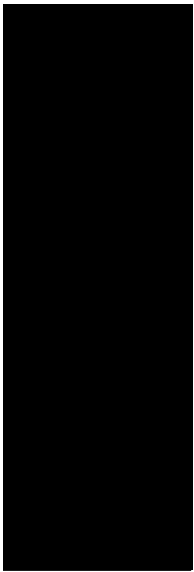
Days Supply:

Refills: 2 DAW: 0

PUC: Tablet

SIG: TAKE 1 TABLET AT BEDTIME

Free Text:



Copy

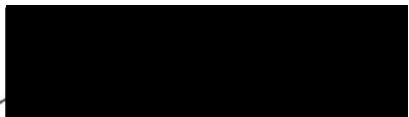
Rx Tracer #:2383297M939995H1123

** Rx# has not been assigned yet **

Prescriber#:939995H1123

Response Information for Rx# 06788185

Patient:



Phone: (704) 810-9134

Birth: 12/09/1970

Gender: M

Prescriber: Cruickshank MD, Frederick A

Agent Name: Neel, Avery

DEA #: [Redacted]

LIC: [Redacted]

NPI #: 1659390441

Sender ID: [Redacted]

Address: 103 Commerce Centre Dr
Huntersville, NC 280785869

Phone: (704) 948-8582

Electronically Signed By: Frederick Cruickshank

Written: 04/27/2021 Effective:

Sent: 04/27/2021 09:27am Intended Phy: MEDICAL CENTER PHARMACY

Drug: BIKTARVY 50 MG-200 MG-25 MG TABLET

Notes:

DAW: 0 # Of Fills: 3

Diagnosis:

Qty: 30

Days Supply:

PUC:

SIG: TAKE 1 TABLET DAILY

Response Type:

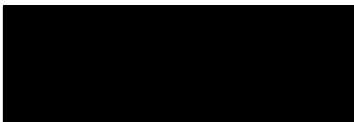
BLVD
GASTONIA, NC 28054
BIKTARVY 50-200-25 MG TAB
DR. CRUICKSHANK
30TAB
KBG

Rx Tracer #:5ae8e602-1031-4207-9b9e-9d876a
Prescriber#:CERN27068116999.S6834864038001

** Rx# has not been assigned yet **

Response Information for Rx# 06756123

Patient:



Phone:

Birth:

Gender: M



180TAB
KBG

Prescriber: TRAN , RAYMOND

Agent Name: GLENN , BRITTANY

DEA #:

NPI #: 1548286925

LIC:

Sender ID:



Address: 447 MCALISTER RD #2400
LINCOLNTON, NC 28092

Phone: (980) 212-6500

Electronically Signed By: RAYMOND TRAN

Written: 01/19/2021 Effective:

Sent: 01/19/2021 2:06pm Intended Phy: MEDICAL CENTER PHARMACY

Drug: AMLODIPINE BESYLATE 2.5 MG TAB

Notes:

DAW: 0 # Of Fills: 3

Diagnosis:

Qty: 180

Days Supply:

PUC:

SIG: TAKE 1 TABLET EVERY 12 HOURS

Response Type: Approved with Changes

1208-L HUDSON BLVD
GASTONIA, NC 28054
AMLODIPINE BESYLATE 2.5 M
DR. TRAN

Rx Tracer #:22313ce32e294b3aaf81d5eaa4efdc38 ** Rx# has not been assigned yet **
Prescriber#:rc_rx_region2_BB-63597805379

Electronic Information For New Prescription From The Prescriber

Patient:



Phone: (704) 833-8360

Birth:



Gender: M



60TAB
KBG

Prescriber: Gihwala MD, Ramesh

Agent Name:

DEA #: BG2235453

LIC: 9300472

NPI #: 1447200183

Sender ID: 6305658927009

Address: 825 Majestic Court

Phone: (704) 853-0173

Gastonia, NC 28054

Electronically Signed By: Ramesh Gihwala

Written: 03/25/2021

Effective:

Sent: 03/25/2021 10:34am Intended Phy: MEDICAL CENTER PHARMACY

Drug: CYPROHEPTADINE 4 MG TABLET

Notes:

Diagnosis:

Qty: 60

Days Supply: 30

Refills: 1 DAW: 0

PUC: Tablet

SIG: Take 1 tablet by mouth twice a day

Free Text:

HUDSON BLVD
GASTONIA, NC 28054
CYPROHEPTADINE 4 MG TABLET
DR. GIHWALA

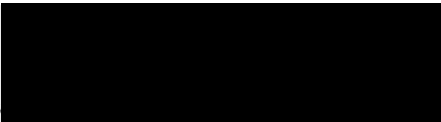
Rx Tracer #:20422758-2e6e-4833-9043-8b371a

** Rx# has not been assigned yet **

Prescriber#:CERN27666689789.S6834864038001

Electronic Information For New Prescription From The Prescriber

Patient:



Phone: (704) 810-8124

Birth



Gender: M

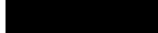


30TAB
KBC

Prescriber: TRAN, RAYMOND

Agent Name: BALLARD, BETH C

DEA #:



LIC:

NPI #: 1548286925

Sender ID:



Address: 447 MCALISTER ROAD

Phone: (980) 212-6500

LINCOLNTON, NC 28092

Electronically Signed By: RAYMOND TRAN

Written: 03/15/2021

Effective:

Sent: 03/15/2021 12:24pm

Intended Phy: MEDICAL CENTER PHARMACY

Drug: OXYBUTYNIN 15 MG/24 HR ORAL TABLET, EXTENDED RELEASE

Diagnosis:

Qty: 30

Days Supply:

Refills: 4

DAW: 0

PUC: Tablet

SIG: TAKE 1 TABLET DAILY.

Free Text:

DR. TRAN
GASTONIA, NC 28054
OXYBUTYNIN CL ER 15 MG TA
30TAB
KBC

Rx Tracer #:2c091abd-f4bf-4d35-9d05-abbee4 ** Rx# has not been assigned yet **
Prescriber#:CERN27666700149.S6834864038001

Electronic Information For New Prescription From The Prescriber

Patient:



Phone: (704) 810-9134
Birth: 12/09/1970
Gender: M



100CAP
KBC

Prescriber: TRAN , RAYMOND

Agent Name: BALLARD , BETH C

DEA #: [REDACTED]

LIC:

NPI #: 1548286925

Sender ID: [REDACTED]

Address: 447 MCALISTER ROAD
LINCOLNTON, NC 28092

Phone: (980) 212-6500

Electronically Signed By: RAYMOND TRAN

Written: 03/15/2021 Effective:

Sent: 03/15/2021 12:24pm Intended Phy: MEDICAL CENTER PHARMACY

Drug: FERREX-150 ORAL CAPSULE

Notes:

Diagnosis:

Qty: 180

Days Supply:

Refills: 3

DAW: 0

PUC: Capsule

SIG: 1 capsule ORAL BID (2 times a day)



1208-A HUDSON BLVD
GASTONIA, NC 28054
FERREX 150 CAPSULE
DR. TRAN

Free Text:

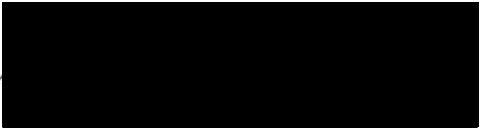
Rx Tracer #:34f1b106-80a3-48fc-ae72-4af084

** Rx# has not been assigned yet **

Prescriber#:CERN27666695199.S6834864038001

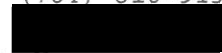
Electronic Information For New Prescription From The Prescriber

Patient:

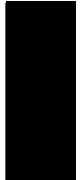


Phone: (704) 810-9134

Birth:



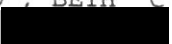
Gender: M



Prescriber: TRAN, RAYMOND

Agent Name: BALLARD, BETH C

DEA #:



LIC:

NPI #: 1548286925

Sender ID:



Address: 447 MCALISTER ROAD

Phone: (980) 212-6500

LINCOLNTON, NC 28092

Electronically Signed By: RAYMOND TRAN

Written: 03/15/2021

Effective:

Sent: 03/15/2021 12:24pm

Intended Phy: MEDICAL CENTER PHARMACY

Drug: TRIAMCINOLONE 55 MCG/INH NASAL SPRAY

Diagnosis:

Qty: 3

Days Supply:

Refills: 3

DAW: 0

PUC: Each

SIG: 2 spray INTRANASAL Daily

1208-L HUDSON BLVD
GASTONIA, NC 28054
TRIAMCINOLONE 55 MCG NASA
DR. TRAN

16.9ML
KMG

Free Text:

Rx Tracer #:84085a0a-0d18-4fbb-b36f-bedd1f
Prescriber#:CERN30351994301.S6834864038001

** Rx# has not been assigned yet **

Electronic Information Description From The Prescriber (COPY)
Patient: [REDACTED] Phone: [REDACTED] 134
Birth: [REDACTED]
Gender: M

Prescriber: TRAN, RAYMOND
Agent Name:

DEA #: [REDACTED]
NPI #: 1548286925

LIC: [REDACTED]
Sender ID: [REDACTED]

Address: 447 MCALISTER ROAD
LINCOLNTON, NC 28092

Phone: (980) 212-6500

Electronically Signed By: RAYMOND TRAN

Written: 11/12/2021 Effective:

Sent: 11/12/2021 09:39am Intended Phy: MEDICAL CENTER PHARMACY

Drug: POLYETHYLENE GLYCOL 3350 ORAL POWDER FOR RECONSTITUTION

Diagnosis:
Qty: 527

Days Supply:
Refills: 1 DAW: 0

PUC: Gram
SIG: 1 capful ORAL Daily, PRN: Constipation

Free Text:

1208-L HUDSON BLVD
GASTONIA, NC 28054
POLYETHYLENE GLYCOL 3350
DR. TRAN

510GM
AB

Rx Tracer #:0dc9a11c-35bf-49de-b20e-01c248
Prescriber#:CERN29704265225.S6834864038001

** Rx# has not been assigned yet **

Patient:

[REDACTED]

Description From The Prescriber (COPY)

Phone: (704) 810-9134

Birth: [REDACTED]

Gender: [REDACTED]

Prescriber: TRAN, RAYMOND

Agent Name: BALLARD, BETH G

DEA #: [REDACTED]

NPI #: 1548286925

LIC: [REDACTED]

Sender ID: [REDACTED]

Address: 447 MCALISTER ROAD
LINCOLNTON, NC 28092

: (980) 212-6500

Electronically Signed By: RAYMOND TRAN

Written: 09/14/2021

Effective:

Sent: 09/14/2021 11:08am

Intended Phy: MEDICAL CENTER PHARMACY

Drug: VASCEPA 1 G ORAL CAPSULE

Notes:

Diagnosis:

Qty: 360

Days Supply:

Refills: 3

DAW: 0

PUC: Capsule

SIG: 2 capsule ORAL BID (2 times a day)

Free Text:

[REDACTED] 360CAP AB

[REDACTED] 1200-L HUDSON BLVD
GASTONIA, NC 28054
VASCEPA 1 GM CAPSULE
DR. TRAN



Opportunity Awaits, Inc.

Medication Administration Record (MAR)

Name: [REDACTED]

Record#: [REDACTED]

Month/Yr: _____

Medicaid ID#: [REDACTED]

D.O.B: [REDACTED]

Facility Name: **Opportunity Awaits, Inc.**

Medication/Dosage	Time	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
Aripiprazole 10MG. Take 1 Tab by mouth once daily at 8am	Start	8AM																																		
	Stop																																			
Valproic Acid 250 MG. Take 2 teaspoonfuls by mouth 3 times a day at 8am, 2pm and 8pm. (Bipolar Disorder)	Start	8AM																																		
		2PM																																		
	Stop	8PM																																		
Emergen-C Gummies 500MG. Take 3 times a day.	Start	8AM																																		
		2PM																																		
	Stop	8PM																																		
Omeprazole 20MG 1 x daily.	Start	8AM																																		
	Stop																																			

Diagnosis: F78 Bipolar Disorder,
Pervasive Development Disorder.
F71 Moderate Mental Retardation

Allergies
Haldol, Zyprexa, Chlorazepam

Physician Name:
Dr. I. Stamp, Dr. A. Dunlap. 10025 Northwoods
Forest Dr. Charlotte, NC
Phone Number

- A. Put initials in appropriate box when medication is given.
- B. Circle initials when not given.
- C. State reason for refusal / omission on back of form.
- D. PRN Medications: Reason given and results must be noted on back of form.
- E. Legend: S = School; H = Home visit; W = Work; P = Program.

Opportunity Awaits, Inc.

Medication Administration Record (MAR)

Name: [REDACTED]

Record#: [REDACTED]

Month/Yr:

Medicaid ID#: [REDACTED]

D.O.B: [REDACTED]

Facility Name: Opportunity Awaits, Inc.

Medication/Dosage	Time	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Loratadine 10 MG. Take 1 tablet by mouth once daily at 8am. (Allergies)	Start	8AM																															
	Stop																																
Polyethylene Glycol 17g. 1 capful daily.	Start	8AM																															
	Stop																																
Miralax (PRN). 1 capful daily.	Start	8AM																															
	Stop																																
	Start																																
	Stop																																

Diagnosis: F78 Bipolar Disorder,
Pervasive Development Disorder.
F71 Moderate Mental Retardation

Allergies
Haldol, Zyprexa, Chlorazepam

Physician Name:
Dr. I. Stamp, Dr. A. Dunlap. 10025 Northwoods
Forest Dr. Charlotte, NC
Phone Number

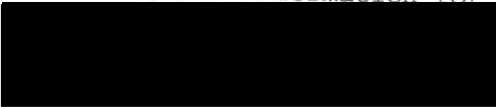
- A. Put initials in appropriate box when medication is given.
- B. Circle initials when not given.
- C. State reason for refusal / omission on back of form.
- D. PRN Medications: Reason given and results must be noted on back of form.
- E. Legend: S = School; H = Home visit; W = Work; P = Program.

Rx Tracer #: 1N20210928083429D59F0845A
Prescriber#: 461e30536c034b2bb29bdf83f17c48b5

RX NBR: 06787144

Response Information for Rx# 06787144 (COPY)

Patient:



Phone: (704) 810-9134

Birth:



Gender: M

Prescriber: Barnett, PA-C, Taneisha L.
Agent Name:

DEA #: [Redacted]

LIC: [Redacted]

NPI #: 1003055088

Sender ID: [Redacted]

Phone: (704) 861-9030

Address: 2664 COURT DR
GASTONIA, NC 28054

Electronically Signed By: Taneisha Barnett

Written: 09/28/2021 Effective:

Sent: 09/28/2021 09:34am Intended Phy: MEDICAL CENTER PHARMACY

Drug: omeprazole 20 mg oral delayed release capsule

DAW: 0 # Of Fills: 6

Diagnosis:

Qty: 30

Days Supply:

PUC:

SIG: TAKE 1 CAPSULE IN THE MORNING

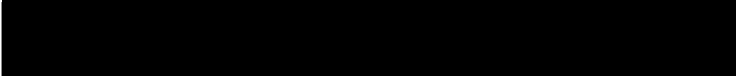
Response Type: Replace

[Redacted]
30CAP
AB
518 BARRICKS HILL DRIVE
WILKSBORO, NC 28697
OMEPRAZOLE DR 20 MG CAPSU
DR. BARNETT

COPY

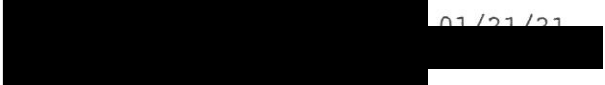
Taneisha Barnett, PA-C
GASTON MEDICAL ASSOCIATES
2664 Court Dr Gastonia, NC 28054
Phone: 704-861-9030 Fax: 704-833-1234
DEA# MB2326470 NPI# 1003055088

PATIENT DEMOGRAPHICS



MEDICATION: Emergen-C Energy Gummy 500
DATE: Jan 19, 2021

SIG: Chew 1 gummy 3 times daily as directed



GENERIC EMERGEN-C 250 GUM 180
DR. BARNETT KBG

2 TID
#180

DISPENSE: **** (90) Ninety ****
REFILLS: **** (5) Five ****

Taneisha Barnett PA-C

Dispense As Written

Substitution Permitted

Below is a micro print signature line visible under high magnification and illegible when copied.

PHONED A.M. P.M.	PROMISED	DELIVER	WILL CALL	WELFARE	MEDICARE
------------------------	----------	---------	-----------	---------	----------

For _____ Age _____

Address _____
Rx

WILMINGTON, NC 28697
704-730-8169
POLYETHYLENE
RX # [REDACTED] L 3350
510 GM
00586-1652-2

TAKE 1 CAPFUL (17 GRAM)
IN 8 OUNCES OF WATER ONCE
DAILY

PRICE 26.89
VANO
11 REFILLS
RW3164883
1972920684

polyethgly
#510
17gm
802
1720 QD
 LABEL

REFILL _____ TIMES

DEA No. _____
DATE 3/1/24
REFORMED & 151006

Vano

M. D. _____
ADDRESS _____

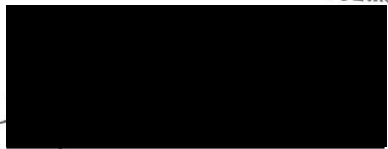
Copy

Prescriber#: b36c97cc343a4447991d53977b083044

** Rx# has not been assigned yet **

Response Information for Rx# 06796882

Patient:



Phone:

Birth:

Gender:



Prescriber: BARNETT, TANEISHA P
Agent Name:

DEA #: [Redacted]

NPI #: 1003055088

LIC:

Sender ID: [Redacted]

Address: 2664 COURT DRIVE
GASTONIA, NC 28054

Phone: (704) 861-9030

Electronically Signed By: TANEISHA BARNETT

Written: 05/18/2021

Effective:

Sent: 05/18/2021 3:41pm

Intended Phy: MEDICAL CENTER PHARMACY

Drug: LORATADINE 10 MG TABLET

Notes:

DAW: 0

Of Fills: 5

Diagnosis:

Qty: 30

Days Supply:

PUC:

SIG:

TAKE 1 TABLET DAILY.

518 BARRICKS HILL DRIVE
WILKSBORO, NC 28697
LORATADINE 10 MG TABLET
DR. BARNETT

30TAB
KBG

Response Type: Approved with Changes

Copy

Rx Tracer #: 1N202106081059580C12155B2

RX NBR: 06785946

Prescriber#: bbeffce2c9374df89d332f9f64d2ebb1

Response Information for Rx# 06785946 (COPY)

Patient:



Phone: [Redacted]
Birth: [Redacted]
Gender: M

Prescriber: BARNETT, TANEISHA P
Agent Name:

DEA #: [Redacted]
NPI #: 1003055088

LIC: [Redacted]
Sender ID: [Redacted]

Address: 2664 COURT DRIVE
GASTONIA, NC 28054

Phone: (704) 861-9030

Electronically Signed By: TANEISHA BARNETT

Written: 06/08/2021 Effective:

Sent: 06/08/2021 11:59am Intended Phy: MEDICAL CENTER PHARMACY

Drug: SYNTHROID 50 MCG TABLET

Notes:

DAW: 0 # Of Fills: 2

Diagnosis:

Qty: 30

Days Supply:

PUC:

SIG: TAKE 1 TABLET DAILY

518 BARRICKS HILL DRIVE
WILKSBORO, NC 28697
LEVOTHYROXINE 50 MCG TABL
DR. BARNETT
30TAB
KBG

Response Type: Approved with Changes

Copy

Rx Tracer #:1e45b8237feb49fb9e57968b403d6134 ** Rx# has not been assigned yet
Prescriber#:rc_rx_region2_BB-63618058111

Electronic Information For New Prescription From The Prescriber (COPY)

Patient: [REDACTED] Phone: (704) 718-0588
Birth: [REDACTED]
Gender: M

Prescriber: Dunlap PA-C, Andrea M.

Agent Name:

DEA #: [REDACTED]

LIC: [REDACTED]

NPI #: 1073554663

Sender ID: [REDACTED]

Address: 615 S. Dekalb St.
Shelby, NC 281506184

Phone: (740) 480-1882

Electronically Signed By: Andrea Dunlap

Written: 06/16/2021 Effective:

Sent: 06/16/2021 10:43am Intended Phy: MEDICAL CENTER PHARMACY
125 mg

Drug: DEPAKOTE SPRINKLES 125 MG CAPSULE, DELAYED RELEASE

Diagnosis:

Qty: 60

Days Supply: 30

Refills: 2 DAW: 0

PUC: Capsule

SIG: Take 1 capsule by mouth twice a day as needed Sprinkle on
Applesauce or Pudding

Free Text:

Copy

Rx Tracer #:0f78826c570c44178d541f9be27f8ba2 ** Rx# has not been assigned yet
Prescriber#:rc_rx_region2_BB-63618057698

Electronic Information For New Prescription From The Prescriber (COPY)

Patient: [REDACTED] Phone: (704) 718-0588
Birth: [REDACTED]
Gender: M

Prescriber: Dunlap PA-C, Andrea M.
Agent Name:

DEA #: [REDACTED]
NPI #: 1073554663

LIC: [REDACTED]
Sender: [REDACTED]

Address: 615 S. Dekalb St. : (740) 480-1882
Shelby, NC 281506184

Electronically Signed By: Andrea Dunlap

Written: 06/16/2021 Effective:

Sent: 06/16/2021 10:43am Intended Phy: MEDICAL CENTER PHARMACY

Drug: BENZTROPINE 1 MG TABLET

Notes:

Diagnosis:

Qty: 30

Days Supply: 30

Refills: 2 DAW: 0

PUC: Tablet

SIG: Take 1 tablet by mouth at bedtime

Free Text:

Copy

Rx Tracer #:b9401d9a95a548429a5290417ce1c476 ** Rx# has not been assigned yet
Prescriber#:rc_rx_region2_BB-63618058421

Electronic Information For New Prescription From The Prescriber (COPY)
Patient: [REDACTED] Phone: (704) 718-0588
Birth: [REDACTED]
Gender: M

Prescriber: Dunlap PA-C, Andrea M.
Agent Name:

DEA #: [REDACTED]

LIC: [REDACTED]

NPI #: 1073554663

Sender ID: [REDACTED]

Address: 615 S. Dekalb St.
Shelby, NC 281506184

Phone: (740) 480-1882

Electronically Signed By: Andrea Dunlap

Written: 06/16/2021

Effective:

Sent: 06/16/2021 10:43am Intended Phy: MEDICAL CENTER PHARMACY

Drug: VALPROIC ACID (AS SODIUM SALT) 250 MG/5 ML ORAL SOLUTION
250 mg/5 mL

Diagnosis:

Qty: 1800

Days Supply: 30

Refills: 2 DAW: 0

PUC: Milliliter

SIG: Take 10 mL TID

Free Text:

Copy

Rx Tracer #:341b932038f2406e8f7e346d96ed411e ** Rx# has not been assigned yet
Prescriber#:rc_rx_region2_BB-63618057798

Electronic Information For New Prescription From The Prescriber (COPY)
Patient: [REDACTED] Phone: (704) 718-0588
Birth: [REDACTED]
Gender: M

Prescriber: Dunlap PA-C, Andrea M.
Agent Name:

DEA #: [REDACTED] LIC: [REDACTED]
NPI #: 1073554663 Sender ID [REDACTED]

Address: 615 S. Dekalb St. Phone: (740) 480-1882
Shelby, NC 281506184

Electronically Signed By: Andrea Dunlap

Written: 06/16/2021 Effective:

Sent: 06/16/2021 10:43am Intended Phy: MEDICAL CENTER PHARMACY

Drug: SEROQUEL 300 MG TABLET

Notes:

Diagnosis:

Qty: 30

Days Supply: 30

Refills: 2 DAW: 0

PUC: Tablet

SIG: Take 1 tablet by mouth at bedtime

Free Text:

Copy

Rx Tracer #:01f41c07766e40e89e84e19104391fdd ** Rx# has not been assigned yet **

Prescriber#:rc_rx_region2_BB-63618057584

Electronic Information For New Prescription From The Prescriber (COPY)

Patient:



Phone: (704) 718-0588

Birth: 01/06/1988

Gender: M

Prescriber: Dunlap PA-C, Andrea M.

Agent Name:

DEA #: [Redacted]

LIC: [Redacted]

NPI #: 1073554663

Sender ID: [Redacted]

Address: 615 S. Dekalb St.
Shelby, NC 281506184

Phone: (740) 480-1882

Electronically Signed By: Andrea Dunlap

Written: 06/16/2021 Effective:

Sent: 06/16/2021 10:43am Intended Phy: MEDICAL CENTER PHARMACY

Drug: ARIPIPRAZOLE 10 MG TABLET

Notes:

Diagnosis:

Qty: 30

Days Supply: 30

Refills: 2 DAW: 0

PUC: Tablet

SIG: Take 1 tablet by mouth once a day

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