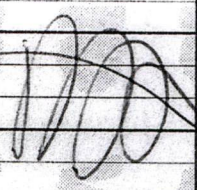
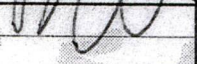


PIEDMONT INTERNAL MEDICINE ASSOCIATES

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 SUITE 210 • 2995 REIDVILLE ROAD • SPARTANBURG, SC 29301 • (864) 596-7424

5-26-74

Max Finch, M.D. BF 6108181 Thomas L. Robinson, M.D. AR 6971445 George L. Bass, M.D. AB 8072299 Suzanne Kovacs, M.D. BK 5836222 Richmond P. Allan, M.D. BA 0881715
 Vicki Arlauskas, M.D. BA 5896177 Susan Finch, M.D. BM 5672414 Jack M. Cole, M.D. BC 2201591 Paul Weaver, M.D. AW 2202492 H. James Evans, M.D. BE 2737976

NAME		Stephanie Neet			DATE	3/11/10	
ADDRESS							
LABEL DRUG NAME, STRENGTH & QUANTITY							
1	Rx	Duraagesic patch			STRENGTH	QUANTITY	REFILL
	SIG	= to skin q 48°			75 mcg/hr	15	Ø
2	Rx				STRENGTH	QUANTITY	REFILL
	SIG						
3	Rx				STRENGTH	QUANTITY	REFILL
	SIG						
MD _____				MD _____			
Dispense As Written				Substitution Permitted			





N604106
 NEET, STEPHANIE
 180 KIMBRELL LOOP
 CAMPOBELLO, SC 29322-0000
 PH: (864)472-7714 05/26/1974
 DISPENSE: FENTANYL 75 MCG/HR PATCH MYL
 QUANTITY: 15 REFILLS: 0 INIT: 0.
 NDC: 00378-9123-98
 INSTRUCTIONS: APPLY ONE PATCH TO SKIN
 EVERY 48 HOURS

DOCTOR: KOVACS, SUZANNE
 1690 SKYLYN DR
 SPARTANBURG, SC 29301-0000
 (864)342-4000
 DEA: BK5836222
 DATE: 03/12/2010 TIME: 09:12 INIT: HA/HB

CVS/pharmacy #4185
 11211 ASHVILLE HWY.
 INMAN, SC 29350

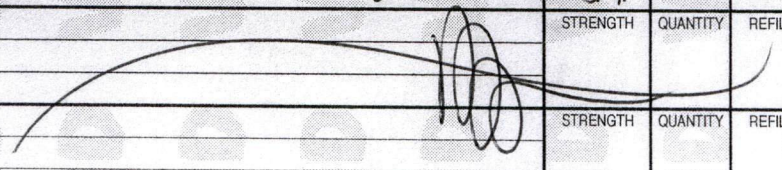
AM 5.3.11

RW 10.31.13

PIEDMONT INTERNAL MEDICINE ASSOCIATES

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 SUITE 210 • 2995 REIDVILLE ROAD • SPARTANBURG, SC 29301 • (864) 596-7424

Max Finch, M.D. BF 6108181	Thomas L. Robinson, M.D. AR 6971445	George L. Bass, M.D. AB 8072299	Suzanne Kovacs, M.D. BK 5836222	Richmond P. Allan, M.D. BA 0881715
Vicki Arlauskas, M.D. BA 5896177	Susan Finch, M.D. BM 5672414	Jack M. Cole, M.D. BC 2201591	Paul Weaver, M.D. AW 2202492	H. James Evans, M.D. BE 2737976

NAME		Stephanie Neet		DATE	4-7-10
ADDRESS		due 4-10-10			
LABEL DRUG NAME, STRENGTH & QUANTITY					
1	Rx SIG	Duragesic patch to skin q 48	STRENGTH 75 mcg/hr	QUANTITY 15	REFILL 0
2	Rx SIG				
3	Rx SIG				
MD _____ Dispense As Written			MD _____ Substitution Permitted		





RX#: N608268
 NAME: NEET, STEPHANIE
 180 KIMBRELL LOOP
 CAMPOBELLO, SC 29322-0000
 PH: (864)472-7714 DOB: 05/26/1974
 DRUG: FENTANYL 75 MCG/HR PATCH MYL
 QTY: 15 REFILLS: 0 TRAIL: 0
 NDC: 00378-9123-98
 SIG: APPLY 1 PATCH TO SKIN
 EVERY 48 HOURS

DOCTOR: KOVACS, SUZANNE
 1690 SKYLYN DR
 SPARTANBURG, SC 29307-0000
 DEA: (864)342-4000
 BK5836222
 DATE: 04/12/2010 TIME: 09:46 INIT: HA

OK 5.3.11

CVS/pharmacy #4185
 11211 ASHWOOD BLVD
 INMAN, SC 29349

W

Rw 10.31-13

PIEDMONT INTERNAL MEDICINE ASSOCIATES

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 SUITE 210 • 2995 REIDVILLE ROAD • SPARTANBURG, SC 29301 • (864) 596-7424

Max Finch, M.D. BF 6108181	Thomas L. Robinson, M.D. AR 6971445	George L. Bass, M.D. AB 8072299	Suzanne Kovacs, M.D. BK 5836222	Richmond P. Allan, M.D. BA 0881715
Vicki Arlauskas, M.D. BA 5896177	Susan Finch, M.D. BM 5672414	Jack M. Cole, M.D. BC 2201591	Paul Weaver, M.D. AW 2202492	H. James Evans, M.D. BE 2737976

NAME		STEPHANIE GREENE			DATE	4/30/12	
ADDRESS							
LABEL DRUG NAME, STRENGTH & QUANTITY							
1	Rx SIG	MS Contin 30mg PO q 8 hrs			STRENGTH	QUANTITY	REFILL
					30mg	90	0
2	Rx SIG	<i>[Signature]</i>			STRENGTH	QUANTITY	REFILL
3	Rx SIG	<i>[Signature]</i>			STRENGTH	QUANTITY	REFILL
MD				MD			
Dispense As Written				Substitution Permitted			





RX#: N611261
 PATIENT: GREENE, STEPHANIE
 180 KIMBRELL LOOP
 CAMPOBELLO, SC 29322-0000
 PH: (864)472-7714 05/26/1974
 IMPRINT: MORPHINE SULF 30MG CR TAB WAT
 QTY: 90 REFILLS: 0 INIT: 0
 NDC: 00591-3512-01
 INSTRUCTIONS: TAKE 1 TABLET BY MOUTH
 EVERY 8 HOURS AS NEEDED
 FOR PAIN
 PREP: KOVACS, SUSAN
 1690 SKYLAND AVE
 SPARTANBURG, SC 00000-0000
 (864)342-4000
 DEA: BK5836222
 DATE: 05/01/2010 TIME: 15:59 INIT: DJ/SS

CVS/pharmacy #4485
 11211
 INMAN, SC 293

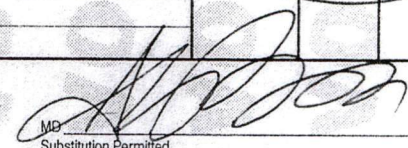
GRN 5.3.11

W

Rw 10/31-13

PIEDMONT INTERNAL MEDICINE ASSOCIATES
 SUITE 300 • 1690 SKYLYN DRIVE • SPARTANBURG, SC 29307 • (864) 342-4000
 SUITE 210 • 2995 REIDVILLE ROAD • SPARTANBURG, SC 29301 • (864) 596-7424

Max Finch, M.D. BF 6108181 Thomas L. Robinson, M.D. AR 6971445 George L. Bass, M.D. AB 8072299 Suzanne Kovacs, M.D. BK 5836222 Richmond P. Allan, M.D. BA 0881715
 Vicki Arlauskas, M.D. BA 5896177 Susan Finch, M.D. BM 5672414 Jack M. Cole, M.D. BC 2201591 Paul Weaver, M.D. AW 2202492 H. James Evans, M.D. BE 2737976

NAME		Stephanie Greene		DATE	5/27/10
ADDRESS					
LABEL DRUG NAME, STRENGTH & QUANTITY					
1	Rx	mscontin	30 mg	900	
	SIG	+ q 8 ^o prn			
2	Rx				
	SIG				
3	Rx				
	SIG				
MD		 MD Substitution Permitted			
Dispense As Written					



CVS/pharmacy #4185
11211 ASHVILLE HWY.
INMAN, SC 29349

Handwritten: JMS.3.11

Handwritten: WMR

Handwritten: RWL 03-12



NO: N615706
PAT: GREENE, STEPHANIE
180 KIMBRELL LOOP.
CAMPOBELLO, SC 29322-0000
PH: (864)472-7714 05/26/1974
RX: MORPHINE SULF 30MG CR TAB WAT
QTY: 90 REFILLS: 0 INVT: 0
NO: 00591-3512-01
RX: TAKE 1 TABLET BY MOUTH
EVERY 8 HOURS AS NEEDED

DOCTOR: BASS, GEORGE L
1690 SKYLYN DRIVE
SPARTANBURG, SC 29307-0000
(864)342-4000
NDC: AB8072299
DATE: 06/02/2010 TIME: 19:56 PREP: HA/HC

Rec'd
03-13

Vllc



RX#: N619407
PATIENT: GREENE, STEPHANIE
180 KIMBRELL LOOP
CAMPOBELLO, SC 29322-0000
PH: (864)472-7714 DATE: 05/26/1974
RX: MORPHINE SULF 30MG CR TAB WAT
QTY: 90 REFILLS: 0 INVT: 0
NDC: 00591-3512-01
DIRECTIONS: TAKE 1 TABLET EVERY 8 HOURS AS NEEDED

CVS/pharmacy #4185
11211 ASHVILLE HWY.
INMAN, SC 29349

2025.3.11

PHYSICIAN: FINCH, SUSAN
1690 SKYLYN DRIVE
SPARTANBURG, SC 29307-0000
(864)342-4000
DEPT: BMS672414
DATE: 06/30/2010 TIME: 19:52 INIT: HA



CAROLINA OB/GYN
OBSTETRICS AND GYNECOLOGY

LARRY B. WHITE, M.D.
DEA NO. AW 6955922

JOHN T. NICHOLS, JR. M.D.
DEA NO. AN 8684018

CAROL A. KETCHEN, M.D.
DEA NO. BB 1044849

AARON M. TOLER, M.D.
DEA NO. BT 5916448

KIMBERLY F. TOLER, M.D.
DEA NO. BT 5916474

GORDON B. SHERARD, III, M.D.
DEA NO. BS 7712462

KELLY A. BRIDGES, M.D.
DEA NO. BC 7775748

APRIL J. JOHNSON, M.D.
DEA NO. BJ 7553678

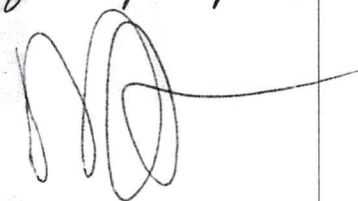
E. LEVON EASTIN, M.D.
DEA NO. BE 4193051



1686 SKYLYN DRIVE, SUITE 101
SPARTANBURG, SC 29307
PHONE ALL HOURS: (864) 585-3456

2995 REIDVILLE ROAD, SUITE 290
SPARTANBURG, SC 29301
TELEPHONE: (864) 574-4483

NAME Stephanie Greene AGE _____
ADDRESS _____ DATE 6/30/10

R darvocet-N-100
i-ii PO q 4-6 pm pain
30 

REFILL 0 TIMES
LABEL WITH DRUG NAME

Dispense as Written

M.D. Kelly Bridges
Substitution Permitted mo





REC: C619406
 GREENE, STEPHANIE
 180 KIMBRELL LOOP
 CAMPOBELLO, SC 29322-0000
 PH: (864)472-7714 FAX: 05/26/1974
 DRUG: PROPOXYPHEN-APAP 100-650 MGTEV
 QTY: 30 REFILLS: 0 INVT: 0
 NDC: 00093-0890-05
 INSTRUCTIONS: TAKE 1 TO 2 TABLETS EVERY
 4 TO 6 HOURS AS NEEDED
 FOR PAIN
 PRESCRIBER: BRIDGES, KELLY
 2995 REIDVILLE RD
 SPARTANBURG, SC 29301-0000
 NDC: BC7775248
 DATE: 06/30/2010 TIME: 19:51 UNIT: HA

CVS/pharmacy #4185
 11211 ASHVILLE HWY.
 INMAN, SC 29349

MS
 06/30/11

Date/Time: _____

Name: Stephanie Greene

DOB: 5/26/74 Infant/Pediatric

Phone: _____

Address: _____

Allergies: _____

R_x	Klonopin 2 mg #90 t, tid	<i>[Signature]</i> 11/3/10
	Medication Purpose: _____	Refills: <u>0</u>
Read Back: <input type="checkbox"/> DOB <input type="checkbox"/> Drug Name <input type="checkbox"/> Strength <input type="checkbox"/> Directions		

<small>'DISPENSE AS WRITTEN'/BRAND MEDICALLY NECESSARY/ DO NOT SUBSTITUTE/NO SUBSTITUTION/DAW</small>	<small>'MAY SUBSTITUTE'/PRODUCT SELECTION PERMITTED/ SUBSTITUTION PERMISSIBLE/INTERCHANGE MANDATED UNLESS PRACTITIONER WRITES THE WORDS NO SUBSTITUTION.</small>
	<i>Kooistra</i>

Phoned in by: Molly Voice Mail

Phone: 585-0179

DEA or State license number: _____

Address: _____



Due 7/2



REF: C9161391
GREENE, ST
180 KIMB'
CAMPOBE'



C619819
GREENE, STEPHANIE

PH: (864)472-7714

DRUG: CLONAZ

QTY: 90
REFILLS: 0
DATE: 05/26/1974

CLONAZEPAM 2 MG TABLET TEV
TAKE 1 TABLET BY MOUTH 3
TIMES A DAY

PHYSICIAN: KOOISTRA, CAROL A
541 FLOYD ROAD
SPARTANBURG, SC 29307-0000
(864)585-6129
BK0510126

CVS pharmacy #4185
11211 ASHVILLE HWY.
INMAN, SC 29349

AM 5.3.11

Date/Time: 7-6-10

Name: Stephane Green

DOB: 5-26-74 Infant/Pediatric

Phone: _____

Address: _____

Allergies: _____

R_x	<u>Vicoprofen</u>	
	<u>ITID</u>	
	<u>#90</u>	<u>Max</u>
Medication Purpose:	_____	Refills: _____
Read Back: <input type="checkbox"/> DOB <input type="checkbox"/> Drug Name <input type="checkbox"/> Strength <input type="checkbox"/> Directions		

DISPENSE AS WRITTEN/BRAND MEDICALLY NECESSARY/
DO NOT SUBSTITUTE/NO SUBSTITUTION/DAW

MAY SUBSTITUTE/PRODUCT SELECTION PERMITTED/
SUBSTITUTION PERMISSIBLE/INTERCHANGE MANDATED
UNLESS PRACTITIONER WRITES THE WORDS NO SUBSTITUTION.
Roostha

Phoned in by: April Voice Mail

Phone: _____

DEA or State license number: _____

Address: _____



11/3/11

CVS/pharmacy #4185
11211 ASHVILLE HWY.
INMAN, SC 29349



PH: C620030
PATIENT: GREENE, STEPHANIE
180 KIMBRELL LOOP
CAMPOBELLO, SC 29322-0000
PH: (864)472-7714 DOB: 05/26/1974
RX: HYDROCODONE BT-IBUPROFEN TABLET
QTY: 90 REFILLS: 0 EXPIRES: 0
NDC: 62037-0524-01
DIRECTIONS: TAKE 1 TABLET BY MOUTH 3
TIMES A DAY

DOCTOR: KOOISTRA, CAROL A
541 FLOYD ROAD
SPARTANBURG, SC 29307-0000
(864)585-6179
DEA: BK0510126
DATE: 07/06/2010 TIME: 15:46 INIT: HA/SS



CVS/pharmacy
Expect something extra[®]

Telephone Order Prescription Pad

Date/Time: 7/23/10

Name: Stephanie Greene

DOB: 5/26/74 Infant/Pediatric

Phone: _____

Address: _____

Allergies: _____

<p>Rx</p> <p>Darvocet W-100</p> <p># 30</p> <p>1 PO Q4-6 PR</p> <p>Medication Purpose: _____ Refills: <u>0</u></p> <p>Read Back: <input type="checkbox"/> DOB <input type="checkbox"/> Drug Name <input type="checkbox"/> Strength <input type="checkbox"/> Directions</p>

'DISPENSE AS WRITTEN'/BRAND MEDICALLY NECESSARY/ DO NOT SUBSTITUTE/NO SUBSTITUTION/DAW	'MAY SUBSTITUTE'/PRODUCT SELECTION PERMITTED/ SUBSTITUTION PERMISSIBLE/INTERCHANGE MANDATED UNLESS PRACTITIONER WRITES THE WORDS NO SUBSTITUTION.
	<p><u>K. Bridges</u></p>

Phoned in by: Shemy Voice Mail

Phone: 585-3456

DEA or State license number: _____

Address: _____

17221
P



C622331
GREENE, STEPHANIE
180 KIMBRELL LOOP
CAMPOBELLO, SC 29322-0000
PHONE: (864)472-7714 05/26/1974

PROPOXYPHEN-APAP 100-650 MGTEV
QTY: 30 REFILLED: 0 INVT: 0
NDC: 00093-0890-05
DIRE: TAKE 1 TABLET BY MOUTH
EVERY 4 TO 6 HOURS AS
NEEDED FOR PAIN

BRIDGES, KIM
133 N HOWARD ST
LANDRUM, SC 29356-0000
PHONE: (864)457-3838
NDC: B50561452
INVT: 07/23/2010 TIME: 11:45 INIT: SP/SS

CVS/pharmacy #4185
11211 ASHVILLE HWY.
INMAN, SC 29349

CVS 5.3.11

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 SUITE 210 • 2995 REIDVILLE ROAD • SPARTANBURG, SC 29301 • (864) 596-7424

NP 331

Max Finch, M.D. BF 6108181	Thomas L. Robinson, M.D. AR 6971445	George L. Bass, M.D. AB 8072299	Suzanne Kovacs, M.D. BK 5836222	Richmond P. Allan, M.D. BA 0881715
Vicki Arlauskas, M.D. BA 5896177	Susan Finch, M.D. BM 5672414	Jack M. Cole, M.D. BC 2201591	Paul Weaver, M.D. AW 2202492	H. James Evans, M.D. BE 2737976

NAME		DATE			
Stephanie Greene		7-27-10			
ADDRESS					
LABEL DRUG NAME, STRENGTH & QUANTITY					
1	Rx SIG	ms contin TPO q8° PRN	STRENGTH 30 mg	QUANTITY 90	REFILL Ø
2	Rx SIG		STRENGTH	QUANTITY	REFILL
3	Rx SIG		STRENGTH	QUANTITY	REFILL
MD Dispense As Written		MD Substitution Permitted			





N622899
 GREENE, STEPHANIE
 180 KIMBRELL LOOP
 CAMPOBELLO, SC 29322-0000
 (864)472-7714 05/26/1974
 MORPHINE SULF 30MG CR TAB WAT
 90 REFILLS: 0 INVT: 0
 00591-3512-01
 TAKE 1 TABLET EVERY 8
 HOURS AS NEEDED

FINCH, SUSAN
 1690 SKYLYN DRIVE
 SPARTANBURG, SC 29307-0000
 (864)342-4000
 BMS672414
 07/28/2010 TIME: 10:28 INIT: MP

Handwritten: S.3.11

Handwritten: 10-31-13
Handwritten: 8m

CVS/pharmacy #4185
 11211 ASHVILLE HWY.
 INMAN, SC 29349



CVS/pharmacy
Expect something extra[®]

Telephone Order Prescription Pad

Date/Time: 8-5-10
Name: Stephanie Green
DOB: 5-26-75 Infant/Pediatric
Phone: _____

Address: _____

Allergies: _____

<p>R Vicoprofen ITIP #9000</p>	
Medication Purpose: _____	Refills: <u>0</u>
Read Back: <input type="checkbox"/> DOB <input type="checkbox"/> Drug Name <input type="checkbox"/> Strength <input type="checkbox"/> Directions	

<small>*DISPENSE AS WRITTEN/BRAND MEDICALLY NECESSARY/ DO NOT SUBSTITUTE/NO SUBSTITUTION/DAW</small>	<small>*MAY SUBSTITUTE/PRODUCT SELECTION PERMITTED/ SUBSTITUTION PERMISSIBLE/INTERCHANGE MANDATED UNLESS PRACTITIONER WRITES THE WORDS NO SUBSTITUTION.</small> <u>KOSI STRA</u>
--	---

Phoned in by: Molly Voice Mail

Phone: _____

DEA or State license number: _____

Address: _____



C624004
 GREENE, STEPHANIE
 180 KIMBRELL LOOP
 CAMPOBELLO, SC 29322-0000
 PH: (864)472-7714 05/26/1974
 DRUG: HYDROCODONE BT-IBUPROFEN TABLET
 QTY: 90 REFILLS: 0 INVT: 0
 NDC: 62037-0524-01
 DIRE: TAKE 1 TABLET BY MOUTH 3
 TIMES A DAY

DOCTOR: KOOISTRA, CAROL A
 541 FLOYD ROAD
 SPARTANBURG, SC 29307-0000
 (864)585-6179
 DEPT: BK0510126
 DATE: 08/05/2010 TIME: 11:50 INIT: HA/HC

CVS/pharmacy #4185
 11211 ASHVILLE HWY.
 INMAN, SC 29349
 08/05/11

Date/Time: 8-5-10

Name: Stephanie Greene

DOB: 5-26-74 Infant/Pediatric

Phone: _____

Address: _____

Allergies: _____

R_x

Klonopin 2mg
1 TID
#90

Medication Purpose: _____ Refills: 0

Read Back: DOB Drug Name Strength Directions

'DISPENSE AS WRITTEN'/BRAND MEDICALLY NECESSARY/
DO NOT SUBSTITUTE/NO SUBSTITUTION/DAW

'MAY SUBSTITUTE'/PRODUCT SELECTION PERMITTED/
SUBSTITUTION PERMISSIBLE/INTERCHANGE MANDATED
UNLESS PRACTITIONER WRITES THE WORDS NO SUBSTITUTION

NO SUBSTITUTION

Phoned in by: _____ Voice Mail

Phone: _____

DEA or State license number: _____

Address: _____

CVS Staff Initials: _____



ms 11.3.11

CVS/pharmacy #4185
11211 ASHVILLE HWY.
INMAN, SC 29349



#: C624052
GREENE, STEPHANIE
180 KIMBRELL LOOP
CAMPOBELLO, SC 29322-0000
PH: (864)472-7714 05/26/1974
DEPT: CLONAZEPAM 2 MG TABLET TEV
QTY: 90 REFILLS: 0 INVT: 0
NDC: 00093-0834-01
DIN: TAKE 1 TABLET BY MOUTH 3
 TIMES A DAY

TO: KOOISTRA, CAROL A
541 FLOYD ROAD
SPARTANBURG, SC 29307-0000
(864)585-6179
DEPT: BK0510126
DATE: 08/05/2010 TIME: 15:17 THT: HA/HC

Date/Time: 8/23/10

Name: Stephanie Greene

DOB: 5/26/74 Infant/Pediatric

Phone: _____

Address: _____

Allergies: _____

R_x	Darvocet N100
	1q4-6° PRN migraine
	# 30
Medication Purpose: _____	Refills: _____
Read Back: <input type="checkbox"/> DOB <input type="checkbox"/> Drug Name <input type="checkbox"/> Strength <input type="checkbox"/> Directions	

DISPENSE AS WRITTEN/BRAND MEDICALLY NECESSARY/
DO NOT SUBSTITUTE/NO SUBSTITUTION/DAW

MAY SUBSTITUTE/PRODUCT SELECTION PERMITTED/
SUBSTITUTION PERMISSIBLE/INTERCHANGE MANDATED
UNLESS PRACTITIONER WRITES THE WORDS NO SUBSTITUTION.

K. Bridges

Phoned in by: Donna Voice Mail

Phone: 5853456

DEA or State license number: _____

Address: _____

CVS Staff Initials: [Signature]



PIEDMONT INTERNAL MEDICINE ASSOCIATES

516-26-74

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 SUITE 210 • 2995 REIDVILLE ROAD • SPARTANBURG, SC 29301 • (864) 596-7424

Max Finch, M.D. BF 6108181
 Thomas L. Robinson, M.D. AR 6971445
 George L. Bass, M.D. AB 8072299
 Suzanne Kovacs, M.D. BK 5836222
 Richmond P. Allan, M.D. BA 0881715
 Vicki Arlauskas, M.D. BA 5896177
 Susan Finch, M.D. BM 5672414
 Jack M. Cole, M.D. BC 2201591
 Paul Weaver, M.D. AW 2202492
 H. James Evans, M.D. BE 2737976

NAME		Stephanie Greene		DATE	8-26-10
ADDRESS					
LABEL DRUG NAME STRENGTH & QUANTITY					
1	Rx SIG	MS Contin = po q8 hr	STRENGTH 30mg	QUANTITY 90	REFILL 0
2	Rx SIG		STRENGTH	QUANTITY	REFILL
3	Rx SIG		STRENGTH	QUANTITY	REFILL
MD _____ Dispense As Written			MD <u>SR</u> Substitution Permitted		



10/31/13
Milk



N0628875
GREENE, STEPHANIE
180 KIMBRELL LOOP
CAMPOBELLO, SC 293220000
PHONE: (864) 472-7714 05/26/1974

NAME: MORPHINE SULF 30MG CR TAB
FIRM: WATSON LABS
LOT: 90.0 REFILLS: 0 EXPI: 0
NDC: 00591-3512-01
DIRE: TAKE 1 TABLET BY MOUTH
EVERY 8 HOURS AS NEEDED

NAME: KOVACS, SUZANNE DENISE
2995 REIDVILLE RD STE 210
SPARTANBURG, SC 293015631
PHONE: (864) 342-4000
FIRM: BK5836222
DATE: 09/09/2010 TIME: 09:14 TIME: HA/HB

5.13.11

CVS/pharmacy #4185
11211 ASHVILLE HWY.
INMAN, SC 29349



CAROLINA OB/GYN

LARRY B. WHITE, M.D.
DEA NO. AW 6955922

JOHN T. NICHOLS, JR. M.D.
DEA NO. AN 8684018

CAROLA. KETCHEN, M.D.
DEA NO. BB 1044849

AARON M. TOLER, M.D.
DEA NO. BT 5916448

KIMBERLY F. TOLER, M.D.
DEA NO. BT 5916474

GORDON B. SHERARD, III, M.D.
DEA NO. BS 7712462

KELLY A. BRIDGES, M.D.
DEA NO. BC 775248

APRIL J. JOHNSON, M.D.
DEA NO. BJ 7553678

E. LEVON-EASTIN, M.D.
DEA NO. BE 4193051

MARY BLACK HEALTH SYSTEM
GREENE STEPHANIE I 351/ A
05/26/1974 36 F OBI MR#:248614143
NICHOLS JOHN T DOS:09/27/10
PAT#: 3060620



AGE _____
DATE 9/29/10

Rx

Motrin 600mg Percocet Sns

40

30

Slk T 100 q 6 am / Slk 1-2 po q 6^o
pain pain

REFILL _____ TIMES
LABEL WITH DRUG NAME

M.D.

M.D.

Dispense as Written

Substitution Permitted



1686 SKYLYN DRIVE, SUITE 101
SPARTANBURG, SC 29307
PHONE ALL HOURS: (864) 585-3456

2995 REIDVILLE ROAD, SUITE 290
SPARTANBURG, SC 29301
TELEPHONE: (864) 574-4483



GM
5.3.11
W



N0632079
GREENE, STEPHANIE
180 KIMBRELL LOOP
CAMPOBELLO, SC 293220000
(864) 472-7714 05/26/1974
OXYCODONE-APAP 5-325 MG TAB
MALLINCKRODT PH
30.0 REFILLS: 0 EXPIRES: 0
00406-0512-01
TAKE 1-2 TABLETS BY MOUTH
EVERY 6 HOURS AS NEEDED
FOR PAIN

CVS/pharmacy #4185
11211 ASHVILLE HWY.
INMAN, SC 29349

JOHNSON, APRIL
1686 SKYLYN
SPARTANBURG, SC 293070000
(864) 585-3456
BJ7553678
09/29/2010 TIME: 20:51 INIT: KC



0632078
GREENE, STEPHANIE
180 KIMBRELL LOOP
CAMPOBELLO, SC 293220000
(864) 472-7714 05/26/1974
IBUPROFEN 600 MG TABLET
DR. REDDY'S LAB
40.0 REFILLS: 0 EXPIRES: 0
55111-0683-05
TAKE 1 TABLET BY MOUTH
EVERY 6 HOURS AS NEEDED
FOR PAIN

JOHNSON, APRIL J
1686 SKYLYN
SPARTANBURG, SC 293070000
(864) 585-3456
BJ7553678
09/29/2010 TIME: 20:50 INIT: KC

PIEDMONT INTERNAL MEDICINE ASSOCIATES

SUITE 300 • 1690 SKYLYN DRIVE • SPARTANBURG, SC 29307 • (864) 342-4000
 SUITE 210 • 2995 REIDVILLE ROAD • SPARTANBURG, SC 29301 • (864) 596-7424

5/26/14

Max Finch, M.D. BF 6108181
 Vicki Arlauskas, M.D. BA 5896177
 Thomas L. Robinson, M.D. AR 6971445
 Susan Finch, M.D. BM 5672414
 George L. Bass, M.D. AB 8072299
 Jack M. Cole, M.D. BC 2201591
 Suzanne Kovacs, M.D. BK 5836222
 Paul Weaver, M.D. AW 2202492
 Richmond P. Allan, M.D. BA 0881715
 H. James Evans, M.D. BE 2737976

NAME		Stephanie Greene		DATE	10/15/10
ADDRESS		180 Kimbrell loop Campobello		NICDA 472-7714	
LABEL DRUG NAME, STRENGTH & QUANTITY					
1	Rx SIG	ms Contin +po q 8 hr		STRENGTH 30 mg	QUANTITY 90
					REFILL Ø
2	Rx SIG			STRENGTH	QUANTITY
					REFILL
3	Rx SIG			STRENGTH	QUANTITY
					REFILL
MD			MD		
Dispense As Written			Substitution Permitted		



11602 0137391 10/20/2010 BR5310696
 GREENE, STEPHANIE DOB: 05/26/1974
 86 KIMBRELL LOOP DAW 0 NDC: 00406-8330-01
 CAMPBELL, SC 29322 MORPHINE SULF ER 30 MG TABLET
 RPH W.A.S. MALLINCKRODT PH MALLINCK QTY: 90
 KOVACS, SUZANNE NFW
 200 SKYLYN DR. SPARTANBURG, SC 29307
 DEA: BK5836222

* Nikko Ware
 Mune
 to
 Coy T
 3-28-2014

* Store 11602, Rite Aid
 11156 Asheville Hwy
 Inman SC 29349
 864-472-3540

PIEDMONT INTERNAL MEDICINE ASSOCIATES

SUITE 300 • 1690 SKYLYN DRIVE • SPARTANBURG, SC 29307 • (864) 342-4000
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 Vicki Artauskas, M.D. BA 5896177 Susan Finch, M.D. BM 5672414 Jack M. Cole, M.D. BC 2201591 Paul Weaver, M.D. AW 2202492 H. James Evans, M.D. BE 2737976

NAME		STEPHANIE GREENE			DATE	6/29/12	
ADDRESS							
LABEL DRUG NAME, STRENGTH & QUANTITY							
1	Rx	Clonopin 2 mg BID			STRENGTH	QUANTITY	REFILL
	SIG				2 mg	60	5
2	Rx				STRENGTH	QUANTITY	REFILL
	SIG						
3	Rx	Vibron			STRENGTH	QUANTITY	REFILL
	SIG						
MD _____				MD _____			
Dispense As Written				Substitution Permitted			



11-16-02 pm



P: C0636841
 GREENE, STEPHANIE
 180 KIMBRELL LOOP
 CAMPOBELLO, SC 293220000
 PH: (864) 472-7714 05/26/1974
 DRUG: CLONAZEPAM 2 MG TABLET
 MANUFACTURER: TEVA USA
 PRICE: 60.00 REFILLS: 5 DUAL: 0
 NDC: 00093-0834-01
 INSTRUCTIONS: TAKE 1 TABLET BY MOUTH
 TWICE A DAY

PHARMACY: KOVACS, SUZANNE
 E 210 ~~2195 1st~~ IDVILLE RD, STE 210,
 SPARTANBURG, SC 293015631
 (864) 342-4000
 PHONE: BK5836222
 DATE: 10/29/2010 TIME: 20:34 FILE: KC

WVW

CVS/pharmacy #4185
 11211 ASHVILLE HWY.
 INMAN, SC 29349

CDN 5.3.11

CAROLINA NEUROLOGY
 CAROL A. KOOISTRA, M.D.
 DEA # BK 0510126 LIC. # 13349
 CAROL S. NICHOLS, M.D.
 DEA # AN 8906678 LIC. # 06748 NPI # 1609832237
 ROWENA EMILIA DESAILLY-CHANSON, M.D.
 DEA # BD7350539 LIC. # 29248
 541 FLOYD ROAD
 SPARTANBURG, SC 29307-1520
 (864) 585-6179 TEL., (864) 583-5403 FAX

NAME STEPHANIE GREENE AGE _____
 ADDRESS W-26-74 DATE 11/4/10

TAMPER-RESISTANT FEATURES INCLUDE: SAFETY-BLUE
 ERASE-RESISTANT BACKGROUND, "ILLEGAL" PANTOGRAPH,
 QUANTITY CHECK-OFF BOXES AND REFILL INDICATOR

R

- 1) BACLOFEN 10, 1/2 TID
- 2) VICOPROFEN #90 5RF
 1 TID #90 ~~RF~~
- 3) NEUROTTIN 800,
 1 TID #90 ~~5RF~~ Units
- 4) Klonopin 2, 1 TID #90 ~~RF~~ Label

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Refill NR 1 2 3 4 5

Cupant

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED



OFNE1304585





0637792
 GREENE, STEPHANIE
 180 KIMBRELL LOOP
 CAMPOBELLO, SC 293220000
 /DOB: (864) 472-7714 05/26/1974
 UG: BACLOFEN 10 MG TABLET
 R: QUALITEST
 Y: 90.0 REFILLS: 5 DAW: 0
 C: 00603-2406-28
 G: TAKE 1/2 TO 1 TABLET BY
 MOUTH 3 TIMES A DAY



0637795
 GREENE, STEPHANIE
 180 KIMBRELL L
 CAMPOBELLO, SC
 /DOB: (864) 472-7714
 UG: HYDROCODON-ACETAMINOPHEN
 R: MALLINCKRODT P
 Y: 90.0 REFILLS: 0
 C: 00406-0357-05
 G: TAKE 1 TABLET
 TIMES A DAY



0637796
 GREENE
 180 KI
 CAMPOB
 /DOB: (864)
 UG: GABAPENTIN
 R: TEVA L
 Y: 90.0
 C: 00093-
 G: TAKE 1
 TIMES



0637798
 GREENE, STEPHANIE
 180 KIMBRELL LOOP
 CAMPOBELLO, SC 293220000
 /DOB: (864) 472-7714 05/26/1974
 UG: CLONAZEPAM 2 MG TABLET
 R: TEVA USA
 Y: 90.0 REFILLS: 0 DAW: 0
 C: 00093-0834-01

CTOR: KOOISTRA, CAROL
 541 FLOYD RD
 SPARTANBURG, SC 293071520
 (864) 585-6179
 A: BK0510126
 TE: 11/04/2010 TIME: 16:07 INIT: HK

CTOR: KOOISTRA, CAROL
 541 FLOYD RD
 SPARTANBURG, SC
 (864) 585-6179A
 A: BK0510126
 TE: 11/04/2010 TIME: 16:07

CTOR: KOOISTF
 541 FLOYD RD
 SPARTANBURG, SC 293071520
 (864) 585-6179
 A: BK0510126
 TE: 11/04/2010 TIME: 16:21 INIT: HK

CVS/pharmacy #4185
 11211 ASHVILLE HWY.
 INMAN, SC 29349

AMS3.11

WV

PIEDMONT INTERNAL MEDICINE ASSOCIATES

5-26-74

SUITE 300 • 1690 SKYLYN DRIVE • SPARTANBURG, SC 29307 • (864) 342-4000
 SUITE 210 • 2995 REIDVILLE ROAD • SPARTANBURG, SC 29301 • (864) 596-7424

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NAME		Stephanie Greene		DATE	11-11-10
ADDRESS		Vt		due 11-14-10	
LABEL DRUG NAME, STRENGTH & QUANTITY					
1	Rx SIG	ms (bathin - po q 8 ^o prn	STRENGTH 30 mg	QUANTITY 90	REFILL 0
2	Rx SIG				
3	Rx SIG				
MD _____			MD _____		
Dispense As Written			Substitution Permitted		



61-15,01
8m)



Will

RX: N0639834
 GREENE, STEPHANIE
 180 KIMBRELL LOOP
 CAMPOBELLO, SC 293220000
 PH/DOB: (864) 472-7714 05/26/1974
 DRUG: MORPHINE SULF 30MG CR TAB
 MFR: WATSON LABS
 QTY: 90.0 REFILLS: 0 DAW: 0
 NDC: 00591-3512-01
 SIG: TAKE 1 TABLET BY MOUTH
 EVERY 8 HOURS AS NEEDED

CVS/pharmacy #4185
 11211 ASHVILLE HWY.
 INMAN, SC 29349

5.3.11

DOCTOR: KOVACS, SUZANNE
 2995 REIDVILLE RD STE 210,
 SPARTANBURG, SC 293015631
 (864) 342-4000
 DEA: BK5836222
 DATE: 11/18/2010 TIME: 10:14 INIT: KC/HB