

# Exhibit 41

lightheadedness, or fainting. Alcohol, hot weather, exercise, and fever can increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Also, sit or lie down at the first sign of dizziness, lightheadedness, or weakness. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. DO NOT DRIVE OR PERFORM OTHER POSSIBLY UNSAFE TASKS until you know how you react to it. DEHYDRATION, EXCESSIVE SWEATING, VOMITING, OR DIARRHEA may increase the risk of low blood pressure. Contact your health care provider at once if any of these occur. THIS MEDICINE MAY CAUSE A SERIOUS SIDE EFFECT CALLED ANGIOEDEMA. The risk may be higher in black patients. Contact your doctor at once if you develop swelling of the hands, face, lips, eyes, throat, or tongue;

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

RX # 1809298-04391 DATE: 05/04/15

**BENAZEPRIL 40MG TABLETS**

QTY: 90 2 REFILLS BEFORE 02/06/16  
Refill NDC: 00093-5127-01  
Retail Price: \$57.99 Your Insurance Saved You: \$57.99

\$ 0.00

A. RASHID, MD PLAN: FLBC  
MFG: TEVA GROUP# FLBCS  
YYY/ / / CLAIM REF# 151241135639022999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

RX # 1809298-04391 DATE: 05/04/15

**BENAZEPRIL 40MG TABLETS**

QTY: 90 2 REFILLS BEFORE 02/06/16  
Refill NDC: 00093-5127-01  
Retail Price: \$57.99 Your Insurance Saved You: \$57.99

\$ 0.00

A. RASHID, MD PLAN: FLBC  
MFG: TEVA GROUP# FLBCS  
YYY/ / / CLAIM REF# 151241135639022999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

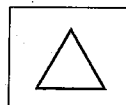
Duplicate Receipt

Pharmacy use only

WED 1:00AM  
Refill

BENAZEPRIL 40MG TABLETS  
00093-5127-01  
FAST RACK

QTY 90  
10 DRAM



PINK  
FRONT: 93  
BACK: 5127

YYY/ / /

personnel and your doctors know you use this medicine. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are taking this medicine. This medicine may cause dizziness, blurred vision, or lightheadedness. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, along with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. CHECK WITH YOUR DOCTOR BEFORE YOU DRINK ALCOHOL while you are using this medicine. Drinking alcohol may increase the risk of low blood pressure with this medicine. This medicine may cause dizziness, lightheadedness, or fainting. SIT DOWN WHILE TAKING THIS

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

RX # 1850891-04391 DATE: 09/16/15

**NITROSTAT 0.4MG(1/150GR)SUBLT 25'S**

QTY: 25 3 REFILLS BEFORE 09/15/16  
New-E NDC: 00071-0418-13  
Retail Price: \$19.49 Your Insurance Saved You: \$19.49

\$ 0.00

A. MAHARAJ, MD PLAN: FLBC  
MFG: PARKE-DAVIS GROUP# FLBCS  
AAC/MIC/MIC/ CLAIM REF# 152595897121016999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

RX # 1850891-04391 DATE: 09/16/15

**NITROSTAT 0.4MG(1/150GR)SUBLT 25'S**

QTY: 25 3 REFILLS BEFORE 09/15/16  
New-E NDC: 00071-0418-13  
Retail Price: \$19.49 Your Insurance Saved You: \$19.49

\$ 0.00

A. MAHARAJ, MD PLAN: FLBC  
MFG: PARKE-DAVIS GROUP# FLBCS  
AAC/MIC/MIC/ CLAIM REF# 152595897121016999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

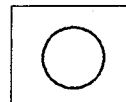
Duplicate Receipt

Pharmacy use only

WED 6:37PM  
New-E

NITROSTAT 0.4MG(1/150GR)SUBLT 25'S  
00071-0418-13  
FAST RACK

QTY 25



WHITE  
FRONT: n  
BACK: 4

AAC/MIC/MIC/

medicine may cause dizziness, lightheadedness, or fainting. alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects. PATIENTS WHO TAKE MEDICINE FOR HIGH BLOOD PRESSURE often feel tired or run down for a few weeks after starting treatment. Be sure to take your medicine even if you may not feel "normal". Tell your doctor if you develop any new symptoms. IF YOU ARE TAKING THIS MEDICINE FOR ANGINA, it will not relieve the pain of an

to learn how to monitor your own blood pressure. Discuss this with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out. CHECK WITH YOUR PHARMACIST about how to dispose of unused medicine.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

WIC# 216382

lightheadedness, or fainting. Alcohol, hot weather, exercise, and fever can increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Also, sit or lie down at the first sign of dizziness, lightheadedness, or weakness. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. DO NOT DRIVE OR PERFORM OTHER POSSIBLY UNSAFE TASKS until you know how you react to it. DEHYDRATION, EXCESSIVE SWEATING, VOMITING, OR DIARRHEA may increase the risk of low blood pressure. Contact your health care provider at once if any of these occur. THIS MEDICINE MAY CAUSE A SERIOUS SIDE EFFECT CALLED ANGIOEDEMA. The risk may be higher in black patients. Contact your doctor at once if you develop swelling of the hands, face, lips, eyes, throat, or tongue;

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

JOHN CULVERHOUSE SR  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(861)716-4726

RX # 1809298-04391 DATE: 05/04/15

**BENAZEPRIL 40MG TABLETS**

QTY: 90 2 REFILLS BEFORE 02/06/16  
Refill NDC:00093-5127-01  
Retail Price: \$57.99 Your Insurance Saved You: \$57.99

\$ 0.00

A. RASHID, MD PLAN: FLBC  
MFG:TEVA GROUP# FLBCS  
YYY/ / / CLAIM REF# 151241135639022999

**Walgreens**

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer  
Receipt

JOHN CULVERHOUSE SR  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(861)716-4726

RX # 1809298-04391 DATE: 05/04/15

**BENAZEPRIL 40MG TABLETS**

QTY: 90 2 REFILLS BEFORE 02/06/16  
Refill NDC:00093-5127-01  
Retail Price: \$57.99 Your Insurance Saved You: \$57.99

\$ 0.00

A. RASHID, MD PLAN: FLBC  
MFG:TEVA GROUP# FLBCS  
YYY/ / / CLAIM REF# 151241135639022999

**Walgreens**

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

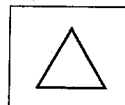
Duplicate  
Receipt

Pharmacy use only

WED 1:00AM  
Refill

BENAZEPRIL 40MG TABLETS  
00093-5127-01  
FAST RACK

QTY 90  
10 DRAM



PINK  
FRONT: 93  
BACK: 5127

YYY/ / /

personnel and your doctors know you use this medicine. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are taking this medicine. This medicine may cause dizziness, blurred vision, or lightheadedness. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, along with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. CHECK WITH YOUR DOCTOR BEFORE YOU DRINK ALCOHOL while you are using this medicine. Drinking alcohol may increase the risk of low blood pressure with this medicine. This medicine may cause dizziness, lightheadedness, or fainting. SIT DOWN WHILE TAKING THIS

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

JOHN CULVERHOUSE SR  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(861)716-4726

RX # 1850891-04391 DATE: 09/16/15

**NITROSTAT 0.4MG(1/150GR)SUBLT 25'S**

QTY: 25 3 REFILLS BEFORE 09/15/16  
New-E NDC:00071-0418-13  
Retail Price: \$19.49 Your Insurance Saved You: \$19.49

\$ 0.00

A. MAHARAJ, MD PLAN: FLBC  
MFG:PARKE-DAVIS GROUP# FLBCS  
AAC/MIC/MIC/ CLAIM REF# 152595897121016999

**Walgreens**

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer  
Receipt

JOHN CULVERHOUSE SR  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(861)716-4726

RX # 1850891-04391 DATE: 09/16/15

**NITROSTAT 0.4MG(1/150GR)SUBLT 25'S**

QTY: 25 3 REFILLS BEFORE 09/15/16  
New-E NDC:00071-0418-13  
Retail Price: \$19.49 Your Insurance Saved You: \$19.49

\$ 0.00

A. MAHARAJ, MD PLAN: FLBC  
MFG:PARKE-DAVIS GROUP# FLBCS  
AAC/MIC/MIC/ CLAIM REF# 152595897121016999

**Walgreens**

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate  
Receipt

Pharmacy use only

WED 6:37PM  
New-E

NITROSTAT 0.4MG(1/150GR)SUBLT 25'S  
00071-0418-13  
FAST RACK

QTY 25



WHITE  
FRONT: n  
BACK: 4

AAC/MIC/MIC/

medicine may cause dizziness, lightheadedness, or fainting, alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects. PATIENTS WHO TAKE MEDICINE FOR HIGH BLOOD PRESSURE often feel tired or run down for a few weeks after starting treatment. Be sure to take your medicine even if you may not feel "normal". Tell your doctor if you develop any new symptoms. IF YOU ARE TAKING THIS MEDICINE FOR ANGINA, it will not relieve the pain of an

to learn how to monitor your own blood pressure. Discuss and with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out. CHECK WITH YOUR PHARMACIST about how to dispose of unused medicine.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

JOHN CULVERHOUSE SR  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(861)716-4726

RX # 1834554-04391 DATE: 09/16/15

**AMLODIPINE BESYLATE 10MG TABLETS**

QTY: 90 2 REFILLS BEFORE 02/06/16  
Refill NDC: 68180-0752-03  
Retail Price: \$155.89 Your Insurance Saved You: \$155.89

\$ 0.00

A. RASHID, MD PLAN: FLBC  
MFG:LUPIN GROUP# FLBCS  
YYY/ / /MIC CLAIM REF# 152591135949021999

**Walgreens**

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer  
Receipt

JOHN CULVERHOUSE SR  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(861)716-4726

RX # 1834554-04391 DATE: 09/16/15

**AMLODIPINE BESYLATE 10MG TABLETS**

QTY: 90 2 REFILLS BEFORE 02/06/16  
Refill NDC: 68180-0752-03  
Retail Price: \$155.89 Your Insurance Saved You: \$155.89

\$ 0.00

A. RASHID, MD PLAN: FLBC  
MFG:LUPIN GROUP# FLBCS  
YYY/ / /MIC CLAIM REF# 152591135949021999

**Walgreens**

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

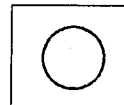
Duplicate  
Receipt

Pharmacy use only

FRI 1:00AM  
Refill

AMLODIPINE BESYLATE 10MG TABLETS  
68180-0752-03  
CELL 162

QTY 90  
20 DRAM



WHITE  
FRONT: LU  
BACK: H13

severe allergic reaction (eg, severe rash, hives, trouble breathing, growths in the nose, dizziness) to aspirin or an NSAID (eg, ibuprofen, celecoxib). DO NOT TAKE MORE THAN THE RECOMMENDED DOSE or use for longer than prescribed without checking with your doctor. Laboratory and/or medical tests, including kidney function, liver function, complete blood cell counts, and blood pressure, may be performed to monitor your progress or to check for side effects. KEEP ALL DOCTOR AND LABORATORY APPOINTMENTS while you are taking this medicine. THIS MEDICINE MAY INTERFERE with certain lab tests. Be sure your doctor and lab personnel know that you take this medicine. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are taking this

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(861)716-4726

**RX # 1850886-04391**

DATE: 09/16/15

**INDOMETHACIN 25MG CAPSULES**  
QTY: 15/270 3+ REFILLS BEFORE 09/15/16  
New-E NDC:00093-4029-01  
Retail Price: \$ 5.74 Your Insurance Saved You: \$ 2.47

\$ 3.27

A. RASHID, MD PLAN: FLBC  
MFG: TEVA GROUP# FLBCS  
MIC/MIC/MIC/MIC CLAIM REF# 152595883927007997

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(861)716-4726

**RX # 1850886-04391**

DATE: 09/16/15

**INDOMETHACIN 25MG CAPSULES**  
QTY: 15/270 3+ REFILLS BEFORE 09/15/16  
New-E NDC:00093-4029-01  
Retail Price: \$ 5.74 Your Insurance Saved You: \$ 2.47

\$ 3.27

A. RASHID, MD PLAN: FLBC  
MFG: TEVA GROUP# FLBCS  
MIC/MIC/MIC/MIC CLAIM REF# 152595883927007997

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

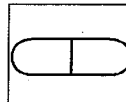
Duplicate Receipt

Pharmacy use only

WED 6:40PM  
New-E

INDOMETHACIN 25MG CAPSULES  
00093-4029-01  
ALPHA

QTY 15/270  
10 DRAM



GREEN  
FRONT: 4029

MIC/MIC/MIC/MIC

Med Guide

severe allergic reaction (eg, severe rash, hives, trouble breathing, growths in the nose, dizziness) to aspirin or an NSAID (eg, ibuprofen, celecoxib). DO NOT TAKE MORE THAN THE RECOMMENDED DOSE or use for longer than prescribed without checking with your doctor. Laboratory and/or medical tests, including kidney function, liver function, complete blood cell counts, and blood pressure, may be performed to monitor your progress or to check for side effects. KEEP ALL DOCTOR AND LABORATORY APPOINTMENTS while you are taking this medicine. THIS MEDICINE MAY INTERFERE with certain lab tests. Be sure your doctor and lab personnel know that you take this medicine. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are taking this

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(861)716-4726

**RX # 1850886-04391**

DATE: 09/16/15

**INDOMETHACIN 25MG CAPSULES**  
QTY: 255/270 3 REFILLS BEFORE 09/15/16  
New-E NDC:00093-4029-01  
Retail Price: \$97.55 Your Insurance Saved You: \$70.82

\$ 26.73

A. RASHID, MD PLAN: FLBC  
MFG: TEVA GROUP# FLBCS  
MIC/MIC/MIC/MIC CLAIM REF# 152595883927007996

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(861)716-4726

**RX # 1850886-04391**

DATE: 09/16/15

**INDOMETHACIN 25MG CAPSULES**  
QTY: 255/270 3 REFILLS BEFORE 09/15/16  
New-E NDC:00093-4029-01  
Retail Price: \$97.55 Your Insurance Saved You: \$70.82

\$ 26.73

A. RASHID, MD PLAN: FLBC  
MFG: TEVA GROUP# FLBCS  
MIC/MIC/MIC/MIC CLAIM REF# 152595883927007996

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

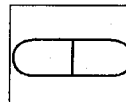
Duplicate Receipt

Pharmacy use only

WED 6:40PM  
New-E

INDOMETHACIN 25MG CAPSULES  
00093-4029-01  
ALPHA

QTY 255/270  
60 DRAM



GREEN  
FRONT: 4029

MIC/MIC/MIC/MIC

Med Guide

stop using this medicine without checking with your doctor. KEEP ALL DOCTOR APPOINTMENTS while you are using this medicine. IF YOU HAVE DIABETES or problems with numbness in your fingers or toes, talk with your doctor before you trim your nails. DO NOT USE NAIL POLISH or other nail products unless your doctor instructs you otherwise. This medicine is for external use on nails and surrounding skin only. DO NOT GET THIS MEDICINE IN YOUR EYES, nose,

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(861)716-4726

**RX # 1851047-04391**

DATE: 09/17/15

**CICLOPIROX 8% NAIL LACQUER TOP SOLN**  
QTY: 6.6 2 REFILLS BEFORE 09/02/16  
Copy NDC: 45802-0141-67

\$ 79.99

P. OTTUSO, MD  
MFG: PERRIGO  
CNW/CNW/CNW/

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(861)716-4726

**RX # 1851047-04391**

DATE: 09/17/15

**CICLOPIROX 8% NAIL LACQUER TOP SOLN**  
QTY: 6.6 2 REFILLS BEFORE 09/02/16  
Copy NDC: 45802-0141-67

\$ 79.99

P. OTTUSO, MD  
MFG: PERRIGO  
CNW/CNW/CNW/

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

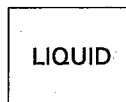
Duplicate Receipt

Pharmacy use only

WAITING  
THU 1:09PM  
Conc

CICLOPIROX 8% NAIL LACQUER TOP SOLN  
45802-0141-67  
ALPHA

QTY 6.6



COLORLESS

LIQUID

When taking care of your vision to clear before driving or performing any task that requires good vision. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: DO NOT USE THIS MEDICINE if you are pregnant. IF YOU SUSPECT THAT YOU COULD BE PREGNANT, contact your doctor immediately. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

**RX # 1850887-04391**

DATE: 09/17/15

**LUMIGAN 0.01% OPTH SOLN 2.5ML**

QTY: 7.5 3 REFILLS BEFORE 06/11/16

Copy NDC:00023-3205-03

Retail Price: \$542.89 Your Insurance Saved You: \$437.89

\$ 105.00

A. MAHARAJ, MD  
MFG:ALLERGAN  
RTS/MIC/MIC/MIC

PLAN: FLBC  
GROUP# FLBCS  
CLAIM REF# 152601983610011999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

**RX # 1850887-04391**

DATE: 09/17/15

**LUMIGAN 0.01% OPTH SOLN 2.5ML**

QTY: 7.5 3 REFILLS BEFORE 06/11/16

Copy NDC:00023-3205-03

Retail Price: \$542.89 Your Insurance Saved You: \$437.89

\$ 105.00

A. MAHARAJ, MD  
MFG:ALLERGAN  
RTS/MIC/MIC/MIC

PLAN: FLBC  
GROUP# FLBCS  
CLAIM REF# 152601983610011999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

**WAITING**

THU 11:00AM

Copy

LUMIGAN 0.01% OPTH SOLN 2.5ML

00023-3205-03

ALPHA

QTY 7.5

LIQUID

RTS/MIC/MIC/MIC

LABORATORY APPOINTMENTS while you are using this medicine. Laboratory and/or medical tests such as kidney function, liver function, fasting blood glucose, hemoglobin A1C, or blood counts, should be done to monitor your progress or to check for side effects. IF YOUR BLOOD SUGARS HAVE BEEN UNDER CONTROL AND ARE SUDDENLY DIFFICULT TO MANAGE, contact your doctor as soon as possible. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, LABORATORY TESTS, OR SURGERY, tell the doctor or dentist that you are using this medicine. During times of stress such as fever, infection, injury, or surgery, it may be more difficult to control your blood sugar. Consult your doctor, as a change in your medicine may be required. DO NOT drink large amounts of alcohol while you are taking this medicine. TALK TO YOUR DOCTOR BEFORE YOU DRINK ALCOHOL while you use this medicine. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. CAUTION IS ADVISED WHEN USING THIS MEDICINE IN THE ELDERLY because they may be more sensitive to the effects of the medicine. Low blood sugar levels may be more difficult to recognize in the elderly. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

**RX # 1850890-04391**

DATE: 09/23/15

**METFORMIN 500MG TABLETS**

QTY: 90 3 REFILLS BEFORE 09/15/16

New-E NDC: 53746-0218-05

\$

A. RASHID, MD  
MFG:AMNEAL  
AAC/CAS/CAS/CAS

PLAN: FLBC  
GROUP# FLBCS  
UNNN

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

**RX # 1850890-04391**

DATE: 09/23/15

**METFORMIN 500MG TABLETS**

QTY: 90 3 REFILLS BEFORE 09/15/16

New-E NDC: 53746-0218-05

\$

A. RASHID, MD  
MFG:AMNEAL  
AAC/CAS/CAS/CAS

PLAN: FLBC  
GROUP# FLBCS  
UNNN

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

WED 11:00AM

New-E

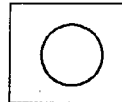
METFORMIN 500MG TABLETS

53746-0218-05

CELL 60

QTY 90

20 DRAM



WHITE  
FRONT: IP 218  
BACK: 500

AAC/CAS/CAS/CAS

MONITOR YOUR PROGRESS or DO CHECK FOR SIDE EFFECTS. BEFORE YOU BEGIN TAKING THIS MEDICINE, check with your doctor or pharmacist. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, emergency care, or surgery, tell the doctor or dentist that you are using this medicine. YOUR DOCTOR MAY HAVE ALSO PRESCRIBED a potassium supplement for you. If so, follow the dosing carefully. Do not start taking additional potassium on your own or change your diet to include more potassium without first checking with your doctor. THIS MEDICINE MAY CAUSE DIZZINESS or blurred vision. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS MEDICINE MAY CAUSE

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

**RX # 1850894-04391**

DATE: 09/23/15

**FUROSEMIDE 20MG TABLETS**

QTY: 90 3 REFILLS BEFORE 09/15/16

New-E NDC: 00603-3739-32

\$

A. RASHID, MD  
MFG:QUALITEST  
AAC/CAS/CAS/CAS

PLAN: FLBC  
GROUP# FLBCS  
UNNN

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

**RX # 1850894-04391**

DATE: 09/23/15

**FUROSEMIDE 20MG TABLETS**

QTY: 90 3 REFILLS BEFORE 09/15/16

New-E NDC: 00603-3739-32

\$

A. RASHID, MD  
MFG:QUALITEST  
AAC/CAS/CAS/CAS

PLAN: FLBC  
GROUP# FLBCS  
UNNN

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

WED 11:00AM

New-E

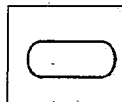
FUROSEMIDE 20MG TABLETS

00603-3739-32

CELL 84

QTY 90

20 DRAM



WHITE  
FRONT: 3169  
BACK: V

checking with your doctor. Exceeding the recommended dose or taking this medicine for longer than prescribed may cause serious side effects. If using this medicine for an extended period of time, DO NOT SUDDENLY STOP taking this medicine without your doctor's approval. When used for an extended period of time, this medicine may not work as well and may require different dosing. Talk with your doctor if

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

**RX # 1854749-04391**

DATE: 10/07/15

**PHENTERMINE 37.5MG TABLETS**

QTY: 60 NO REFILLS - DR. AUTH REQUIRED  
New NDC: 10702-0025-01

\$ 69.99

A. GRAFF, MD  
MFG:KVK TECH  
MIC/MIC/MIC/MIC

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

**RX # 1854749-04391**

DATE: 10/07/15

**PHENTERMINE 37.5MG TABLETS**

QTY: 60 NO REFILLS - DR. AUTH REQUIRED  
New NDC: 10702-0025-01

\$ 69.99

A. GRAFF, MD  
MFG:KVK TECH  
MIC/MIC/MIC/MIC

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

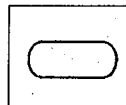
Pharmacy use only

NG

11:51AM

PHENTERMINE 37.5MG TABLETS  
10702-0025-01  
ALPHA

QTY 60  
10 DRAM



WHITE  
FRONT: K 25

MIC/MIC/MIC/MIC

any questions or concerns with your doctor. Use this medicine with caution in the ELDERLY; they may be more sensitive to its effects, especially thinning skin. CORTICOSTEROIDS MAY AFFECT GROWTH RATE in CHILDREN and teenagers in some cases. They may need regular growth checks while using a corticosteroid. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU BECOME PREGNANT, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. IT IS NOT KNOWN IF THIS MEDICINE IS FOUND IN BREAST MILK. If you are or will be breast-feeding while you use this medicine, check with your doctor. Discuss any possible risks to your baby.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

**RX # 1854751-04391**

DATE: 10/07/15

**CLOTRIMAZOLE-BETAMETHASONE CRM 45GM**

QTY: 45 2 REFILLS BEFORE 10/04/16  
New NDC: 00472-0379-45

Retail Price: \$69.99 Your Insurance Saved You: \$59.99

\$ 10.00

A. GRAFF, MD  
MFG:ACTAVIS  
MIC/MIC/MIC/MIC

PLAN: FLBC  
GROUP# FLBCS  
CLAIM REF# 152803842415018999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

**RX # 1854751-04391**

DATE: 10/07/15

**CLOTRIMAZOLE-BETAMETHASONE CRM 45GM**

QTY: 45 2 REFILLS BEFORE 10/04/16  
New NDC: 00472-0379-45

Retail Price: \$69.99 Your Insurance Saved You: \$59.99

\$ 10.00

A. GRAFF, MD  
MFG:ACTAVIS  
MIC/MIC/MIC/MIC

PLAN: FLBC  
GROUP# FLBCS  
CLAIM REF# 152803842415018999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

WAITING

WED 11:51AM

New

CLOTRIMAZOLE-BETAMETHASONE CRM 45GM  
00472-0379-45  
UNIT OF USE

QTY 45

MIC/MIC/MIC/MIC

lightheadedness, or fainting. Alcohol, hot weather, exercise, and fever can increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Also, sit or lie down at the first sign of dizziness, lightheadedness, or weakness. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. DO NOT DRIVE OR PERFORM OTHER POSSIBLY UNSAFE TASKS until you know how you react to it. DEHYDRATION, EXCESSIVE SWEATING, VOMITING, OR DIARRHEA may increase the risk of low blood pressure. Contact your health care provider at once if any of these occur. THIS MEDICINE MAY CAUSE A SERIOUS SIDE EFFECT CALLED ANGIOEDEMA. The risk may be higher in black patients. Contact your doctor at once if you develop swelling of the hands, face, lips, eyes, throat, or tongue;

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

**RX # 1809298-04391**

DATE: 11/12/15

**BENAZEPRIL 40MG TABLETS**

QTY: 90 NO REFILLS - DR. AUTH REQUIRED  
Refill NDC: 00093-5127-01

Retail Price: \$61.99 Your Insurance Saved You: \$61.99

\$ 0.00

A. RASHID, MD  
MFG:TEVA  
YYY/ / /MIC

PLAN: FLBC  
GROUP# FLBCS  
CLAIM REF# 153161141600009999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

**RX # 1809298-04391**

DATE: 11/12/15

**BENAZEPRIL 40MG TABLETS**

QTY: 90 NO REFILLS - DR. AUTH REQUIRED  
Refill NDC: 00093-5127-01

Retail Price: \$61.99 Your Insurance Saved You: \$61.99

\$ 0.00

A. RASHID, MD  
MFG:TEVA  
YYY/ / /MIC

PLAN: FLBC  
GROUP# FLBCS  
CLAIM REF# 153161141600009999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

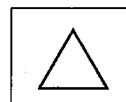
Duplicate Receipt

Pharmacy use only

SAT 1:00AM

BENAZEPRIL 40MG TABLETS  
00093-5127-01  
FAST BACK

QTY 90  
10 DRAM



PINK  
FRONT: 93  
BACK: 5127

blood magnesium levels (eg, dizziness; fast or irregular heartbeat; involuntary muscle movements; jitteriness or tremors; muscle aches, cramps, pain, spasms, or weakness; seizures). THIS MEDICINE MAY INCREASE THE RISK of hip, wrist, and spine fractures in patients with weak bones (osteoporosis). The risk may be greater if you use this medicine in high doses, for longer than a year, or if you are over 50 years old. Contact your doctor if you have any questions about this information. CHECK WITH YOUR DOCTOR to see whether you should take a calcium and vitamin D supplement while you use this medicine. LONG-TERM TREATMENT (EG, LONGER THAN 3 YEARS) with medicines like this one has rarely caused low vitamin B-12 levels. Discuss any questions or concerns with your doctor. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

**RX # 1861614-04391**

DATE: 11/17/15

**PANTOPRAZOLE 40MG TABLETS**

QTY: 90 1 REFILL BEFORE 02/06/16  
Copy NDC: 00093-0012-98  
Retail Price: \$317.89 Your Insurance Saved You: \$307.58

\$ 10.31

A. RASHID, MD PLAN: FLBC  
MFG: TEVA GROUP# FLBCS  
MIC/MIC/MIC/MIC CLAIM REF# 153215779990025999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

**RX # 1861614-04391**

DATE: 11/17/15

**PANTOPRAZOLE 40MG TABLETS**

QTY: 90 1 REFILL BEFORE 02/06/16  
Copy NDC: 00093-0012-98  
Retail Price: \$317.89 Your Insurance Saved You: \$307.58

\$ 10.31

A. RASHID, MD PLAN: FLBC  
MFG: TEVA GROUP# FLBCS  
MIC/MIC/MIC/MIC CLAIM REF# 153215779990025999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

THU 1:00AM  
Copy

PANTOPRAZOLE 40MG TABLETS  
00093-0012-98  
ALPHA

QTY 90  
10 DRAM



YELLOW  
FRONT: 93/12

MIC/MIC/MIC/MIC

Med Guide

While you are using this medicine, BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are taking this medicine. THIS MEDICINE MAY CAUSE DROWSINESS, dizziness, blurred vision, or light-headedness. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Check with your doctor before you drink alcohol while you use this medicine. Contact your doctor if you have an eye injury or infection, or if you will be having eye surgery. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU BECOME PREGNANT, discuss with your doctor the benefits

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

**RX # 1862757-04391**

DATE: 11/25/15

**SIMBRINZA 1-0.2% SUSPENSION 8ML**

QTY: 48 1 REFILL BEFORE 03/15/16  
Copy NDC: 00065-4147-27  
Retail Price: \$899.79 Your Insurance Saved You: \$749.79

\$ 150.00

K. LANGLEY JR, MD PLAN: FLBC  
MFG: ALCON GROUP# FLBCS  
/DFI/SJA/MIC CLAIM REF# 153343898311006994

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

**RX # 1862757-04391**

DATE: 11/25/15

**SIMBRINZA 1-0.2% SUSPENSION 8ML**

QTY: 48 1 REFILL BEFORE 03/15/16  
Copy NDC: 00065-4147-27  
Retail Price: \$899.79 Your Insurance Saved You: \$749.79

\$ 150.00

K. LANGLEY JR, MD PLAN: FLBC  
MFG: ALCON GROUP# FLBCS  
/DFI/SJA/MIC CLAIM REF# 153343898311006994

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

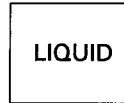
Duplicate Receipt

Pharmacy use only

THU 2:00PM  
Copy

SIMBRINZA 1-0.2% SUSPENSION 8ML  
00065-4147-27  
ALPHA

QTY 48



LIQUID

/DFI/SJA/MIC

drowsiness, severe or persistent headache, or vision changes. Discuss any questions or concerns with your doctor. Use this medicine with caution in the ELDERLY; they may be more sensitive to its effects, especially thinning skin. CORTICOSTEROIDS MAY AFFECT GROWTH RATE in CHILDREN and teenagers in some cases. They may need regular growth checks while using a corticosteroid. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU BECOME PREGNANT, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. IT IS NOT KNOWN IF THIS MEDICINE IS FOUND IN BREAST MILK. If you are or will be breast-feeding while you use this medicine, check with your doctor. Discuss any possible risks to your baby.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

**RX # 1854751-04391**

DATE: 11/29/15

**CLOTRIMAZOLE-BETAMETHASONE CRM 45GM**

QTY: 45 NO REFILLS - DR. AUTH REQUIRED  
Refill NDC: 00472-0379-45  
Retail Price: \$69.99 Your Insurance Saved You: \$59.99

\$ 10.00

A. GRAFF, MD PLAN: FLBC  
MFG: ACTAVIS GROUP# FLBCS  
YYY/ / / CLAIM REF# 153331147520021999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

**RX # 1854751-04391**

DATE: 11/29/15

**CLOTRIMAZOLE-BETAMETHASONE CRM 45GM**

QTY: 45 NO REFILLS - DR. AUTH REQUIRED  
Refill NDC: 00472-0379-45  
Retail Price: \$69.99 Your Insurance Saved You: \$59.99

\$ 10.00

A. GRAFF, MD PLAN: FLBC  
MFG: ACTAVIS GROUP# FLBCS  
YYY/ / / CLAIM REF# 153331147520021999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

TUE 1:00AM  
Refill

CLOTRIMAZOLE-BETAMETHASONE CRM 45GM  
00472-0379-45  
UNIT OF USE

QTY 45

YYY/ / /

WIC# 216382

perform any task that requires good vision. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: DO NOT USE THIS MEDICINE if you are pregnant. IF YOU SUSPECT THAT YOU COULD BE PREGNANT, contact your doctor immediately. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

**RX # 1850887-04391**

DATE: 12/04/15

**LUMIGAN 0.01% OPHTH SOLN 2.5ML**

QTY: 7.5 1 + REFILLS BEFORE 06/11/16

Refill NDC: 00023-3205-03

Retail Price: \$536.89 Your Insurance Saved You: \$436.89

\$ 100.00

A. MAHARAJ, MD  
MFG: ALLERGAN  
MIC / / JBS

PLAN: FLBC  
GROUP# FLBCS  
CLAIM REF# 153413121343012999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

**RX # 1850887-04391**

DATE: 12/04/15

**LUMIGAN 0.01% OPHTH SOLN 2.5ML**

QTY: 7.5 1 + REFILLS BEFORE 06/11/16

Refill NDC: 00023-3205-03

Retail Price: \$536.89 Your Insurance Saved You: \$436.89

\$ 100.00

A. MAHARAJ, MD  
MFG: ALLERGAN  
MIC / / JBS

PLAN: FLBC  
GROUP# FLBCS  
CLAIM REF# 153413121343012999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

FRI 11:00AM  
Refill

LUMIGAN 0.01% OPHTH SOLN 2.5ML  
00023-3205-03  
ALPHA

QTY 7.5

LIQUID

MIC / / JBS

missed dose and go back to your regular dosing schedule. DO NOT use 2 doses at once.

**CAUTIONS: DO NOT TAKE THIS MEDICINE** if you have had an allergic reaction to it or if you are allergic to any ingredient in this product. THIS MEDICINE IS FOR EXTERNAL USE ONLY. Avoid contact with the eyes. If

PERIOD OF TIME, be sure to obtain necessary refills before your supply runs out. CHECK WITH YOUR PHARMACIST about how to dispose of unused medicine.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

**RX # 1844723-04391**

DATE: 12/06/15

**ECONAZOLE NITRATE 1% CREAM 85GM**

QTY: 85 NO REFILLS - DR. AUTH REQUIRED

Refill NDC: 52565-0022-85

Retail Price: \$297.99 Your Insurance Saved You: \$287.99

\$ 10.00

P. OTTUSO, MD  
MFG: IGI  
YYY / /

PLAN: FLBC  
GROUP# FLBCS  
CLAIM REF# 153402751872014999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

**RX # 1844723-04391**

DATE: 12/06/15

**ECONAZOLE NITRATE 1% CREAM 85GM**

QTY: 85 NO REFILLS - DR. AUTH REQUIRED

Refill NDC: 52565-0022-85

Retail Price: \$297.99 Your Insurance Saved You: \$287.99

\$ 10.00

P. OTTUSO, MD  
MFG: IGI  
YYY / /

PLAN: FLBC  
GROUP# FLBCS  
CLAIM REF# 153402751872014999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

TUE 1:00AM  
Refill

ECONAZOLE NITRATE 1% CREAM 85GM  
52565-0022-85  
ALPHA

QTY 85

YYY / /

doctor or pharmacist. This includes any medicines used to treat colds or congestion. CAUTION IS ADVISED WHEN USING THIS MEDICINE IN THE ELDERLY because they may be more sensitive to the effects of this medicine. FOR WOMEN: THIS MEDICINE HAS BEEN SHOWN TO CAUSE HARM to the human fetus. IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. THIS MEDICINE IS EXCRETED IN BREAST MILK. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby. FOR PATIENTS WITH DIABETES MELLITUS: this medicine may mask signs of low blood sugar such as a rapid heart rate. Check blood glucose levels regularly.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

JOHN CULVERHOUSE SR  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

RX # 1877282-04391 DATE: 02/21/16

**ATENOLOL 25MG TABLETS**

QTY: 90 NO REFILLS - DR. AUTH REQUIRED  
Copy NDC: 00378-0218-10  
Retail Price: \$27.99 Your Insurance Saved You: \$18.16

\$ 9.83

A. RASHID, MD PLAN: AARPMPD  
MFG: MYLAN GROUP# PDPIND  
MIC/MIC/MIC/CNW CLAIM REF# 160524419830073999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

JOHN CULVERHOUSE SR  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

RX # 1877282-04391 DATE: 02/21/16

**ATENOLOL 25MG TABLETS**

QTY: 90 NO REFILLS - DR. AUTH REQUIRED  
Copy NDC: 00378-0218-10  
Retail Price: \$27.99 Your Insurance Saved You: \$18.16

\$ 9.83

A. RASHID, MD PLAN: AARPMPD  
MFG: MYLAN GROUP# PDPIND  
MIC/MIC/MIC/CNW CLAIM REF# 160524419830073999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

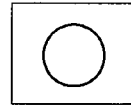
Duplicate Receipt

Pharmacy use only

SUN 4:46PM  
Copy

ATENOLOL 25MG TABLETS  
00378-0218-10  
END CAP

QTY 90  
10 DRAM



WHITE  
FRONT: M  
BACK: A2

MIC/MIC/MIC/CNW

blood magnesium levels (eg, dizziness; fast or irregular heartbeat; involuntary muscle movements; jitteriness or tremors; muscle aches, cramps, pain, spasms, or weakness; seizures). THIS MEDICINE MAY INCREASE THE RISK of hip, wrist, and spine fractures in patients with weak bones (osteoporosis). The risk may be greater if you use this medicine in high doses, for longer than a year, or if you are over 50 years old. Contact your doctor if you have any questions about this information. CHECK WITH YOUR DOCTOR to see whether you should take a calcium and vitamin D supplement while you use this medicine. LONG-TERM TREATMENT (EG, LONGER THAN 3 YEARS) with medicines like this one has rarely caused low vitamin B-12 levels. Discuss any questions or concerns with your doctor. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

JOHN CULVERHOUSE SR  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

RX # 1877281-04391 DATE: 02/21/16

**PANTOPRAZOLE 40MG TABLETS**

QTY: 90 3 REFILLS BEFORE 09/15/16  
Copy NDC: 59746-0284-90  
Retail Price: \$317.89 Your Insurance Saved You: \$299.48

\$ 18.41

A. MAHARAJ, MD PLAN: AARPMPD  
MFG: CADISTA GROUP# PDPIND  
CLL/MIC/MIC/CNW CLAIM REF# 160524418821079999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

JOHN CULVERHOUSE SR  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

RX # 1877281-04391 DATE: 02/21/16

**PANTOPRAZOLE 40MG TABLETS**

QTY: 90 3 REFILLS BEFORE 09/15/16  
Copy NDC: 59746-0284-90  
Retail Price: \$317.89 Your Insurance Saved You: \$299.48

\$ 18.41

A. MAHARAJ, MD PLAN: AARPMPD  
MFG: CADISTA GROUP# PDPIND  
CLL/MIC/MIC/CNW CLAIM REF# 160524418821079999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

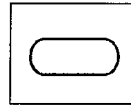
Duplicate Receipt

Pharmacy use only

SUN 4:46PM  
Copy

PANTOPRAZOLE 40MG TABLETS  
59746-0284-90  
END CAP

QTY 90  
10 DRAM



LIGHT PINK  
FRONT: C284

CLL/MIC/MIC/CNW

Med Guide

vision. Make sure your vision is clear before driving or performing any task that requires good vision. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: DO NOT USE THIS MEDICINE if you are pregnant. IF YOU SUSPECT THAT YOU COULD BE PREGNANT, contact your doctor immediately. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

JOHN CULVERHOUSE SR  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

RX # 1850887-04391 DATE: 02/21/16

**LUMIGAN 0.01% OPTH SOLN 2.5ML**

QTY: 5/7.5 1 REFILL BEFORE 06/11/16  
Refill NDC: 00023-3205-03  
Retail Price: \$393.93 Your Insurance Saved You: \$95.00

\$ 298.93

A. MAHARAJ, MD PLAN: AARPMPD  
MFG: ALLERGAN GROUP# PDPIND  
ARL / / CNW CLAIM REF# 160524442192075998

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

JOHN CULVERHOUSE SR  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

RX # 1850887-04391 DATE: 02/21/16

**LUMIGAN 0.01% OPTH SOLN 2.5ML**

QTY: 5/7.5 1 REFILL BEFORE 06/11/16  
Refill NDC: 00023-3205-03  
Retail Price: \$393.93 Your Insurance Saved You: \$95.00

\$ 298.93

A. MAHARAJ, MD PLAN: AARPMPD  
MFG: ALLERGAN GROUP# PDPIND  
ARL / / CNW CLAIM REF# 160524442192075998

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

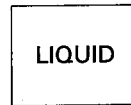
Duplicate Receipt

Pharmacy use only

SUN 4:50PM

LUMIGAN 0.01% OPTH SOLN 2.5ML  
00023-3205-03

QTY 5/7.5



LIQUID

vision. Make sure your vision is clear before driving or performing any task that requires good vision. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: DO NOT USE THIS MEDICINE if you are pregnant. IF YOU SUSPECT THAT YOU COULD BE PREGNANT, contact your doctor immediately. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

**RX # 1850887-04391**

DATE: 02/21/16

**LUMIGAN 0.01% OPHTH SOLN 2.5ML**

QTY: 2.5/7.5 PARTIAL REFILL BEFORE 06/11/16

Refill NDC: 00023-3205-03

Retail Price: \$196.96 Your Insurance Saved You: \$95.13

\$ 101.83

A. MAHARAJ, MD  
MFG: ALLERGAN  
ABP/ / /CNW

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 160524442192075997

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

**RX # 1850887-04391**

DATE: 02/21/16

**LUMIGAN 0.01% OPHTH SOLN 2.5ML**

QTY: 2.5/7.5 PARTIAL REFILL BEFORE 06/11/16

Refill NDC: 00023-3205-03

Retail Price: \$196.96 Your Insurance Saved You: \$95.13

\$ 101.83

A. MAHARAJ, MD  
MFG: ALLERGAN  
ABP/ / /CNW

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 160524442192075997

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

SUN 4:50PM

Refill

LUMIGAN 0.01% OPHTH SOLN 2.5ML

00023-3205-03

ALPHA

QTY 2.5/7.5

LIQUID

ABP/ / /CNW

drowsiness, severe or persistent headache, or vision changes. Discuss any questions or concerns with your doctor. Use this medicine with caution in the ELDERLY; they may be more sensitive to its effects, especially thinning skin. CORTICOSTEROIDS MAY AFFECT GROWTH RATE in CHILDREN and teenagers in some cases. They may need regular growth checks while using a corticosteroid. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU BECOME PREGNANT, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. IT IS NOT KNOWN IF THIS MEDICINE IS FOUND IN BREAST MILK. If you are or will be breast-feeding while you use this medicine, check with your doctor. Discuss any possible risks to your baby.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

**RX # 1877717-04391**

DATE: 02/23/16

**CLOTRIMAZOLE-BETAMETHASONE CRM 45GM**

QTY: 45 2 REFILLS BEFORE 02/09/17

New NDC: 00472-0379-45

Retail Price: \$69.99 Your Insurance Saved You: \$67.99

\$ 2.00

A. GRAFF, MD  
MFG: ACTAVIS  
MIC/MIC/MIC/

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 160544557421084999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

**RX # 1877717-04391**

DATE: 02/23/16

**CLOTRIMAZOLE-BETAMETHASONE CRM 45GM**

QTY: 45 2 REFILLS BEFORE 02/09/17

New NDC: 00472-0379-45

Retail Price: \$69.99 Your Insurance Saved You: \$67.99

\$ 2.00

A. GRAFF, MD  
MFG: ACTAVIS  
MIC/MIC/MIC/

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 160544557421084999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

TUE 5:00PM

New

CLOTRIMAZOLE-BETAMETHASONE CRM 45GM

00472-0379-45

UNIT OF USE

QTY 45

MIC/MIC/MIC/

medicine. This medicine may cause drowsiness, dizziness, blurred vision, or lightheadedness. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS MEDICINE MAY CAUSE increased sensitivity to the sun. Avoid exposure to the sun, sunlamps, or tanning booths until you know how you react to this medicine. Use a sunscreen or protective clothing if you must be outside for a prolonged period. MILD DIARRHEA IS COMMON with antibiotic use. However, a more serious form of diarrhea (pseudomembranous colitis) may rarely occur. This may develop while you use the antibiotic or within several months after you stop using it. Contact your doctor right away if stomach pain or cramps, severe

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

**RX # 1877716-04391**

DATE: 02/23/16

**AZITHROMYCIN 250MG TABLETS 6-PAK**

QTY: 6 2 REFILLS BEFORE 02/09/17

New NDC: 50111-0787-51

Retail Price: \$34.99 Your Insurance Saved You: \$32.99

\$ 2.00

A. GRAFF, MD  
MFG: TEVA  
MIC/MIC/MIC/MIC

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 160544556569073999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

**RX # 1877716-04391**

DATE: 02/23/16

**AZITHROMYCIN 250MG TABLETS 6-PAK**

QTY: 6 2 REFILLS BEFORE 02/09/17

New NDC: 50111-0787-51

Retail Price: \$34.99 Your Insurance Saved You: \$32.99

\$ 2.00

A. GRAFF, MD  
MFG: TEVA  
MIC/MIC/MIC/MIC

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 160544556569073999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

TUE 5:00PM

New

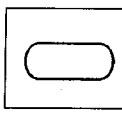
AZITHROMYCIN 250MG TABLETS 6-PAK

50111-0787-51

UNIT OF USE

QTY 6

10 DRAM



WHITE  
FRONT: PLIVA  
BACK: 787

MIC/MIC/MIC/MIC

eyes. DO NOT TAKE SELDANE (terfenadine) or HISMANAL (astemizole) while using this medicine. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

JOHN CULVERHOUSE SR

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

RX # 1878924-04391

DATE: 03/01/16

KETOCONAZOLE 2% CREAM 60GM

QTY: 60 1 REFILL BEFORE 03/01/17

New-E NDC: 00713-0671-60

Retail Price: \$132.99 Your Insurance Saved You: \$130.99

\$ 2.00

P. OTTUSO, MD

PLAN: AARPMPD

MFG: G & W LABS

GROUP# PDPIND

AAC/CNW/CNW/CNW

CLAIM REF# 160614230496045998

Walgreens

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

JOHN CULVERHOUSE SR

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

RX # 1878924-04391

DATE: 03/01/16

KETOCONAZOLE 2% CREAM 60GM

QTY: 60 1 REFILL BEFORE 03/01/17

New-E NDC: 00713-0671-60

Retail Price: \$132.99 Your Insurance Saved You: \$130.99

\$ 2.00

P. OTTUSO, MD

PLAN: AARPMPD

MFG: G & W LABS

GROUP# PDPIND

AAC/CNW/CNW/CNW

CLAIM REF# 160614230496045998

Walgreens

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

TUE 4:11PM  
New-E

KETOCONAZOLE 2% CREAM 60GM  
00713-0671-60  
ALPHA

QTY 60

AAC/CNW/CNW/CNW

DOCTOR AND LABORATORY APPOINTMENTS while you are taking this medicine. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, emergency care, or surgery, tell the doctor or dentist that you are using this medicine. YOUR DOCTOR MAY HAVE ALSO PRESCRIBED a potassium supplement for you. If so, follow the dosing carefully. Do not start taking additional potassium on your own or change your diet to include more potassium without first checking with your doctor. THIS MEDICINE MAY CAUSE DIZZINESS or blurred vision. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS MEDICINE MAY CAUSE

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

JOHN CULVERHOUSE SR

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

RX # 1882311-04391

DATE: 03/18/16

FUROSEMIDE 20MG TABLETS

QTY: 90 3 REFILLS BEFORE 03/18/17

New-E NDC: 00603-3739-32

Retail Price: \$15.99 Your Insurance Saved You: \$12.99

\$ 3.00

A. RASHID, MD

PLAN: AARPMPD

MFG: QUALITEST

GROUP# PDPIND

CNW/CNW/CNW/CNW

CLAIM REF# 160785119293074998

Walgreens

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

JOHN CULVERHOUSE SR

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

RX # 1882311-04391

DATE: 03/18/16

FUROSEMIDE 20MG TABLETS

QTY: 90 3 REFILLS BEFORE 03/18/17

New-E NDC: 00603-3739-32

Retail Price: \$15.99 Your Insurance Saved You: \$12.99

\$ 3.00

A. RASHID, MD

PLAN: AARPMPD

MFG: QUALITEST

GROUP# PDPIND

CNW/CNW/CNW/CNW

CLAIM REF# 160785119293074998

Walgreens

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

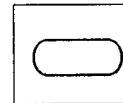
Duplicate Receipt

Pharmacy use only

FRI 6:37PM  
New-E

FUROSEMIDE 20MG TABLETS  
00603-3739-32  
END CAP

QTY 90  
10 DRAM



WHITE  
FRONT: 3169  
BACK: V

CNW/CNW/CNW/CNW

medicine may cause dizziness, lightheadedness, or fainting, alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects. PATIENTS WHO TAKE MEDICINE FOR HIGH BLOOD PRESSURE often feel tired or run down for a few weeks after starting treatment. Be sure to take your medicine even if you may not feel "normal". Tell your doctor if you develop any new symptoms. IF YOU ARE TAKING THIS MEDICINE FOR ANGINA, it will not relieve the pain of an

with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out. CHECK WITH YOUR PHARMACIST about how to dispose of unused medicine.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

JOHN CULVERHOUSE SR

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

RX # 1865185-04391

DATE: 03/11/16

AMLODIPINE BESYLATE 10MG TABLETS

QTY: 90 2 REFILLS BEFORE 09/15/16

Refill NDC: 68180-0752-03

Retail Price: \$155.89 Your Insurance Saved You: \$152.89

\$ 3.00

A. MAHARAJ, MD

PLAN: AARPMPD

MFG: LUPIN

GROUP# PDPIND

YYY/ / CNW

CLAIM REF# 160710416019029999

Walgreens

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

JOHN CULVERHOUSE SR

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

RX # 1865185-04391

DATE: 03/11/16

AMLODIPINE BESYLATE 10MG TABLETS

QTY: 90 2 REFILLS BEFORE 09/15/16

Refill NDC: 68180-0752-03

Retail Price: \$155.89 Your Insurance Saved You: \$152.89

\$ 3.00

A. MAHARAJ, MD

PLAN: AARPMPD

MFG: LUPIN

GROUP# PDPIND

YYY/ / CNW

CLAIM REF# 160710416019029999

Walgreens

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

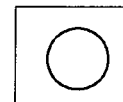
Duplicate Receipt

Pharmacy use only

SUN 1:00AM  
Refill

AMLODIPINE BESYLATE 10MG TABLETS  
68180-0752-03  
END CAP

QTY 90  
20 DRAM



WHITE  
FRONT: LU  
BACK: H13

YYY/ / CNW

**CAUTIONS: DO NOT TAKE THIS MEDICINE** if you have had an allergic reaction to it, to any ingredient in this product, or to other NSAIDs (eg, ibuprofen). If you have a question about whether you are allergic to this medicine or if a certain medicine is a NSAID, contact your doctor or pharmacist. **BEFORE USING THIS MEDICINE**, tell your doctor if you have had a severe allergic reaction (eg, severe rash, hives, difficulty breathing, dizziness) to aspirin or

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

WIC# 216382

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

**RX # 1891182-04391**

DATE: 05/11/16

**NEVANAC 0.1% OPHT SUSP 3ML**

QTY: 3 2 REFILLS BEFORE 05/11/17

New-E NDC: 00065-0002-03

Retail Price: \$326.99 Your Insurance Saved You: \$303.99

\$ 23.00

A. MAHARAJ, MD  
MFG:ALCON  
MIC/MIC/MIC/MIC

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 161332455408072999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

**RX # 1891182-04391**

DATE: 05/11/16

**NEVANAC 0.1% OPHT SUSP 3ML**

QTY: 3 2 REFILLS BEFORE 05/11/17

New-E NDC: 00065-0002-03

Retail Price: \$326.99 Your Insurance Saved You: \$303.99

\$ 23.00

A. MAHARAJ, MD  
MFG:ALCON  
MIC/MIC/MIC/MIC

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 161332455408072999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

NEVANAC 0.1% OPHT SUSP 3ML

QTY 3

LIQUID

WED 2:17PM

00065-0002-03

New-E

ALPHA

MIC/MIC/MIC/MIC

Schedule: DO NOT use 2 doses at once.

**CAUTIONS: DO NOT TAKE THIS MEDICINE** if you have had an allergic reaction to it, to any ingredient in this product, or to other NSAIDs (eg, ibuprofen). If you have a question about whether you are allergic to this medicine or if a certain medicine is a NSAID, contact your doctor or pharmacist. **BEFORE USING THIS MEDICINE**, tell your doctor if you have had a severe allergic reaction (eg, severe rash, hives, difficulty breathing, dizziness) to aspirin or

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

WIC# 216382

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

**RX # 1891182-04391**

DATE: 06/13/16

**NEVANAC 0.1% OPHT SUSP 3ML**

QTY: 3 1 REFILL BEFORE 05/11/17

Refill NDC: 00065-0002-03

Retail Price: \$326.99 Your Insurance Saved You: \$303.99

\$ 23.00

A. MAHARAJ, MD  
MFG:ALCON  
KCR / / MIC

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 161662527998096999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

**RX # 1891182-04391**

DATE: 06/13/16

**NEVANAC 0.1% OPHT SUSP 3ML**

QTY: 3 1 REFILL BEFORE 05/11/17

Refill NDC: 00065-0002-03

Retail Price: \$326.99 Your Insurance Saved You: \$303.99

\$ 23.00

A. MAHARAJ, MD  
MFG:ALCON  
KCR / / MIC

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 161662527998096999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

NEVANAC 0.1% OPHT SUSP 3ML

QTY 3

LIQUID

TUE 1:28PM

00065-0002-03

Refill

ALPHA

KCR / / MIC

Seek medical attention right away if you experience symptoms of low blood magnesium levels (eg, dizziness; fast or irregular heartbeat; involuntary muscle movements; jitteriness or tremors; muscle aches, cramps, pain, spasms, or weakness; seizures). **THIS MEDICINE MAY INCREASE THE RISK** of hip, wrist, and spine fractures in patients with weak bones (osteoporosis). The risk may be greater if you use this medicine in high doses, for longer than a year, or if you are over 50 years old. Contact your doctor if you have any questions about this information. **CHECK WITH YOUR DOCTOR** to see whether you should take a calcium and vitamin D supplement while you use this medicine. **LONG-TERM TREATMENT (EG, LONGER THAN 3 YEARS)** with medicines like this one has rarely caused low vitamin B-12 levels. Discuss any questions or concerns with your doctor. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINE**, either prescription or

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

**RX # 1877281-04391**

DATE: 06/14/16

**PANTOPRAZOLE 40MG TABLETS**

QTY: 90 2 REFILLS BEFORE 09/15/16

Refill NDC: 59746-0284-90

Retail Price: \$296.89 Your Insurance Saved You: \$290.89

\$ 6.00

A. MAHARAJ, MD  
MFG:CADISTA  
ARL / /

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 161665008439059999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

**RX # 1877281-04391**

DATE: 06/14/16

**PANTOPRAZOLE 40MG TABLETS**

QTY: 90 2 REFILLS BEFORE 09/15/16

Refill NDC: 59746-0284-90

Retail Price: \$296.89 Your Insurance Saved You: \$290.89

\$ 6.00

A. MAHARAJ, MD  
MFG:CADISTA  
ARL / /

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 161665008439059999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

PANTOPRAZOLE 40MG TABLETS

QTY 90

LIGHT PINK  
FRONT: C284

TUE 6:24PM

59746-0284-90

10 DRAM

Refill

FAST RACK

ARL / /

Med Guide

LABORATORY TESTS, including kidney function, liver function, fasting blood glucose, hemoglobin A1C, or blood counts, should be done to monitor your progress or to check for side effects. IF YOUR BLOOD SUGARS HAVE BEEN UNDER CONTROL AND ARE SUDDENLY DIFFICULT TO MANAGE, contact your doctor as soon as possible. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, LABORATORY TESTS, OR SURGERY, tell the doctor or dentist that you are using this medicine. During times of stress such as fever, infection, injury, or surgery, it may be more difficult to control your blood sugar. Consult your doctor, as a change in your medicine may be required. DO NOT drink large amounts of alcohol while you are taking this medicine. TALK TO YOUR DOCTOR BEFORE YOU DRINK ALCOHOL while you use this medicine. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. CAUTION IS ADVISED WHEN USING THIS MEDICINE IN THE ELDERLY because they may be more sensitive to the effects of the medicine. Low blood sugar levels may be more difficult to recognize in the elderly. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

JOHN CULVERHOUSE SR  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

RX # 1897409-04391 DATE: 06/21/16

**METFORMIN 500MG TABLETS**

QTY: 90 2 REFILLS BEFORE 03/18/17  
Copy NDC: 00378-7185-05  
Retail Price: \$31.49 Your Insurance Saved You: \$28.49

\$ 3.00

A. RASHID, MD PLAN: AARPMPD  
MFG:MYLAN GROUP# PDPIND  
ARL/MIC/MIC/CNW CLAIM REF# 161733128544066999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

JOHN CULVERHOUSE SR  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

RX # 1897409-04391 DATE: 06/21/16

**METFORMIN 500MG TABLETS**

QTY: 90 2 REFILLS BEFORE 03/18/17  
Copy NDC: 00378-7185-05  
Retail Price: \$31.49 Your Insurance Saved You: \$28.49

\$ 3.00

A. RASHID, MD PLAN: AARPMPD  
MFG:MYLAN GROUP# PDPIND  
ARL/MIC/MIC/CNW CLAIM REF# 161733128544066999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

WAITING

TUE 11:56AM

Copy

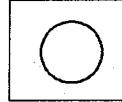
METFORMIN 500MG TABLETS

00378-7185-05

END CAP

QTY 90

20 DRAM



WHITE  
FRONT: G  
BACK: MF 1

ARL/MIC/MIC/CNW

THIS PRODUCT DOES NOT HAVE THE MEDICINE FOR severe allergic reaction (eg, severe rash, hives, trouble breathing, growths in the nose, dizziness) to aspirin or an NSAID (eg, ibuprofen, celecoxib). DO NOT TAKE MORE THAN THE RECOMMENDED DOSE or use for longer than prescribed without checking with your doctor. Laboratory and/or medical tests, including kidney function, liver function, complete blood cell counts, and blood pressure, may be performed to monitor your progress or to check for side effects. KEEP ALL DOCTOR AND LABORATORY APPOINTMENTS while you are taking this medicine. THIS MEDICINE MAY INTERFERE with certain lab tests. Be sure your doctor and lab personnel know that you take this medicine. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are taking this

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

JOHN CULVERHOUSE SR  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

RX # 1897408-04391 DATE: 06/21/16

**INDOMETHACIN 25MG CAPSULES**

QTY: 270 2 REFILLS BEFORE 03/18/17  
Copy NDC: 31722-0542-01  
Retail Price: \$94.29 Your Insurance Saved You: \$83.13

\$ 11.16

A. RASHID, MD PLAN: AARPMPD  
MFG:CAMBER GROUP# PDPIND  
MIC/MIC/MIC/CNW CLAIM REF# 161733127628018999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

JOHN CULVERHOUSE SR  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

RX # 1897408-04391 DATE: 06/21/16

**INDOMETHACIN 25MG CAPSULES**

QTY: 270 2 REFILLS BEFORE 03/18/17  
Copy NDC: 31722-0542-01  
Retail Price: \$94.29 Your Insurance Saved You: \$83.13

\$ 11.16

A. RASHID, MD PLAN: AARPMPD  
MFG:CAMBER GROUP# PDPIND  
MIC/MIC/MIC/CNW CLAIM REF# 161733127628018999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

WAITING

TUE 11:56AM

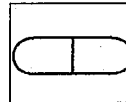
Copy

INDOMETHACIN 25MG CAPSULES

31722-0542-01

ALPHA

QTY 270



LIGHT GREEN  
FRONT: H  
BACK: 103

MIC/MIC/MIC/CNW

Med Guide

emergency care, or surgery. THIS MEDICINE MAY CAUSE dizziness, lightheadedness, or fainting. Alcohol, hot weather, exercise, and fever can increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Also, sit or lie down at the first sign of dizziness, lightheadedness, or weakness. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. DO NOT DRIVE OR PERFORM OTHER POSSIBLY UNSAFE TASKS until you know how you react to it. DEHYDRATION, EXCESSIVE SWEATING, VOMITING, OR DIARRHEA may increase the risk of low blood pressure. Contact your health care provider at once if any of these occur. THIS MEDICINE MAY CAUSE A SERIOUS SIDE EFFECT CALLED ANGIOEDEMA. The risk may be higher in black patients. Contact your doctor at once if you develop swelling of the hands, face, lips, eyes, throat, or tongue;

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

JOHN CULVERHOUSE SR  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

RX # 1897410-04391 DATE: 06/21/16

**BENAZEPRIL 40MG TABLETS**

QTY: 90 2 REFILLS BEFORE 03/18/17  
Copy NDC: 43547-0338-10  
Retail Price: \$59.99 Your Insurance Saved You: \$56.99

\$ 3.00

A. RASHID, MD PLAN: AARPMPD  
MFG:SOLCO GROUP# PDPIND  
MIC/MIC/MIC/CNW CLAIM REF# 161733128898017999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

JOHN CULVERHOUSE SR  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

RX # 1897410-04391 DATE: 06/21/16

**BENAZEPRIL 40MG TABLETS**

QTY: 90 2 REFILLS BEFORE 03/18/17  
Copy NDC: 43547-0338-10  
Retail Price: \$59.99 Your Insurance Saved You: \$56.99

\$ 3.00

A. RASHID, MD PLAN: AARPMPD  
MFG:SOLCO GROUP# PDPIND  
MIC/MIC/MIC/CNW CLAIM REF# 161733128898017999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

WAITING

TUE 11:56AM

Copy

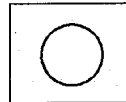
BENAZEPRIL 40MG TABLETS

43547-0338-10

FAST RACK

QTY 90

30 DRAM



BLUE  
FRONT: S  
BACK: 344

MIC/MIC/MIC/CNW

WIC# 216382

WIC# 216382

WIC# 216382

doctor or pharmacist. This includes any medicines used to treat colds or congestion. CAUTION IS ADVISED WHEN USING THIS MEDICINE IN THE ELDERLY because they may be more sensitive to the effects of this medicine. FOR WOMEN: THIS MEDICINE HAS BEEN SHOWN TO CAUSE HARM to the human fetus. IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. THIS MEDICINE IS EXCRETED IN BREAST MILK. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby. FOR PATIENTS WITH DIABETES MELLITUS: this medicine may mask signs of low blood sugar such as a rapid heart rate. Check blood glucose levels regularly.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

RX # 1901399-04391 DATE: 07/17/16

**ATENOLOL 25MG TABLETS**

QTY: 90 3 REFILLS BEFORE 09/15/16

Copy NDC: 00378-0218-10

Retail Price: \$25.99 Your Insurance Saved You: \$22.99

\$ 3.00

A. MAHARAJ, MD PLAN: AARPMPD  
MFG:MYLAN GROUP# PDPIND  
CNW/MIC/MIC/MIC CLAIM REF# 161994185940104999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

RX # 1901399-04391 DATE: 07/17/16

**ATENOLOL 25MG TABLETS**

QTY: 90 3 REFILLS BEFORE 09/15/16

Copy NDC: 00378-0218-10

Retail Price: \$25.99 Your Insurance Saved You: \$22.99

\$ 3.00

A. MAHARAJ, MD PLAN: AARPMPD  
MFG:MYLAN GROUP# PDPIND  
CNW/MIC/MIC/MIC CLAIM REF# 161994185940104999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

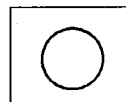
Pharmacy use only

**WAITING**

SUN 2:52PM  
Copy

ATENOLOL 25MG TABLETS  
00378-0218-10  
END CAP

QTY 90  
10 DRAM



WHITE  
FRONT: M  
BACK: A2

CNW/MIC/MIC/MIC

alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects. PATIENTS WHO TAKE MEDICINE FOR HIGH BLOOD PRESSURE often feel tired or run down for a few weeks after starting treatment. Be sure to take your medicine even if you may not feel "normal". Tell your doctor if you develop any new symptoms. IF YOU ARE TAKING THIS MEDICINE FOR ANGINA, it will not relieve the pain of an

with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out. CHECK WITH YOUR PHARMACIST about how to dispose of unused medicine.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

RX # 1865185-04391 DATE: 06/07/16

**AMLODIPINE BESYLATE 10MG TABLETS**

QTY: 90 1 REFILL BEFORE 09/15/16

Refill NDC: 68180-0752-03

Retail Price: \$155.89 Your Insurance Saved You: \$152.89

\$ 3.00

A. MAHARAJ, MD PLAN: AARPMPD  
MFG:LUPIN GROUP# PDPIND  
YYY/ / CNW CLAIM REF# 161590418219033999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

RX # 1865185-04391 DATE: 06/07/16

**AMLODIPINE BESYLATE 10MG TABLETS**

QTY: 90 1 REFILL BEFORE 09/15/16

Refill NDC: 68180-0752-03

Retail Price: \$155.89 Your Insurance Saved You: \$152.89

\$ 3.00

A. MAHARAJ, MD PLAN: AARPMPD  
MFG:LUPIN GROUP# PDPIND  
YYY/ / CNW CLAIM REF# 161590418219033999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

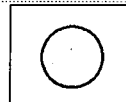
Duplicate Receipt

Pharmacy use only

THU 1:00AM  
Refill

AMLODIPINE BESYLATE 10MG TABLETS  
68180-0752-03  
END CAP

QTY 90  
20 DRAM



WHITE  
FRONT: LU  
BACK: H13

YYY/ / CNW

105974

UJL7018189 1182 1182

UJL7018189 1182 1182

Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect: Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat. Signs of low magnesium levels like mood changes, muscle pain or weakness, muscle cramps or spasms, seizures, shakiness, not hungry, very bad upset stomach or throwing up, or a heartbeat that does not feel normal. Signs of liver problems like dark urine, feeling tired, not hungry, upset stomach or stomach pain, light-colored stools, throwing up, or yellow skin or eyes. Signs of kidney problems like unable to pass urine, change in how much urine

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

RX # 1911044-04391 DATE: 09/19/16

**PANTOPRAZOLE 40MG TABLETS**

QTY: 90 3 REFILLS BEFORE 03/18/17

Copy NDC: 59746-0284-90

Retail Price: \$296.89 Your Insurance Saved You: \$290.48

\$ 6.41

A. RASHID, MD PLAN: AARPMPD  
MFG:CADISTA GROUP# PDPIND  
ABP/MIC/MIC/MIC CLAIM REF# 162634394692079999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

RX # 1911044-04391 DATE: 09/19/16

**PANTOPRAZOLE 40MG TABLETS**

QTY: 90 3 REFILLS BEFORE 03/18/17

Copy NDC: 59746-0284-90

Retail Price: \$296.89 Your Insurance Saved You: \$290.48

\$ 6.41

A. RASHID, MD PLAN: AARPMPD  
MFG:CADISTA GROUP# PDPIND  
ABP/MIC/MIC/MIC CLAIM REF# 162634394692079999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

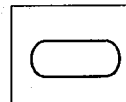
Duplicate Receipt

Pharmacy use only

MON 4:42PM  
Copy

PANTOPRAZOLE 40MG TABLETS  
59746-0284-90  
FAST RACK

QTY 90  
10 DRAM



LIGHT PINK  
FRONT: C284

ARP/MIC/MIC/MIC

Med Guide

how this drug affects you. To lower the chance of feeling dizzy or passing out, rise slowly over a few minutes when sitting or lying down. Be careful climbing stairs. Follow the diet and workout plan that your doctor told you about. Have your blood work checked. Talk with your doctor. Check blood pressure and heart rate as the doctor has told you. Talk with the doctor. Talk with your doctor before you drink alcohol. This drug may hide the signs of low blood sugar. Talk with the doctor. If you have high blood sugar (diabetes), you will

WIC# 216382

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

**RX # 1911043-04391**

DATE: 09/23/16

**ATENOLOL 25MG TABLETS**

QTY: 90 3 REFILLS BEFORE 03/18/17

Copy NDC: 00378-0218-10

Retail Price: \$25.99 Your Insurance Saved You: \$24.21

\$ 1.78

A. RASHID, MD  
MFG: MYLAN  
RTS/CNW/CNW/CNW

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 162671260522024999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer  
Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

**RX # 1911043-04391**

DATE: 09/23/16

**ATENOLOL 25MG TABLETS**

QTY: 90 3 REFILLS BEFORE 03/18/17

Copy NDC: 00378-0218-10

Retail Price: \$25.99 Your Insurance Saved You: \$24.21

\$ 1.78

A. RASHID, MD  
MFG: MYLAN  
RTS/CNW/CNW/CNW

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 162671260522024999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate  
Receipt

Pharmacy use only

FRI 11:00AM  
Copy

ATENOLOL 25MG TABLETS  
00378-0218-10  
END CAP

QTY 90  
10 DRAM



WHITE  
FRONT: M  
BACK: A2

RTS/CNW/CNW/CNW

Avoid putting this drug in the diaper area. Do not use this drug on the face or underarms. If you are 65 or older, use this drug with care. You could have more side effects. This drug may affect growth in children and teens in some cases. They may need regular growth checks. Talk with the doctor. Do not give to a child younger than 17 years of age. Tell your doctor if you are pregnant or plan on getting pregnant. You will need to talk about the benefits and risks of using this drug while you are pregnant. Tell your doctor if you are breast-feeding. You will need to talk about any risks to your

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

WIC# 216382 12T

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

**RX # 1920791-04391**

DATE: 11/21/16

**CLOTRIMAZOLE-BETAMETHASONE CRM 45GM**

QTY: 45 2 REFILLS BEFORE 11/21/17

New-E NDC: 68462-0298-55

Retail Price: \$70.99 Your Insurance Saved You: \$57.66

\$ 13.33

A. GRAFF, MD  
MFG: GLENMARK  
XXX/MIC/MIC/MIC

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 163263437034051999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer  
Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

**RX # 1920791-04391**

DATE: 11/21/16

**CLOTRIMAZOLE-BETAMETHASONE CRM 45GM**

QTY: 45 2 REFILLS BEFORE 11/21/17

New-E NDC: 68462-0298-55

Retail Price: \$70.99 Your Insurance Saved You: \$57.66

\$ 13.33

A. GRAFF, MD  
MFG: GLENMARK  
XXX/MIC/MIC/MIC

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 163263437034051999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate  
Receipt

Pharmacy use only

CLOTRIMAZOLE-BETAMETHASONE CRM 45GM QTY 45

MON 2:02PM

68462-0298-55

New-E

UNIT OF USE

XXX/MIC/MIC/MIC

OPT: 5533 677 326 8208205 INFO: 1207 68462029855

**NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY?**  
WARNING/CAUTION: Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect: Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat. A fast heartbeat. A heartbeat that does not feel normal. Change in hearing. Hearing loss. Chest pain or pressure. Ringing in ears. Seizures. Very bad dizziness or passing out. Trouble swallowing or speaking. Fever. Swollen gland. Vaginal itching or discharge. It is common to have diarrhea when taking this

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

WIC# 216382 12T

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

**RX # 1920792-04391**

DATE: 11/21/16

**AZITHROMYCIN 250MG TABLETS 6-PAK**

QTY: 6 3 REFILLS BEFORE 11/21/17

New-E NDC: 50111-0787-51

Retail Price: \$35.99 Your Insurance Saved You: \$34.02

\$ 1.97

A. GRAFF, MD  
MFG: TEVA  
XXX/MIC/MIC/MIC

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 163263442477070999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer  
Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(561)716-4726

**RX # 1920792-04391**

DATE: 11/21/16

**AZITHROMYCIN 250MG TABLETS 6-PAK**

QTY: 6 3 REFILLS BEFORE 11/21/17

New-E NDC: 50111-0787-51

Retail Price: \$35.99 Your Insurance Saved You: \$34.02

\$ 1.97

A. GRAFF, MD  
MFG: TEVA  
XXX/MIC/MIC/MIC

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 163263442477070999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate  
Receipt

Pharmacy use only

AZITHROMYCIN 250MG TABLETS 6-PAK

QTY 6

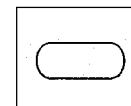
MON 2:03PM

50111-0787-51

10 DRAM

New-E

UNIT OF USE



WHITE  
FRONT: PLIVA  
BACK: 787

XXX/MIC/MIC/MIC

OPT: 5533 677 326 8208205 INFO: 1207 501107875

WIC# 216382 12T