

September 2024 Board Meeting Handouts

5A. Festus Ebonka

5B. Smith's Pharmacy #350

5C. Lolita Caoile

5D. Walgreens #05479,

5E. Walgreens #02445

5F. Grace Opulencia, Rph

5J. Walgreens #3845

5K. Yoojin Jeong, Rph

5L. American Wellness Pharmacy

5N. David Lankowsky

5O. William Baumgartl

5EE. Nana Kufour

6A. Heath DeHart

19A. Public Comment - R085-24

20. Executive Report - Financials

5A

Exhibit 1

19-012-CS-S

Festus Ebonka

Dena M. McClish

From: Dena M. McClish
Sent: Thursday, January 24, 2019 9:33 AM
To: Sam McCord (smccord@nsbn.state.nv.us)
Subject: FW: Festus EBONKA/DEA #ME1443643
Attachments: EBONKA Out of Country.xlsx

Good morning Sam-- I don't know if you guys will want to open a case on this one with this information but figured I'd forward it on!

It appears Mr. Ebonka had some issues renewing his DEA registration on time which prompted them to take a look at him and he's had a few CS prescriptions written while he was traveling out of the country.—See below for more info

Dena M McClish, Investigator

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This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

From: Way, Deanna K [<mailto:Deanna.K.Way@usdoj.gov>]
Sent: Thursday, January 24, 2019 9:08 AM
To: Dena M. McClish <dmcclish@pharmacy.nv.gov>
Subject: Festus EBONKA/DEA #ME1443643

Dena,
Festus EBONKA/DEA #ME1443643, travelled out of the country on the following dates:

11/7/15 – 1/24/15
7/14/16 – 7/25/16
2/25/17 – 3/11/17
9/27/17 – 10/2/17
12/22/17 – 12/28/17
11/9/18 – 11/30/18
12/22/18 – 12/29/18

Please see the attached spreadsheet for the prescriptions written while out of the country. I have not gotten copies of any yet.

His DEA Registration expired 10/31/18 and retired on 12/31/18. He continued to dispense Methadone. In January they tried to order and the supplier told them that there was an issue with their DEA Registration. On January 11th he reapplied for a DEA registration, but...he dispensed to another 106 patients, for 6 days, after he reapplied. We went yesterday and there were 9 full bottles in his safe, Jayne made him transfer them while we were there.

His supervising physician, it appears, is Matthew O'Keke.

Let me know if you have any questions.

Thanks!

Deanna K. Way

Diversion Investigator

Drug Enforcement Administration

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www.deadiversion.usdoj.gov

Exhibit 2

19-012-CS-S

Festus Ebonka

	A	C	D	E	P	R	V	W	Y	AA	AE	AF	AG
1	Prescriber DEA	Prescriber	Prescriber	Prescriber Address	Rx Number	Rx Written D	Payment T	DEA	Drug Name	Qty	Patient First Na	Patient Last Na	Patient DOB
2	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	205061	2/28/2017	Other	2	VYVANSE 30 MG CAPSULE	15 J			
3	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	205076	3/2/2017	Comm Ins	2	DEXTROAMP-AMPHETAMIN 20 MG TAB	28 D			
4	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	403096	7/15/2016	Medicaid	4	ALPRAZOLAM 2 MG TABLET	30 D			
5	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	403097	7/15/2016	Other	4	TEMAZEPAM 15 MG CAPSULE	30 D			
6	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	4198014	7/15/2016	Comm Ins	4	CLONAZEPAM 0.5 MG TABLET	90 N			
7	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	8821402	7/15/2016	Medicaid	4	CLONAZEPAM 1 MG TABLET	60 K			
8	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	584656	7/18/2016	Medicaid	4	ALPRAZOLAM 1 MG TABLET	90 N			
9	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	403103	7/18/2016	Comm Ins	4	ZOLPIDEM TARTRATE 5 MG TABLET	30 S			
10	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	403104	7/18/2016	Comm Ins	4	ALPRAZOLAM 1 MG TABLET	90 S			
11	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	403105	7/18/2016	Comm Ins	4	ALPRAZOLAM 0.5 MG TABLET	90 L			
12	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	601850	7/18/2016	Medicaid	4	ALPRAZOLAM 1 MG TABLET	30 J			
13	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	601862	7/18/2016	Medicaid	4	ZOLPIDEM TARTRATE 5 MG TABLET	30 J			
14	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	602115	7/18/2016	Medicaid	4	ZOLPIDEM TARTRATE 5 MG TABLET	30 J			
15	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	602116	7/18/2016	Medicaid	4	ALPRAZOLAM 1 MG TABLET	90 J			
16	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	1250341	7/18/2016	Medicare	4	ALPRAZOLAM 1 MG TABLET	36 C			
17	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	403119	7/19/2016	Medicaid	4	ALPRAZOLAM 1 MG TABLET	90 N			
18	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	403126	7/20/2016	Comm Ins	4	ZOLPIDEM TARTRATE 10 MG TABLET	30 C			
19	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	653560	7/22/2016	Medicaid	4	LORAZEPAM 2 MG TABLET	60 B			
20	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	4501699	2/27/2017	Comm Ins	4	DIAZEPAM 5 MG TABLET	28 S			
21	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	1219525	2/28/2017	Comm Ins	4	ALPRAZOLAM 0.5 MG TABLET	90 F			
22	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	404656	3/2/2017	Comm Ins		TRAMADOL HYDROCHLORIDE 50 mg/1	60 N			
23	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	404659	3/2/2017	Comm Ins	4	ALPRAZOLAM 1 MG TABLET	60 K			
24	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	404667	3/3/2017	Other	4	ALPRAZOLAM 1 MG TABLET	45 D			
25	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	404668	3/3/2017	Other	4	ZOLPIDEM TARTRATE 10 MG TABLET	15 L			
26	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	404669	3/3/2017	Other	4	ALPRAZOLAM 1 MG TABLET	45 L			
27	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	404670	3/3/2017	Comm Ins	4	ALPRAZOLAM 2 MG TABLET	60 I			
28	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	699848	3/3/2017	Medicare	4	LORAZEPAM 2 MG TABLET	14 B			
29	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	404671	3/6/2017	Comm Ins	4	CLONAZEPAM 1 MG TABLET	30 B			
30	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	404678	3/6/2017	Comm Ins	4	CLONAZEPAM 1 MG TABLET	30 V			
31	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	646453	3/6/2017	Medicaid	4	CLONAZEPAM 1 MG TABLET	14 A			
32	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	646454	3/6/2017	Medicaid		BELSOMRA 20 MG TAB	7 A			
33	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	661027	3/7/2017	Comm Ins	4	BELSOMRA 20 MG TABLET	30 A			
34	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	404687	3/8/2017	Other	4	TRAMADOL HCL 50 MG TABLET	56 B			
35	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	404688	3/8/2017	Other	4	LORAZEPAM 1 MG TABLET	28 B			
36	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	404689	3/8/2017	Other	4	ZOLPIDEM TARTRATE 10 MG TABLET	14 B			
37	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	404691	3/8/2017	Comm Ins	4	CLONAZEPAM 1 MG TABLET	14 D			
38	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	404694	3/9/2017	Comm Ins	4	CLONAZEPAM 2 MG TABLET	8 D			
39	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	404697	3/9/2017	Comm Ins	4	ALPRAZOLAM 1 MG TABLET	14 D			
40	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	404703	3/10/2017	Comm Ins	4	ALPRAZOLAM 0.5 MG TABLET	14 M			
41	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	701585	3/10/2017	Medicare	4	LORAZEPAM 2 MG TABLET	12 B			

	A	C	D	E	P	R	V	W	Y	AA	AE	AF	AG
42		FESTUS	EBONKA	1721 E CHARLESTON E	406198	9/28/2017	Other	4	ALPRAZOLAM 0.5 MG TABLET	28 K			
43	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	406199	9/28/2017	Comm Ins	4	ALPRAZOLAM 1 MG TABLET	56 M			
44	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	687917	9/28/2017	Medicaid	4	BELSOMRA 20 MG TABLET	30 A			
45	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	687919	9/28/2017	Medicaid	4	CLONAZEPAM 1 MG TABLET	60 A			
46	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	687920	9/28/2017	Medicaid	3	SUBOXONE 8 MG-2 MG SL FILM	60 A			
47	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	406203	9/29/2017	Comm Ins	4	DIAZEPAM 5 MG TABLET	42 J			
48	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	406206	9/29/2017	Comm Ins	4	ALPRAZOLAM 1 MG TABLET	14 M			
49	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	406208	9/29/2017	Comm Ins	4	ALPRAZOLAM 2 MG TABLET	28 M			
50	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	406829	12/27/2017	Comm Ins	4	ALPRAZOLAM 1 MG TABLET	16 B			
51	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	406830	12/27/2017	Comm Ins	4	ALPRAZOLAM 1 MG TABLET	8 K			
52	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	775643	11/12/2018	Medicare	4	CLONAZEPAM 0.5 MG TABLET	30 H			
53	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	408916	11/13/2018	Comm Ins	4	ALPRAZOLAM 1 MG TABLET	60 T			
54	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	408917	11/13/2018	Comm Ins	4	CLONAZEPAM 1 MG TABLET	28 D			
55	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	775703	11/13/2018	Medicare	4	ALPRAZOLAM 1 MG TABLET	60 J			
56	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	775706	11/13/2018	Medicare	4	TRAMADOL HCL 50 MG TABLET	90 J			
57	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	775774	11/13/2018	Medicaid	4	ALPRAZOLAM 1 MG TABLET	60 R			
58	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	1504345	11/13/2018	Medicaid	4	ALPRAZOLAM 2 MG TABLET	42 S			
59	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	803850	11/13/2018	Medicaid	4	ALPRAZOLAM 1 MG TABLET	90 J			
60	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	519548	11/13/2018	Comm Ins	4	ALPRAZOLAM 1 MG TABLET	42 E			
61	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	408924	11/14/2018	Comm Ins	4	ZOLPIDEM TARTRATE 5 MG TABLET	30 S			
62	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	408925	11/14/2018	Comm Ins	4	ALPRAZOLAM 2 MG TABLET	60 S			
63	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	408926	11/14/2018	Comm Ins	4	ALPRAZOLAM 2 MG TABLET	60 S			
64	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	408931	11/14/2018	Comm Ins	4	ALPRAZOLAM 2 MG TABLET	30 i			
65	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	775953	11/14/2018	Medicaid	3	SUBOXONE 8 MG-2 MG SL FILM	28 J			
66	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	776078	11/14/2018	Medicare	4	CLONAZEPAM 1 MG TABLET	42 J			
67	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	690518	11/14/2018	Medicaid	4	CLONAZEPAM 0.5 MG TABLET	42 D			
68	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	1140743	11/14/2018	Medicare	4	ALPRAZOLAM 1 MG TABLET	90 N			
69	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	1140753	11/14/2018	Medicare	4	ALPRAZOLAM 2 MG TABLET	60 T			
70	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	4509557	11/14/2018	Medicaid	4	LORAZEPAM 1 MG TABLET	42 N			
71	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	408937	11/15/2018	Comm Ins	4	CLONAZEPAM 1 MG TABLET	60 M			
72	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	408938	11/15/2018	Comm Ins	4	ZOLPIDEM TARTRATE 10 MG TABLET	30 E			
73	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	776273	11/15/2018	Medicaid	4	ALPRAZOLAM 1 MG TABLET	60 J			
74	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	776278	11/15/2018	Medicaid	4	ALPRAZOLAM 1 MG TABLET	90 C			
75	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	776444	11/15/2018	Medicaid	4	CLONAZEPAM 0.5 MG TABLET	60 D			
76	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	1008711	11/15/2018	Medicaid	4	CLONAZEPAM 1 MG TABLET	60 C			
77	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	1395482	11/15/2018	Medicaid	4	ALPRAZOLAM 1 MG TABLET	28 S			
78	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	3014076	11/15/2018	Comm Ins	4	CLONAZEPAM 0.5 MG TABLET	14 J			
79	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	408956	11/16/2018	Comm Ins	4	ALPRAZOLAM 1 MG TABLET	60 M			
80	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	408957	11/16/2018	Comm Ins	4	ALPRAZOLAM 0.5 MG TABLET	60 M			
81	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	408963	11/16/2018	Comm Ins	4	CLONAZEPAM 0.5 MG TABLET	60 M			
82	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	776641	11/16/2018	Medicaid	3	SUBOXONE 8 MG-2 MG SL FILM	10 J			

	A	C	D	E	P	R	V	W	Y	AA	AE	AF	AG
83	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	582066	11/16/2018	Medicaid	4	ALPRAZOLAM 1 MG TABLET	90 J			
84	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	582070	11/16/2018	Medicaid	4	ZOLPIDEM TARTRATE 10 MG TABLET	30 J			
85	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	954966	11/16/2018	Medicaid	4	CLONAZEPAM 0.5 MG TABLET	60 K			
86	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	4004435	11/16/2018	Private Pay	4	ALPRAZOLAM 1 MG TABLET	60 N			
87	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	1395753	11/16/2018	Medicaid	4	ALPRAZOLAM 0.5 MG TABLET	60 A			
88	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	408970	11/19/2018	Comm Ins	4	CLONAZEPAM 0.5 MG TABLET	60 C			
89	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	777057	11/19/2018	Medicaid	4	CLONAZEPAM 0.5 MG TABLET	30 N			
90	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	777080	11/19/2018	Medicaid	4	CLONAZEPAM 1 MG TABLET	28 J			
91	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	777135	11/19/2018	Medicaid	4	ALPRAZOLAM 1 MG TABLET	60 S			
92	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	4574748	11/19/2018	Medicaid	3	SUBOXONE 8 MG-2 MG SL FILM	30 S			
93	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	4485267	11/19/2018	Medicaid	4	ALPRAZOLAM 2 MG TABLET	60 D			
94	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	777256	11/20/2018	Medicaid	4	ALPRAZOLAM 1 MG TABLET	42 L			
95	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	408989	11/21/2018	Comm Ins	4	ALPRAZOLAM 1 MG TABLET	60 Y			
96	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	408998	11/21/2018	Comm Ins	4	ALPRAZOLAM 1 MG TABLET	90 D			
97	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	409000	11/21/2018	Other	4	LORAZEPAM 1 MG TABLET	60 V			
98	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	777636	11/21/2018	Medicaid	4	ALPRAZOLAM 1 MG TABLET	42 E			
99	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	286335	11/21/2018	Comm Ins	4	ALPRAZOLAM 1 MG TABLET	28 F			
100	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	4509614	11/21/2018	Medicaid	4	ALPRAZOLAM 1 MG TABLET	28 A			
101	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	1837015	11/21/2018	Comm Ins	4	ALPRAZOLAM 1 MG TABLET	28 A			
102	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	1527669	11/21/2018	Comm Ins	4	ALPRAZOLAM 0.5 MG TABLET	28 M			
103	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	1701182	11/24/2018	Comm Ins	4	CLONAZEPAM 1 MG TABLET	42 M			
104	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	409007	11/26/2018	Comm Ins	4	CLONAZEPAM 1 MG TABLET	60 V			
105	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	409010	11/26/2018	Comm Ins	4	ALPRAZOLAM 1 MG TABLET	45 M			
106	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	409011	11/26/2018	Other	4	ALPRAZOLAM 1 MG TABLET	21 M			
107	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	409012	11/26/2018	Comm Ins	4	ALPRAZOLAM 1 MG TABLET	90 S			
108	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	409013	11/26/2018	Comm Ins	4	ALPRAZOLAM 1 MG TABLET	90 K			
109	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	409014	11/26/2018	Comm Ins	4	ZOLPIDEM TARTRATE 10 MG TABLET	30 H			
110	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	778431	11/26/2018	Medicare	4	CLONAZEPAM 1 MG TABLET	28 J			
111	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	1946760	11/26/2018	Medicaid	4	ALPRAZOLAM 1 MG TABLET	28 E			
112	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	4485295	11/26/2018	Medicaid	4	CLONAZEPAM 1 MG TABLET	60 D			
113	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	778553	11/27/2018	Comm Ins	4	ALPRAZOLAM 1 MG TABLET	28 J			
114	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	778774	11/27/2018	Medicaid	3	SUBOXONE 8 MG-2 MG SL FILM	14 A			
115	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	1556146	11/28/2018	Medicaid	3	BUPRENORPHIN-NALOXON 8-2 MG SL	14 M			
116	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	778979	11/28/2018	Medicaid	3	BUPRENORPHIN-NALOXON 8-2 MG SL	14 M			
117	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	778986	11/28/2018	Comm Ins	3	SUBOXONE 8 MG-2 MG SL FILM	28 L			
118	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	692478	11/28/2018	Medicaid	4	LORAZEPAM 1 MG TABLET	42 C			
119	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	2170988	11/28/2018	Medicaid	3	SUBOXONE 8 MG-2 MG SL FILM	28 C			
120	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	519616	11/28/2018	Comm Ins	4	ALPRAZOLAM 1 MG TABLET	90 B			
121	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	409025	11/29/2018	Comm Ins	4	CLONAZEPAM 0.5 MG TABLET	28 C			
122	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	409026	11/29/2018	Comm Ins	4	ALPRAZOLAM 1 MG TABLET	14 J			
123	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	4471516	11/29/2018	Medicaid	4	ZOLPIDEM TARTRATE 10 MG TABLET	7 J			

	A	C	D	E	P	R	V	W	Y	AA	AE	AF	AG
124	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	682276	11/29/2018	Comm Ins	3	SUBOXONE 8 MG-2 MG SL FILM	19 C		S	
125	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	804264	11/29/2018	Medicaid	3	SUBOXONE 8 MG-2 MG SL FILM	28 S		T	
126	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	8868006	11/29/2018	Medicare	4	BELSOMRA 20 MG TABLET	10 N		M	
127	ME1443643	FESTUS	EBONKA	1721 E CHARLESTON E	4446066	11/29/2018	Comm Ins	4	CLONAZEPAM 0.5 MG TABLET	14 B		R	

Exhibit 3

19-012-CS-S

Festus Ebonka

205061

Nevada Care Center
1721 East Charleston Blvd.
Las Vegas, NV 89104

Ph. (702) 685-0620 Fax (702) 685-9674

Patient Name

Address

Date

2/28/17

Rx

Vyvanse 30mg PO QD #15

Refills ☒ 1-2-3-4

Signature

Refills

☒ Matthew Okeke, M.D. DEA# TD4173845
☒ Festus Eboka, APRN DEA# ME1443643

Nevada Care Center
1721 East Charleston Blvd.
Las Vegas, NV 89104

Ph. (702) 685-0620 Fax (702) 685-9674

205076

Patient Name

D [REDACTED] R [REDACTED]

Date

3/2/17

Address

[REDACTED]

(Copy of Photo ID required on all intravenous medications)

Rx

Adderall 20 mg PO BID #28

Refills NR 234

Signature

[Signature]

Refills

☐ Matthew Okeke, M.D. DEA# FO4173345
☐ Festus Ebonka, APRN DEA# ME1443643

FOR

ADDRESS

DATE

7/15/16

403096
403097

R

called
in

by
Melani
Brown
Hick

Alprazolam 2

1 ghs #30

Remmon 15mg

1 ghs #30

Tenaxogen

15mg

1 ghs

per
sup #30

REFILL

TIMES

9:37am

Rph: M

M.D.

Eestus Ebonka

M.D.

DO NOT SUBSTITUTE

SUBSTITUTION PERMISSIBLE

DEA NO.

ME1443643

702-239-8077

ADDRESS

BioRx Labs 1-888-550-5452

FORM NO. PD5000

NAME N [REDACTED] M [REDACTED]	DATE OF BIRTH [REDACTED]	DATE 2/15/16
ADDRESS		PHONE

R_x Klonopin 0.5mg
1 Tid prn anxiety
90.

Echo

Gu

REFILLS NR 1 2 3 4 5	AGENT PHONING IN Meloni Brown	
PHYSICIAN NAME Festas Ebonka,	DEA NUMBER ME1443643	PHONE NUMBER
PHARMACIST NAME	DAW	TIME

KRO-33

419 8014

3 pages total

SMITH'S PHARMACY #533
450 NORTH NELLIS
LAS VEGAS, NV 89110
PHONE 452-0224

ATTN:
Maria

CVS/pharmacy

Telephone Order Prescription Pad

Date/Time: 7-15-16 4pm

Name: [REDACTED]

DOB: [REDACTED] ☐ Infant/Pediatric

Phone: _____

Address: _____

Allergies: _____

Rx
8821402

Rx
① TOPAMAX 100mg
TPO QHS
#30
② CLONAZEPAM 1mg
TPO BID PRN ANXIETY
#60

Medication Purpose: _____ Refills: 0

Read Back: ☒ DOB ☒ Drug Name ☒ Strength ☒ Directions

Interchange is mandated unless the practitioner writes the words "No Substitution" in this space

Phoned In by: Melanie Voice Mail ☐

Prescriber: Fergus Ebonka

Phone: (702) 685-0620

DEA or State license number: ME 1443643

Address: _____

OPR-378 Rev. 03/09 Item # 182779

CVS Staff Initials: [Signature]

CVS Pharmacy #16582
8750 W Charleston Blvd
Las Vegas, NV 89117
P (702) 933-2315 F (702) 570-4120

page
2/3

Rx Number: 584656
Request ID: 182826

Store Number: 08799
Request Submitted Date: 02/18/2019

Rx Image

CVS/pharmacy:

Telephone Order Prescription Pad

Date/Time: 7/16/16

Name: [REDACTED]

DOB: [REDACTED]

☐ Infant/Pediatric

Phone: [REDACTED]

Address: [REDACTED]

Allergies: [REDACTED]

Rx

Xanax
TID PRN Anxiety

Medication Purpose:

Refills: 0

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

Phoned in by: [REDACTED]

Voice Mail ☒

Prescriber: [REDACTED]

Phone: [REDACTED]

DEA or State license number: [REDACTED]

Address: [REDACTED]

CVS Staff Initials: [REDACTED]

Rx Number: 584656
Request ID: 182826

Store Number: 08799
Request Submitted Date: 02/18/2019

Back Tag	
Patient Information	
Name	F M
Phone	
Address	
Gender	M
DOB	
Age	
Prescriber Information	
Name	EBONKA, FESTUS
Address	1721 E CHARLESTON BLVD FL 3, LAS VEGAS, NV, 891041902.
Phone	(702)685-0620
DEA	ME1443643
NPI	1932241007
LIC	
Quantity & Fill Information	
Prescribed Quantity	90
Prescriber Refill	0
Drug	
Drug	ALPRAZOLAM 1 MG TABLET
Strength	1
Dispensed NDC	00781107905
Manufacturer	SANDOZ
Store	
Store Number	08799
Store Address	1360 E. FLAMINGO RD. LAS VEGAS, NV 89119.
Prescription Information	
Rx Number	584656
DAW	0
Compound Code	1
Written Date	07/18/2016
Rx Origin Code	2
Electronic Transaction ID	
Sender Message Id	
Send Date/Time	
Supervising Physician	
Name	
Address	
Phone Number	
DEA	
NPI	
LIC	
Directions	
TAKE 1 TABLET BY MOUTH 3 TIMES A DAY AS NEEDED FOR ANXIETY	
Data Entry	
Data Entry Initials	Madiaga, Alec Jansen
Data Entry Date	07/18/2016
Verification	
Script Verify Initials	LCC
Script Verify Date	07/18/2016

FOR [redacted]
ADDRESS [redacted]
R
called
melani
busin
Histic
DATE 7/18/16
1 bid #60
Aman S #30
1 ghs pm sleep
@ 9:45am Alprazolam 1mg #90
1 bid pm
REFILL 0 TIMES
Rel:ms
DO NOT SUBSTITUTE
DEA NO. ME 1443643
M.D. Atenolol 50 mg
SUBSTITUTION PERMISSIBLE
M.D. 1 bid #30
Festus Ebonka
ADDRESS [redacted]
FORM [redacted]
BioRx Labs 1-888-550-5452

403103
403104

FOR [redacted] DATE 7/18/69
ADDRESS [redacted]
Rx called Shenquid 200 Transdermal
in 1 phs #30 wong
by 1 phs #30
Dumelle Lidocaine 300
7/18/69 @ 10 am 1 bid #60
REFILL 0 TIMES Alprandam 0.5
Rh: Mo M.D. 685-0620 M.D.
DO NOT SUBSTITUTE SUBSTITUTION PERMISSIBLE
DEANO. NE 443642 Reshio Ebonka
ADDRESS
BioRx Labs 1-888-550-5452 FORM NO. PD8000

403105

Rx Number: 601850
Request ID: 184406

Store Number: 08788
Request Submitted Date: 02/22/2019

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Name: [REDACTED]

DOB: [REDACTED]

Phone: [REDACTED]

Address: [REDACTED]

Allergies: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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Phoned in by: [REDACTED]

Prescriber: [REDACTED]

Phone: [REDACTED]

DEA or State license number: [REDACTED]

Address: [REDACTED]

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[REDACTED]

[REDACTED]

Rx Number: 601850
Request ID: 184406

Store Number: 08788
Request Submitted Date: 02/22/2019

BackTag	
Patient Information	
Name	W [REDACTED]
Phone	[REDACTED]
Address	[REDACTED]
Gender	M
DOB	[REDACTED]
Age	[REDACTED]
Prescriber Information	
Name	EBONKA, FESTUS
Address	1721 E CHARLESTON BLVD 3, LAS VEGAS, NV, 891041902.
Phone	(702)685-0620
DEA	ME1443643
NPI	1932241007
LIC	
Quantity & Fill Information	
Prescribed Quantity	30
Prescriber Refill	0
Drug	
Drug	ALPRAZOLAM 1 MG TABLET
Strength	1
Dispensed NDC	00781107905
Manufacturer	SANDOZ
Store	
Store Number	08788
Store Address	1812 E. CHARLESTON BLVD., LAS VEGAS, NV, 89104.
Prescription Information	
Rx Number	601850
DAW	0
Compound Code	1
Written Date	07/18/2016
Rx Origin Code	2
Electronic Transaction ID	
Sender Message Id	
Send Date/Time	
Prescriber Agent	
Name	
Supervising Physician	
Name	
Address	
Phone Number	
DEA	
NPI	
LIC	
Directions	
TAKE 1 TABLET BY MOUTH 3 TIMES A DAY AS NEEDED FOR ANXIETY	
Data Entry	
Data Entry Initials	Guzman, Giovanna
Data Entry Date	07/20/2016
Verification	
Script Verify Initials	JT
Script Verify Date	07/20/2016

Rx Number: 601862
Request ID: 184407

Store Number: 08788
Request Submitted Date: 02/22/2019

Rx Image

CVS/pharmacy Telephone Order Prescription Pad

Date: 7-6-16

Name: [REDACTED]
DOB: [REDACTED]
Phone: [REDACTED]

Address: [REDACTED]

Allergies: [REDACTED]

Medication: Alprazolam 1mg
IP# 710 PRN Anxiety
2000 30
IP# 200 30

Medication Purpose: [REDACTED]

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

Phoned In by: Melana
Prescriber: Fredrick E. [REDACTED]
Phone: 702-685-0620
DEA or State license number: [REDACTED]
Address: 1721 E Charleston Blvd FL3
Las Vegas NV 89109

CVS Staff Initials: [REDACTED]

Rx Number: 601862

Request ID: 184407

Store Number: 08788

Request Submitted Date: 02/22/2019

BackTag	
Patient Information	
Name	W J
Phone	
Address	
Gender	M
DOB	
Age	
Prescriber Information	
Name	EBONKA, FESTUS
Address	1721 E CHARLESTON BLVD FL 3, LAS VEGAS, NV, 891041902.
Phone	(702)685-0620
DEA	ME1443643
NPI	1932241007
LIC	
Quantity & Fill Information	
Prescribed Quantity	30
Prescriber Refill	0
Drug	
Drug	ZOLPIDEM TARTRATE 5 MG TABLET
Strength	5
Dispensed NDC	00093007301
Manufacturer	TEVA USA
Store	
Store Number	08788
Store Address	1812 E. CHARLESTON BLVD., LAS VEGAS, NV, 89104.
Prescription Information	
Rx Number	601862
DAW	0
Compound Code	1
Written Date	07/18/2016
Rx Origin Code	2
Electronic Transaction ID	
Sender Message Id	
Send Date/Time	
Prescriber Agent	
Name	
Supervising Physician	
Name	
Address	
Phone Number	
DEA	
NPI	
LIC	
Directions	
TAKE 1 TABLET BY MOUTH AT BEDTIME	
Data Entry	
Data Entry Initials	Guzman, Giovanna
Data Entry Date	07/18/2016
Verification	
Script Verify Initials	NS
Script Verify Date	07/18/2016

Rx Number: 602115

Request ID: 184406

Store Number: 08788

Request Submitted Date: 02/22/2019

Rx Image

CVS/pharmacy

Transferred Prescription

Name: M. J. [REDACTED] Date/Time: 7/12/16
 DOB: [REDACTED] Phone: [REDACTED]
 Address: [REDACTED] Allergies: [REDACTED] / Pediatric
 Pharmacy Name: [REDACTED]
 Pharmacy Address: [REDACTED]
 Pharmacy Phone: 778-7072 DEA # P4729375
 Orig. Rx #: 403111 Date Written: 7-10-16 Date Orig. Filed: [REDACTED]
 Last Date Filled: Hold Orig. # of Refills: [REDACTED]
 Transferor R.Ph. Name: Moe

R Ambien 5mg - #30
1 po qd prn sleep

Medication Purpose: [REDACTED] Refills: 1-2
 Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

DO NOT WRITE IN THESE SPACES UNLESS NECESSARY
 DO NOT SIGNATURES OR SUBSTITUTIONS ONLY
 Dr. Ebonka Festus
UNLESS SIGNATURE OF PHYSICIAN, NURSE, OR
 SUBSTITUTION MAY BE USED, SIGNATURE OF THE PHYSICIAN
 IS REQUIRED FOR ALL PRESCRIPTIONS

Dr. Phone: 685-0620 DEA or State license #: M61443643
 Address: 1721 E Charleston WV 26004

CVS-376 Rev. 01/03 Item # 763115

CVS Staff Initials: M

Rx Number: 602115
Request ID: 184406

Store Number: 08788
Request Submitted Date: 02/22/2019

BackTag

Patient Information		Prescriber Information	
Name	M J	Name	EBONKA, FESTUS
Phone		Address	1721 E CHARLESTON BLVD FL 3, LAS VEGAS, NV, 891041902.
Address		Phone	(702)685-0620
Gender	F	DEA	ME1443643
DOB		NPI	1932241007
Age		LIC	
Quantity & Fill Information		Prescriber Agent	
Prescribed Quantity	30	Name	
Prescriber Refill	0		
Drug		Supervising Physician	
Drug	ZOLPIDEM TARTRATE 5 MG TABLET	Name	
Strength	5	Address	
Dispensed NDC	00093007301	Phone Number	
Manufacturer	TEVA USA	DEA	
Store		NPI	
Store Number	08788	LIC	
Store Address	1812 E. CHARLESTON BLVD., LAS VEGAS, NV, 89104.	Directions	TAKE 1 TABLET BY MOUTH DAILY AS NEEDED FOR SLEEP
Prescription Information			
Rx Number	602115	Data Entry	
DAW	0	Data Entry Initials	Robina, Jenny
Compound Code	1	Data Entry Date	07/20/2016
Written Date	07/18/2016	Verification	
Rx Origin Code	2	Script Verify Initials	JT
Electronic Transaction ID		Script Verify Date	07/20/2016
Sender Message Id			
Send Date/Time			

Rx Number: 602116
Request ID: 184406

Store Number: 08788
Request Submitted Date: 02/22/2019

Rx Image

CVS/pharmacy

Transferred Prescription

Name: M. [redacted] Date/Time: 7/13/16
DOB: [redacted] Phone: [redacted]
Address: [redacted]
Pharmacy Name: Providence
Pharmacy Address: 1729 E Charleston W 8904
Pharmacy Phone: 778-3072 DEA: FP4729375
Orig. Rx #: 403110 Date Written: 7-13-16 Date Orig. Filled: [redacted]
Last Date Filled: 7-13-16 Orig. # of Refills: [redacted]
Transferor R.Ph. Name: Mre [redacted]

Rx Xanax 1mg #90
qpo tid prn anx

Medication Purpose: [redacted] Refills: 1-0

Read Backs: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

IF CHANGE IN PATIENT STATUS OR DIRECTIONS ARE NECESSARY
DO NOT SIGNATURE AND/OR INSTRUCTIONS ONLY

Dr. [redacted]

UNLESS OTHERWISE SPECIFIED, THIS
PRESCRIPTION IS VALID FOR ONE YEAR FROM
DATE OF ISSUE. IT IS VOID IF IT IS NOT
SIGNED BY A PHYSICIAN OR A NURSE.

Dr. Ebonka Taylor

Dr. Phone: 685-0620 DEA or State license #: ME1445643

Address: 1721 E Charleston W 8904

CVS-276 Rev 03/03 153115

CVS Star Initiative: [redacted]

Rx Number: 602116

Request ID: 184406

Store Number: 08788

Request Submitted Date: 02/22/2019

BackTag			
Patient Information		Prescriber Information	
Name	M. J.	Name	EBONKA, FESTUS
Phone		Address	1721 E CHARLESTON BLVD FL 3, LAS VEGAS, NV, 891041902.
Address		Phone	(702)885-0620
Gender	F	DEA	ME1443643
DOB		NPI	1932241007
Age		LIC	
Quantity & Fill Information		Prescriber Agent	
Prescribed Quantity	90	Name	
Prescriber Refill	0		
Drug		Supervising Physician	
Drug	ALPRAZOLAM 1 MG TABLET	Name	
Strength	1	Address	
Dispensed NDC	00781107905	Phone Number	
Manufacturer	SANDOZ	DEA	
Store		NPI	
Store Number	08788	LIC	
Store Address	1812 E. CHARLESTON BLVD., LAS VEGAS, NV, 89104.	Directions	
Prescription Information		TAKE 1 TABLET BY MOUTH 3 TIMES A DAY AS NEEDED FOR ANXIETY	
Rx Number	602116	Data Entry	
DAW	0	Data Entry Initials	Robina, Jenny
Compound Code	1	Data Entry Date	07/20/2016
Written Date	07/18/2016	Verification	
Rx Origin Code	2	Script Verify Initials	JT
Electronic Transaction ID		Script Verify Date	07/20/2016
Sender Message ID			
Send Date/Time			



Audit / Board of Pharmacy Inspection Report

Rx #: 1250341-2

Store #: 6425

Sold Date: 07/21/2016

Prescription Image Side 1

POWER PCC STORE#			
PBR	PATIENT	Name <u>J. [redacted]</u>	Date: <u>7-18-16</u>
		DOB <u>[redacted]</u> Phone () <u>[redacted]</u>	Initials: <u>AA</u>
		Address <u>[redacted]</u>	
		Allergies/Health Info <u>[redacted]</u>	
		Phone <u>(704) 685 0620</u>	DEA <u>ME1443643</u>
		Name <u>Ebonka, Festus</u>	NPI <u>[redacted]</u>
		Address <u>[redacted]</u>	Caller ID <u>Danielle</u>
		Drug: <u>Xanax 1mg</u>	Drug: <u>[redacted]</u>
		Directions: <u>1 TID PrA</u>	Directions: <u>[redacted]</u>
QTY: <u>36</u>	Refills: <u>[redacted]</u>	DAW: <u>Y</u> <u>N</u>	QTY: <u>[redacted]</u> Refills: <u>[redacted]</u> DAW: <u>Y</u> <u>N</u>
WICH 225610			

Prescription Image Side 2

This prescription only has one side.

FOR

ADDRESS

Rx

DOB: [REDACTED]

Las Vegas DATE 7/19/16.

NV 89106

Called
in
by
Helonie
7/19/16
@ 12:16pm

① Sertraline 100mg #30
1 tab po QHS

② Trazodone 100mg #30
1 tab po QHS

③ Xanax 1mg #70
1 tab po tid prn x anx. etc.

REFILL

TIMES

1 ph. MW

DO NOT SUBSTITUTE

M.D.

Ebonka Festus

M.D.

SUBSTITUTION PERMISSIBLE

DEA NO.

HE 1443643

702-685-0620.

ADDRESS

BioRx Labs 1-888-550-5452

FORM NO. PD5000

403119

FOR

ADDRESS

DATE

R

Called

in

by

Melanie
Brown

Pharmacist
@ 4:32

Zolpidem 10mg

1 qt. hs #30

REFILL

TIMES

Rph: M.D.

M.D.

Testis Elanky M.D.

DO NOT SUBSTITUTE

SUBSTITUTION PERMISSIBLE

DEA NO.

NE 1442643

ADDRESS

685-6620

BioRx Labs 1-888-850-5452

FORM NO. PD6000

403126

Rx #: 0653560

* Refill *

CVS/pharmacy

Telephone Order Prescription Pad

Date/Time: 7-22-90 (3:13 PM)

Name: S. [redacted] D. [redacted]

DOB: [redacted] ☐ Infant/Pediatric

Phone: [redacted]

Address: [redacted]

Allergies: [redacted]

R

Ativan 2mg

#60

T PO BID - PAN

42.1

X 30 DAYS

Medication Purpose: _____ Refills: 0

Read Box: ☒ DOB ☒ Drug Name ☒ Strength ☒ Directions

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

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

E Gouta Fertis

Phoned in by: Melane

Voice Mail ☐

Phone: 685-0625

DEA or State license number: ME1443643

Address: 1721 E. Chatham Blvd, Pittsford

OPR-376 Rev 03/99 Item # 183112

CVS Staff Initials: [signature]

Store #: 2838
Report Date: 02/07/2019

Connexus Pharmacy System
Wal-Mart Pharmacy 10-2838
PRESCRIPTION IMAGE(DUPLICATE COPY)

Patient:

C. S.

Wal-Mart Pharmacy
540 MARKS STREET
HENDERSON NV-89014

Date Of Birth:

[REDACTED]

NABP Number: 2980642
ID: BW7077717

PRESCRIPTION IMAGE(DUPLICATE COPY)

Rx #: 4501699 Scanned On : 2/27/2017

707-557-0043

TELEPHONED PRESCRIPTION

NAME: C. S. DATE: 2/27/17

ADDRESS: [REDACTED]

PHONED BY: [REDACTED] ORIGINAL RX: [REDACTED] REFILL TIMES: [REDACTED]

TIME IN: [REDACTED] TIME OUT: [REDACTED] DOB: [REDACTED] GENERIC: YES

Rx

Valium 5 mg # 28

T HC BID prn Ans

3990

Ebonka, Festus

1721 E. Henderson Blvd LNV

ME 10/13

DISPENSE AS WRITTEN

DISPENSE AS WRITTEN

2 VOLUNTARY TORNADARY PERMITTED - VAUSEY

Rx: #4501699 3990

DATE: 2/27/2017

PATIENT: C. S.

PAT. PAY. BY: [REDACTED]

DR. ERONIA TESTUS ONTEMAUOSA

CAZEPAN 500 750

OTC: CARO MAY

NO OTHER RX IN ORDER

Report Date: 02/07/2019
Attested To By:

Registered Pharmacist

****PRIVATE-IF YOU RECEIVE THIS REPORT IN ERROR, PLEASE RETURN TO WAL*MART PHARMACY IMMEDIATELY.
WAL*MART STORES, INC.**

This prescription has been reprinted by JULIE SHIERS for the following reason:

Script Front Image

Rx Number: 1219525-4790

Walgreens		Initials VP	Promised Time
Name [REDACTED]	Date 2/28/17		
Address	AL/HC		
Phone#	Birth Date [REDACTED]		
1) Vistral 10mg PO QID #120 2) XANAX 0.5mg PO TID #90 3) Lamictal 150mg PO BID #60			
Dr. [REDACTED]	Dr. Festus Ebonka		
Refill 0	DISPENSE AS WRITTEN		
Address	SUBSTITUTION PERMISSIBLE		
Phone#	DEA/NPI#		
VM/Caller ID	085-0620 Danielle		
		WIC#964880	

Script Details

Patient

Name: **[REDACTED]**
 Address: **[REDACTED]**
 Phone Number: **[REDACTED]**
 Date of Birth: **[REDACTED]** 12:00:00 AM

Drug Info

Name: ALPRAZOLAM 0.5MG TABLETS
 Generic for: XANAX 0.5MG TABLETS
 Quantity: 90 for 30 days with 0 Refills Remaining
 SIG: TAKE 1 TABLET BY MOUTH THREE TIMES DAILY
 DAW Indicator: N

Prescriber

Name: FESTUS EBONKA
 Address: 9416 LEADBRICK ST LAS VEGAS, NV
 Phone Number: (702)685-0620
 NPI: 1932241007 DEA: ME1443643

Fill Info

Written: 2/28/2017
 Entered: Feb 28 2017 4:45PM by KMB at 4790
 Data Review: Feb 28 2017 4:48PM by KMB at 4790
 Filled: Feb 28 2017 5:14PM by BLV at 4790
 Verified: Feb 28 2017 5:18PM by KMB at 4790
 Sold: Mar 1 2017 10:57AM by KMB at 4790

Script Back Image

No Back Image Available...

Annotations

No Annotations

This report is considered a confidential Walgreens document. It is intended to be used for Board of Pharmacy inspections. Professional discretion should be used prior to releasing this document.

Class: C4

Script 30 of 31

CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRRXYXLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

PATIENT: J [REDACTED] M [REDACTED]
DOB: [REDACTED] SEX: Male
[REDACTED]
PHONE: [REDACTED]

Called in by Claire

@ 9:15 AM 3-27

KKC

404656

PRESCRIBED: TRAMADOL HCL 50 MG TABLET PHARMACY RXNBR: 404478
ORIG FILL: 01/31/17 ORIG QUANTITY: 60 AUTH'D REFILLS: 0
LAST FILL: 01/31/17 QUANTITY LEFT: 0 DAYS SUPPLY: 30
DIRECTIONS: TAKE ONE TABLET BY MOUTH TWO TIMES A DAY AS NEEDED

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Tramadol 50mg

Quantity 60 Refills Authorized 0

Directions 1 Po bid PRN

Physicians Signature _____ Date _____

Comments MEK443643

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CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRCSZZdLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

404659

PATIENT: M [REDACTED] K [REDACTED]
DOB: [REDACTED] SEX: Male
[REDACTED]
PHONE: [REDACTED]
CELL: [REDACTED]

DEFER 11

PRESCRIBED: ALPRAZOLAM 1 MG TABLET PHARMACY RXNBR: 404533
ORIG FILL: 02/09/17 ORIG QUANTITY: 120 ⁶⁰ AUTH'D REFILLS: 0
LAST FILL: 02/09/17 QUANTITY LEFT: 0 DAYS SUPPLY: 30
DIRECTIONS: TAKE ONE TABLET BY MOUTH FOUR TIMES A DAY AS NEEDED FOR ANXIETY

Called ruby
Chloe
3-2-17
9:29am

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Alprazolam 1mg
Quantity 60 Refills Authorized _____
Directions change to 2 week supply

Physicians Signature _____ Date _____

Comments MEK448643

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CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRRCSSYLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

404667

PATIENT: W [REDACTED] D [REDACTED]
DOB: [REDACTED] SEX: Female
[REDACTED]
PHONE: [REDACTED]

Called in by Danielle
@ 12:32 pm 3-3-17
HLC

PRESCRIBED: ALPRAZOLAM 1 MG TABLET PHARMACY RXNR: 404055
ORIG FILL: 11/29/16 ORIG QUANTITY: 90 AUTH'D REFILLS: 0
LAST FILL: 11/30/16 QUANTITY LEFT: 0 DAYS SUPPLY: 30
DIRECTIONS: TAKE ONE TABLET BY MOUTH THREE TIMES AS NEEDED FOR ANXIETY

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Alprazolam 1 mg
Quantity 45 Refills/Authorized 0
Directions + po tid prn Anxiety

Physicians Signature _____ Date _____

Comments ME1443643

The documents accompanying this fax are CONFIDENTIAL. Information contained in this fax transmission belongs to the [pharmacy/pharmacist] sending the data and is legally privileged. The information accompanying this fax transmission is intended only for the use of the individual (or facility) identified as the "recipient". The recipient of this information is prohibited from disclosing, copying, distributing or using this information except as permitted by current law governing privacy of information issues. Such information must be destroyed after its stated need has been fulfilled, unless otherwise prohibited by law. If you have received this fax transmission in error, please notify the "sender" immediately for return instructions. Print reference LLLCRRCSSYLLL

CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRCRSDSdLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

404668

PATIENT: R [REDACTED] L [REDACTED]
DOB: [REDACTED] SEX: Female
[REDACTED]
PHONE: [REDACTED]
CELL: [REDACTED]

PRESCRIBED: ZOLPIDEM TARTRATE 10 MG TAB PHARMACY RXNBR: 404515
ORIG FILL: 02/03/17 ORIG QUANTITY: 30 ¹⁵ AUTH'D REFILLS: 0
LAST FILL: 02/03/17 QUANTITY LEFT: 0 DAYS SUPPLY: 30
DIRECTIONS: TAKE ONE TABLET BY MOUTH EVERY DAY AT BEDTIME AS NEEDED FOR SLEEP

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication	Zolipem 10	
Quantity	15	Refills Authorized
Directions	1 qd bc pm sleep	
Physicians Signature		Date
Comments	MEK43643	

Ok
mu
Clarie
3/3/17
@ 2:59 PM
MMS

The documents accompanying this fax are CONFIDENTIAL. Information contained in this fax transmission belongs to the [pharmacy/pharmacist] sending the data and is legally privileged. The information accompanying this fax transmission is intended only for the use of the individual (or facility) identified as the "recipient". The recipient of this information is prohibited from disclosing, copying, distributing or using this information except as permitted by current law governing privacy of information issues. Such information must be destroyed after its stated need has been fulfilled, unless otherwise prohibited by law. If you have received this fax transmission in error, please notify the "sender" immediately for return instructions. Print reference LLLCRCRSDSdLLL

CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRCRSDRYLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

404669

PATIENT: R [REDACTED] L [REDACTED]
DOB: [REDACTED] SEX: Female
[REDACTED]
PHONE: [REDACTED]
CELL: [REDACTED]

PRESCRIBED: ALPRAZOLAM 1 MG TABLET PHARMACY RXNBR: 404514
ORIG FILL: 02/03/17 ORIG QUANTITY: 90 AUTH'D REFILLS: 0
LAST FILL: 02/03/17 QUANTITY LEFT: 0 DAYS SUPPLY: 30
DIRECTIONS: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED ANXIETY

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Alprazolam 1mg
Quantity 45 Refills Authorized 1
Directions 1 tid prn anx.

Physicians Signature _____ Date _____

Comments ME1443643

OK for
claim for
2 weeks
MKT
3/3/12
@ 3:59

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FOR

ADDRESS

DATE

3/3/17

Rx

called Alprazolam 2mg

in

1 bid

#60

by

Danielle

3/3/17

@ 5:25pm

REFILL

TIMES

Rph. [signature]

M.D.

Reshma Chandra

M.D.

DO NOT SUBSTITUTE

SUBSTITUTION PERMISSIBLE

DEA NO.

ME 144 3043

.685 - 0620

ADDRESS

BloRx; Laba 1-888-550-5452

FORM NO. PD5000

109670

Request Number : 3970831 Store Number : 8803

Rx Number : 699848

Fill No : 0

Fill Date : 03/03/2017

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Name: B [REDACTED]

Date/Time: 3/3/17

DOB: [REDACTED]

Phone: _____

☐ Infant/Pediatric

Address: _____

Allergies: _____

R

Ativan 2mg

14

TPO BIP

Medication Purpose: _____

Refills: NR

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

CVS PHARMACY
10000 WILSON AVENUE
CHICAGO, IL 60643

CVS PHARMACY
10000 WILSON AVENUE
CHICAGO, IL 60643

Ebonka

Phoned in by: Ebonka

Phone: 702-685-0620

Voice Mail ☐

DEA or State license number: ME 1443643

Address: 6000 N Chestnut St

OPR 376 Rev 0102 Item # 163112

CVS Staff Initials: DS

Request Number : 3970831 Store Number : 8803 Rx Number : 699848 Fill No : 0 Fill Date : 03/03/2017

Label

Patient		Quantity & Fill	
Patient	S [REDACTED] B [REDACTED]	Decimal Quantity Displaced	14
Gender	Male	Refills	0
DOB	[REDACTED]	Quantity Dispensed	14
Age	[REDACTED]	Supply Days	7
		Fill No	0
Drug		Store	
Drug	LORAZEPAM 2 MG TABLET	Store Number	8803
Strength	2	NCPDP Id	2989599
Dispensed NDC	69315090601	NPI Number	1720022072
Script		Prescriber	
Rx Number	699848	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7026850620
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	03/03/2017	LIC	APRN000902
Fill Date	03/03/2017		
Rx Transfer Code			
Rx Origin Code	2		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	DJS	Diagnosis Code	
Script Verify Date	03/03/2017	Attestation Quantity on Hand	
Direction			
TAKE 1 TABLET BY MOUTH TWICE A DAY			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	03/04/2017	Transaction Time	03:03:00 PM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	14
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	03/04/2017	Signature Time	03:03:03 PM

CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRCRTRDXLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

404671

PATIENT: Y [REDACTED], B [REDACTED]
DOB: [REDACTED] SEX: Male

PHONE: [REDACTED]

Called in by Claire @
9:45 am @ 3-6-17
MLC

PRESCRIBED: CLONAZEPAM 1 MG TABLET ; PHARMACY RXNBR: 404649
ORIG FILL: 03/01/17 ORIG QUANTITY: 60 AUTH'D REFILLS: 0
LAST FILL: 03/01/17 QUANTITY LEFT: 30 DAYS SUPPLY: 30
DIRECTIONS: TAKE ONE TABLET BY MOUTH TWO TIMES A DAY

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Clonazepam 1mg

Quantity 30 Refills Authorized 0

Directions 1 po bid

Physicians Signature _____ Date _____

Comments ME1443613

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 CONTROLLED SUBSTANCE REFILL REQUEST

404678

Print reference LLLCRCRSDdZLLL

FROM: PROVIDENCE PHARMACY
 1729 East Charleston Blvd.
 Las Vegas, NV 89104
 PHONE: (702) 778-3072
 FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
 1721 east charleston blvd
 Las Vegas, NV 89104
 PHONE: (702) 685-0620
 FAX: (702) 685-9674

PATIENT: M [REDACTED] W [REDACTED]
 DOB: [REDACTED] SEX: Male
 [REDACTED]
 PHONE: [REDACTED]

PRESCRIBED: CLONAZEPAM 1 MG TABLET PHARMACY RXNR: 404519
 ORIG FILL: 02/06/17 ORIG QUANTITY: 6030 AUTH'D REFILLS: 0
 LAST FILL: 02/06/17 QUANTITY LEFT: 0 DAYS SUPPLY: 3075
 DIRECTIONS: TAKE ONE TABLET BY MOUTH TWO TIMES A DAY

Called in by: clare
 3:05pm 3-6-17

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Clonazepam 1mg

Quantity 15 Refills Authorized _____

Directions ORAL TID Bid

Physicians Signature _____ Date _____

Comments Change to 2 week supply
ME144 3642

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Request Number : 3970831 Store Number : 8788 Rx Number : 646453 Fill No : 0 Fill Date : 03/10/2017

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Name: A [redacted] M [redacted] Date/Time: 3/6/17 9:40
DOB: [redacted] ☐ Infant/Pediatric
Phone: [redacted]
Address: [redacted]
Allergies: [redacted]

R

Klonopin 1 mg
PO BID #14

Belsonra 20
qhs #7

Medication Purpose: [redacted] Refills: 0x

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

Interchange is mandated unless the prescriber writes the words "No Substitution" in this space

Phoned in by: Claire Voice Mail ☒
Prescriber: Vesta Ebonka
Phone: 702 685 0620
DEA or State license number: ME1443643
Address: [redacted]

CPR-378 Rev. 03/09 Item # 182775

CVS Staff Initials: SE

Request Number : 3970831 Store Number : 8788 Rx Number : 646453 Fill No : 0 Fill Date : 03/10/2017

Label

Patient		Quantity & Fill	
Patient	M A	Decimal Quantity Dispensed	14
Gender	Male	Refills	0
DOB		Quantity Dispensed	14
Age		Supply Days	7
		Fill No	0
Drug		Store	
Drug	CLONAZEPAM 1 MG TABLET	Store Number	8788
Strength	1	NCPDP Id	2989486
Dispensed NDC	00093083301	NPI Number	1407890374
Script		Prescriber	
Rx Number	646453	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7026850620
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	03/06/2017	LIC	APRN000902
Fill Date	03/10/2017		
Rx Transfer Code			
Rx Origin Code	2		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	JR	Diagnosis Code	
Script Verify Date	03/10/2017	Attestation Quantity on Hand	
Direction			
TAKE 1 TABLET TWICE DAILY			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	03/12/2017	Transaction Time	01:05:00 PM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	14
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	03/12/2017	Signature Time	01:05:23 PM

Request Number : 3970831 Store Number : 8788

Rx Number : 646454

Fill No : 0

Fill Date : 03/06/2017

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Name: A [redacted] M [redacted] Date/Time: 3/6/17
9:40

DOB: [redacted] ☐ Infant/Pediatric

Phone: [redacted]

Address: [redacted]

Allergies: [redacted]

Rx

Klonopin 1 mg
po BID #14

Belsonora 20
qls #7

Medication Purpose: [redacted] Refills: 0X

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

Interchange is mandated unless the practitioner writes the words "No Substitution" in this space

Phoned in by: Claire Voice Mail ☒

Prescriber: Vesta Ebonka

Phone: 702 685 0620

DEA or State license number: ME1443643

Address: [redacted]

OPR-378 Rev. 03/09 Item # 182773

CVS Staff Initials: SE

Request Number : 3970831 Store Number : 8788 Rx Number : 646454 Fill No : 0 Fill Date : 03/06/2017

Label

Patient		Quantity & Fill	
Patient	M A	Decimal Quantity Displaced	7
Gender	Male	Refills	0
DOB		Quantity Dispensed	7
Age		Supply Days	7
		Fill No	0
Drug		Store	
Drug	BELSOMRA 20 MG TABLET	Store Number	8788
Strength	20	NCPDP Id	2989486
Dispensed NDC	00606033530	NPI Number	1407890874
Script		Prescriber	
Rx Number	646454	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7026850620
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	03/06/2017	LIC	APRN000902
Fill Date	03/06/2017		
Rx Transfer Code			
Rx Origin Code	2		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	SRP	Diagnosis Code	
Script Verify Date	03/06/2017	Attestation Quantity on Hand	
Direction			
TAKE 1 TABLET AT BEDTIME			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	03/06/2017	Transaction Time	11:20:00 AM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA PrivacyNotice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	13
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	03/06/2017	Signature Time	11:21:06 AM

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Date/Time: 3/06/17Name: P [REDACTED], A [REDACTED]DOB: [REDACTED]☐ Infant/Pediatric

Phone: _____

Address: _____

Allergies: _____

Rx *Trintellix 10mg*
+ QD #14
Belcomma 20mg
+ QHS PRN sleep #14

Medication Purpose: _____ Refills: _____

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

Interchange is mandated unless the prescriber enters the words "No Substitution" in this space

Phoned in by: Tamika Voice Mail ☐Prescriber: Ebonka FarrisPhone: 6850670

DEA or State license number: _____

Address: 1721 E Charleston

OPR 378 Rev. 03/09 Item # 182779

CVS Staff Initials: LV NY 89

Request Number : 3970831 Store Number : 8808 Rx Number : 661027 Fill No : 0 Fill Date : 03/30/2017

Label

Patient		Quantity & Fill	
Patient	P [REDACTED] A [REDACTED]	Decimal Quantity Displaced	30
Gender	Female	Refills	0
DOB	[REDACTED]	Quantity Dispensed	30
Age	[REDACTED]	Supply Days	30
		Fill No	0
Drug		Store	
Drug	BELSOMRA 20 MG TABLET	Store Number	8808
Strength	20	NCPDP Id	2989501
Dispensed NDC	00006033530	NPI Number	1417993569
Script		Prescriber	
Rx Number	661027	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7026850620
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	03/07/2017	LIC	APRN000902
Fill Date	03/30/2017		
Rx Transfer Code			
Rx Origin Code	2		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	EGG	Diagnosis Code	
Script Verify Date	03/30/2017	Attestation Quantity on Hand	
Direction			
TAKE 1 TABLET BY MOUTH EVERY EVENING AS NEEDED SLEEP FOR 14 DAYS			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	04/12/2017	Transaction Time	06:49:00 PM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	14
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	04/12/2017	Signature Time	06:49:52 PM

CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRCRZSZdLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

404687

PATIENT: B [REDACTED] E [REDACTED]
DOB: [REDACTED] SEX: Female
[REDACTED]
PHONE: [REDACTED]
CELL: [REDACTED]

PRESCRIBED: TRAMADOL HCL 50 MG TABLET PHARMACY RXNBR: 404353
ORIG FILL: 01/12/17 ORIG QUANTITY: 120 AUTH'D REFILLS: 0
LAST FILL: 01/12/17 QUANTITY LEFT: 0 DAYS SUPPLY: 30
DIRECTIONS: TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Tramadol 50 mg.
Quantity 56 Refills Authorized 0
Directions 7 tab po Q6h. prn.

Physicians Signature _____ Date _____

Comments 2 weeks supply.
ME1443643

OK per
Tasha
03-08-17
@ 11:50am
Step

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DUR. Medication received
filled, don't change
OK per Tasha
03-08-17
(initials)

CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRZRZSRCLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

404688

PATIENT: B [REDACTED] B [REDACTED]
DOB: [REDACTED] SEX: Female

PHONE: [REDACTED]

CELL: [REDACTED]

PRESCRIBED: LORAZEPAM 1 MG TABLET

PHARMACY RXNBR: 404354

ORIG FILL: 01/12/17

ORIG QUANTITY: 60

AUTH'D REFILLS: 0

LAST FILL: 01/12/17

QUANTITY LEFT: 0

DAYS SUPPLY: 30

DIRECTIONS: TAKE ONE TABLET BY MOUTH TWO TIMES A DAY AS NEEDED FOR ANXIETY

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Lorazepam.

Quantity 28

Refills Authorized 0

Directions 1 tab po bid prn x anxiety

Physicians Signature _____

Date _____

Comments

2 weeks supply
ME1443843

OK per
Tabitha
03-08-17
@ 11:30 AM
JHP

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CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRCRZSSDLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

404689

PATIENT: B [REDACTED], B [REDACTED]
DOB: [REDACTED] SEX: Female
[REDACTED]
PHONE: [REDACTED]
CELL: [REDACTED]

PRESCRIBED: ZOLPIDEM TARTRATE 10 MG TAB PHARMACY RXNBR: 404355
ORIG FILL: 01/12/17 ORIG QUANTITY: 30 AUTH'D REFILLS: 0
LAST FILL: 01/12/17 QUANTITY LEFT: 0 DAYS SUPPLY: 30
DIRECTIONS: TAKE ONE TABLET BY MOUTH EVERY NIGHT AT BEDTIME AS NEEDED FOR SLEEP

OK per
Tashia
03-08-17
@11:15am
DEP

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Zolpidem 10 mg
Quantity 14 Refills Authorized 0
Directions 1 tab po QHS pm x sleep.

Physicians Signature _____ Date _____

Comments 2 weeks supply.
MEH43643

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FOR

ADDRESS

Rx

called

in
claw

3/8/17

@ 1:26pm

REFILL _____ TIMES

Hyph-nis

M.D.

Festus Gamba

M.D.

DO NOT SUBSTITUTE

SUBSTITUTION PERMISSIBLE

DEA NO.

ME1443643

685-0603

ADDRESS

BioRx Labs 1-888-650-5452

FORM NO. PD5000

Chonazepam 1mg

1 btd # 14 days

404691

FOR

ADDRESS

DATE

3/9/12

40469C

Rx

called (Chonazepam 2mg
in
by
Familiar 1 box x 4 days

3/9/12 @ 10:47am

REFILL 0 TIMES

Rph: Mo

M.D.

Felix Elankoe

M.D.

DO NOT SUBSTITUTE

SUBSTITUTION PERMISSIBLE

DEA NO.

ME1443643

685-0620

ADDRESS

BioRx Labs 1-888-650-5462

FORM NO. PD5000

Deler 3-11-17

CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRCRSRDYLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

504697

PATIENT: M [REDACTED] D [REDACTED]
DOB: [REDACTED] SEX: Female
[REDACTED]
PHONE: [REDACTED]

PRESCRIBED: ALPRAZOLAM 1 MG TABLET PHARMACY RXNBR: 404541
ORIG FILL: 02/10/17 ORIG QUANTITY: 50 14 AUTH'D REFILLS: 0
LAST FILL: 02/10/17 QUANTITY LEFT: 0 DAYS SUPPLY: 30 7
DIRECTIONS: TAKE ONE TABLET BY MOUTH TWO TIMES A DAY AS NEEDED FOR ANXIETY

Called in by
T 96th
10:25am
3-9-17

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Alprazolam 1mg
Quantity 14 Refills Authorized _____
Directions i po Bid prn for Ax

Physicians Signature _____ Date _____

Comments Change to 1 week supply
MB143643

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CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRCRZZdZLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

404703

PATIENT: T [REDACTED] M [REDACTED]
DOB: [REDACTED] SEX: Male
[REDACTED]
PHONE: [REDACTED]

PRESCRIBED: ALPRAZOLAM 0.5 MG TABLET PHARMACY RXNBR: 404339
ORIG FILL: 01/11/17 ORIG QUANTITY: 50 14 AUTH'D REFILLS: 0
LAST FILL: 01/11/17 QUANTITY LEFT: 0 DAYS SUPPLY: 307
DIRECTIONS: TAKE ONE TABLET BY MOUTH TWO TIMES A DAY AS NEEDED FOR ANXIETY

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Alprazolam 0.5 mg

Quantity 14

Refills Authorized _____

Directions i po Bid poa for Ax

Physicians Signature _____

Date _____

Comments Change to 1 week Supply
AEK43643

Called in by
Dante
3-10-17
11:30 am

The documents accompanying this fax are CONFIDENTIAL. Information contained in this fax transmission belongs to the [pharmacy/pharmacist] sending the data and is legally privileged. The information accompanying this fax transmission is intended only for the use of the individual (or facility) identified as the "recipient". The recipient of this information is prohibited from disclosing, copying, distributing or using this information except as permitted by current law governing privacy of information issues. Such information must be destroyed after its stated need has been fulfilled, unless otherwise prohibited by law. If you have received this fax transmission in error, please notify the "sender" immediately for return instructions. Print reference LLLCRCRZZdZLLL

Request Number : 3970831 Store Number : 8803

Rx Number : 701585

Fill No : 0

Fill Date : 03/12/2017

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Name: B [REDACTED] Date/Time: 3/10/17 5 [REDACTED]DOB: [REDACTED] ☐ Infant/Pediatric

Phone: _____

Address: _____

Allergies: _____

R

Ativan 2mg
T, PO, bid

#12

Medication Purpose: _____ Refills: 0Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

Interchange is mandated unless the practitioner writes the words "No Substitution" in the prescription

Phoned in by: clair Voice Mail ☐Prescriber: Festus EbonkaPhone: 702-685-0620DEA or State license number: ME 1443643Address: 1721 E Charleston

OPR-378 Rev 03/03 Item # 182779

CVS Staff Initials: SK

Request Number : 3970831 Store Number : 8803 Rx Number : 701585 Fill No : 0 Fill Date : 03/12/2017

Label

Patient		Quantity & Fill	
Patient	St [REDACTED] Bl [REDACTED]	Decimal Quantity Dispensed	12
Gender	Male	Refills	0
DOB	[REDACTED]	Quantity Dispensed	12
Age	[REDACTED]	Supply Days	6
		Fill No	0
Drug		Store	
Drug	LORAZEPAM 2 MG TABLET	Store Number	8803
Strength	2	NCPDP Id	2989599
Dispensed NDC	69315090601	NPI Number	1720022072
Script		Prescriber	
Rx Number	701585	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7026850620
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	03/10/2017	LIC	APRN000902
Fill Date	03/12/2017		
Rx Transfer Code			
Rx Origin Code	1		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	SEH	Diagnosis Code	
Script Verify Date	03/12/2017	Attestation Quantity on Hand	
Direction			
TAKE 1 TABLET BY MOUTH TWICE A DAY			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	03/12/2017	Transaction Time	03:24:00 PM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	14
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	03/12/2017	Signature Time	03:24:08 PM

FOR

ADDRESS

DATE

9/28/17

Rx

called
in
by
presillia

Xanax 0.5

1 bid x 2 weeks

9/28/17

@ 3:45 pm

REFILL

TIMES

periodic

M.D.

Festus Ebonka

M.D.

DO NOT SUBSTITUTE

SUBSTITUTION PERMISSIBLE

DEA NO.

ME1443613

685-6620

ADDRESS

BioRx Labs 1-888-550-5462

FORM NO. PD5000

406198

406199

FOR <u>M [REDACTED] K [REDACTED]</u>	
ADDRESS <u>Rx</u>	DATE <u>9/28/17</u>
called in by [scribble] <u>Phyllis</u> on <u>9/28/17</u> <u>Xanax</u> <u>1mg</u> <u>#60</u> <u>1 qid x 2 weeks</u>	
REFILL <u>Phyllis</u> TIMES	M.D. <u>Phyllis Ebonka</u> M.D.
DO NOT SUBSTITUTE	SUBSTITUTION PERMISSIBLE
DEA NO. <u>ME1493643</u>	<u>685-0620</u>
ADDRESS	
BioRx Labs 1-888-550-5452 FORM NO. PD5000	

Request Number : 3970831 Store Number : 8788

Rx Number : 687917

Fill No : 0

Fill Date : 09/28/2017

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Date/Time: 9-28-17
Name: [redacted]
DOB: [redacted] ☐ Infant/Pediatric
Phone: [redacted]
Address: [redacted]
Allergies: [redacted]

Rx	belsonza 20mg	Vraylar Bmg
# 30	# 30	
1 qh	1 qd	
Medication Purpose: [initials]	Refills: [initials]	
Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions		
In a change is mandated unless the pharmacist writes the words "No Substitution" in this space		

Phoned in by: Puscetta Voice Mail ☐
Prescriber: ME1443643
Phone: 702 686 0620 Fenderson
DEA or State license number: Ebonka
Address: [redacted]

CPR 378 R: 03 07 R: 187770

CVS Staff Initials: BV

Request Number : 3970831 Store Number : 8788 Rx Number : 687917 Fill No : 0 Fill Date : 09/28/2017

Label

Patient		Quantity & Fill	
Patient	M A	Decimal Quantity Dispensed	30
Gender	Male	Refills	0
DOB		Quantity Dispensed	30
Age		Supply Days	30
		Fill No	0
Drug		Store	
Drug	BELSOMRA 20 MG TABLET	Store Number	8788
Strength	20	NCPDP Id	2989486
Dispensed NDC	00006033530	NPI Number	1407890874
Script		Prescriber	
Rx Number	687917	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7026850620
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	09/28/2017	LIC	RN51444
Fill Date	09/28/2017		
Rx Transfer Code			
Rx Origin Code	2		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	BKV	Diagnosis Code	
Script Verify Date	09/28/2017	Attestation Quantity on Hand	
Direction			
TAKE 1 TABLET BY MOUTH AT BEDTIME			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	09/28/2017	Transaction Time	02:30:00 PM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	13
Patient Refused to Sign	N	Signature Date Indicator	Y
Signature Date	09/28/2017	Signature Time	02:30:42 PM

Request Number : 3970831 Store Number : 8788

Rx Number : 687919

Fill No : 0

Fill Date : 09/28/2017

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Name: A [redacted]

Date/Time: 9-28-17

DOB: [redacted]

Phone: [redacted]

Address: [redacted]

Allergies: _____

Rx feliprin 1mg
#60
bid

suboxone 8/2
#60 film
bid

Medication Purpose: [signature]

Refills: [signature]

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

Interchange is mandated unless the prescriber initials the words "No Substitution" in this space

Phoned in by: _____

Voice Mail ☐

Prescriber: _____

Phone: _____

DEA or State license number: _____

Address: _____

CPR-378 R-2 03/09/16 m 162779

CVS Staff Initials: _____

Request Number : 3970831 Store Number : 8788 Rx Number : 687919 Fill No : 0 Fill Date : 09/28/2017

Label

Patient		Quantity & Fill	
Patient	M A	Decimal Quantity Displaced	60
Gender	Male	Refills	0
DOB		Quantity Dispensed	60
Age		Supply Days	30
		Fill No	0
Drug		Store	
Drug	CLONAZEPAM 1 MG TABLET	Store Number	8788
Strength	1	NCPDP Id	2989486
Dispensed NDC	00093083301	NPI Number	1407890874
Script		Prescriber	
Rx Number	687919	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7026850620
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	09/28/2017	LIC	RN51444
Fill Date	09/28/2017		
Rx Transfer Code			
Rx Origin Code	2		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	BKV	Diagnosis Code	
Script Verify Date	09/28/2017	Attestation Quantity on Hand	
Direction			
TAKE 1 TABLET BY MOUTH TWICE DAILY			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	09/28/2017	Transaction Time	02:30:00 PM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	13
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	09/28/2017	Signature Time	02:30:42 PM

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Name: [Redacted]

Time: 9-28-17

DOB: [Redacted]

Phone: [Redacted]

Address: [Redacted]

Allergies: _____

R felipin 2mg suboxone 8/2
#60 #60 film
bid bid

Medication Purpose: [Signature]

Refills: [Signature]

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

Prescription is voided unless the practitioner writes the words "No Substitution" with a space

Phoned in by: _____

Prescriber: _____

Voice Mail ☐

Phone: _____

DEA or State license number: _____

Address: _____

CPR-378 P. 01 03 Item = 152179

CVS Staff Initials: _____

Request Number : 3970831 Store Number : 8788 Rx Number : 687920 Fill No : 0 Fill Date : 09/28/2017

Label

Patient		Quantity & Fill	
Patient	MA	Decimal Quantity Dispensed	60
Gender	Male	Refills	0
DOB		Quantity Dispensed	60
Age		Supply Days	30
		Fill No	0
Drug		Store	
Drug	SUBOXONE 8 MG-2 MG SL FILM	Store Number	8788
Strength	8-2	NCPDP Id	2989486
Dispensed NDC	12496120803	NPI Number	1407890874
Script		Prescriber	
Rx Number	687920	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7026830620
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	09/28/2017	LIC	RN51444
Fill Date	09/28/2017		
Rx Transfer Code			
Rx Origin Code	1		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	BKV	Diagnosis Code	
Script Verify Date	09/28/2017	Attestation Quantity on Hand	
Direction			
TAKE 1 FILM STRIP BY MOUTH AS DIRECTED TWICE DAILY			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	09/28/2017	Transaction Time	02:30:00 PM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	13
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	09/28/2017	Signature Time	02:30:42 PM

CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRCSXSSLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

406203

PATIENT: W [REDACTED] J [REDACTED]
DOB: [REDACTED] SEX: Male
[REDACTED]
PHONE: [REDACTED]

PRESCRIBED: DIAZEPAM 5 MG TABLET
ORIG FILL: 02/15/17 ORIG QUANTITY: 90 AUTH'D REFILLS: 0
LAST FILL: 02/15/17 QUANTITY LEFT: 0 DAYS SUPPLY: 30
DIRECTIONS: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY

Tabitha
9/30/17
1:45pm
mg

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication diazepam 5mg #42

Quantity _____ Refills Authorized 0

Directions 1 Tid

Physicians Signature _____ Date _____

Comments ME1443643

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CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRCSdGYVLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

406206

PATIENT: T [REDACTED] M [REDACTED]
DOB: [REDACTED] SEX: Male
[REDACTED]
PHONE: [REDACTED]

Approved by
9/30/17
Dalana
2:32pm
me

PRESCRIBED: ALPRAZOLAM 1 MG TABLET
ORIG FILL: 08/18/17 ORIG QUANTITY: 60 AUTH'D REFILLS: 0
LAST FILL: 08/25/17 QUANTITY LEFT: 0 DAYS SUPPLY: 30
DIRECTIONS: TAKE ONE TABLET BY MOUTH TWO TIMES A DAY AS NEEDED FOR ANXIETY

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Alprazolam 1mg
Quantity 14 Refills Authorized 0
Directions _____

Physicians Signature _____ Date _____

Comments ME144 S64B

The documents accompanying this fax are CONFIDENTIAL. Information contained in this fax transmission belongs to the [pharmacy/pharmacist] sending the data and is legally privileged. The information accompanying this fax transmission is intended only for the use of the individual (or facility) identified as the "recipient". The recipient of this information is prohibited from disclosing, copying, distributing or using this information except as permitted by current law governing privacy of information issues. Such information must be destroyed after its stated need has been fulfilled, unless otherwise prohibited by law. If you have received this fax transmission in error, please notify the "sender" immediately for return instructions. Print reference LLLCRCSdGYVLL

CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRCTXCDLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

406 208

PATIENT: A [REDACTED] i [REDACTED]
DOB: [REDACTED] SEX: Male
[REDACTED]
PHONE: [REDACTED]

PRESCRIBED: ALPRAZOLAM 2 MG TABLET PHARMACY RXNBR: 404670
ORIG FILL: 03/03/17 ORIG QUANTITY: 60 AUTH'D REFILLS: 0
LAST FILL: 03/07/17 QUANTITY LEFT: 0 DAYS SUPPLY: 30
DIRECTIONS: TAKE ONE TABLET BY MOUTH TWO TIMES A DAY

Approved by
Tabitha
9/29/17
4:23 PM
mg

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Alprazolam 2
Quantity 78 Refills Authorized 0
Directions _____

Physicians Signature _____ Date _____

Comments ME1443643

The documents accompanying this fax are CONFIDENTIAL. Information contained in this fax transmission belongs to the [pharmacy/pharmacist] sending the data and is legally privileged. The information accompanying this fax transmission is intended only for the use of the individual (or facility) identified as the "recipient". The recipient of this information is prohibited from disclosing, copying, distributing or using this information except as permitted by current law governing privacy of information issues. Such information must be destroyed after its stated need has been fulfilled, unless otherwise prohibited by law. If you have received this fax transmission in error, please notify the "sender" immediately for return instructions. Print reference LLLCRCTXCDLLL

CONTROLLED SUBSTANCE REFILL REQUEST

406829

Print reference LLLCRCTTGRGLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

(called in by
Reedee
12/27/16
12:57pm
VH)

PATIENT: M [REDACTED] B [REDACTED]
DOB: [REDACTED] SEX: Female
[REDACTED]
PHONE: [REDACTED]

PRESCRIBED: ALPRAZOLAM 1 MG TABLET : PHARMACY RXNBR: 406624
ORIG FILL: 11/27/17 ORIG QUANTITY: ~~30~~ 16 AUTH'D REFILLS: 0
LAST FILL: 11/27/17 QUANTITY LEFT: 0 DAYS SUPPLY: 30
DIRECTIONS: TAKE ONE TABLET BY MOUTH TWO TIMES A DAY AS NEEDED FOR ANXIETY

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Alprazolam 1mg
Quantity 16 Refills Authorized 0
Directions 1t po bid prn anxiety

Physicians Signature _____ Date _____

Comments ME 1443643

The documents accompanying this fax are CONFIDENTIAL. Information contained in this fax transmission belongs to the [pharmacy/pharmacist] sending the data and is legally privileged. The information accompanying this fax transmission is intended only for the use of the individual (or facility) identified as the "recipient". The recipient of this information is prohibited from disclosing, copying, distributing or using this information except as permitted by current law governing privacy of information issues. Such information must be destroyed after its stated need has been fulfilled, unless otherwise prohibited by law. If you have received this fax transmission in error, please notify the "sender" immediately for return instructions. Print reference LLLCRCTTGRGLLL

CONTROLLED SUBSTANCE REFILL REQUEST

406830

Print reference LLLCRCTSYGSLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

Called in by
de-ede
12/21/17
1:42 pm
vm

PATIENT: S [REDACTED] K [REDACTED]
DOB: [REDACTED] SEX: Male
[REDACTED]
PHONE: [REDACTED]

PRESCRIBED: ALPRAZOLAM 1 MG TABLET PHARMACY RXNBR: 406582
ORIG FILL: 11/17/17 ORIG QUANTITY: 8 AUTH'D REFILLS: 0
LAST FILL: 11/17/17 QUANTITY LEFT: 0 DAYS SUPPLY: 30
DIRECTIONS: TAKE ONE TABLET BY MOUTH TWO TIMES A DAY

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Alprazolam 1mg
Quantity 8 Refills Authorized 0
Directions 17 po bid
Physicians Signature _____ Date _____
Comments ME1443643

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Request Number : 3970831 Store Number : 8788

Rx Number : 775643

Fill No : 0

Fill Date : 11/13/18

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Name: [REDACTED] Date/Time: 11/13/18

DOB: [REDACTED] ☐ Infant/Pediatric

Phone: _____

Address: _____

Allergies: _____

Rx

Uonazepam 0.5mg
+ BID x 15 DAYS

#30

JCA: F41.1
day: 15 DAYS

Medication Purpose: _____ Refills: 0

Read Back: ☒ DOB ☒ Drug Name ☒ Strength ☒ Directions

Interchange is mandated unless the practitioner writes the words "No Substitution" in this space

Phoned In by: TABETAN Voice Mail ☒

Prescriber: EBONKA, FORTIN

Phone: 702-665-0622

DEA or State license number: ME1443643

Address: _____

OPR-378 Rev 03/09 Item # 182779

CVS Staff Initials: FBVS

Request Number : 3970831 Store Number : 8788 Rx Number : 775643 Fill No : 0 Fill Date : 11/13/2018

Label

Patient		Quantity & Fill	
Patient	J. [REDACTED]	Decimal Quantity Dispensed	30
Gender	Female	Refills	0
DOB	[REDACTED]	Quantity Dispensed	30
Age	[REDACTED]	Supply Days	15
		Fill No	0
Drug		Store	
Drug	CLONAZEPAM 0.5 MG TABLET	Store Number	8788
Strength	0.5	NCPDP Id	2989486
Dispensed NDC	16729013616	NPI Number	1407890874
Script		Prescriber	
Rx Number	775643	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7026850620
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/12/2018	LIC	RN51444
Fill Date	11/13/2018		
Rx Transfer Code			
Rx Origin Code	2		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	BSB	Diagnosis Code	
Script Verify Date	11/13/2018	Attestation Quantity on Hand	
Direction			
TAKE 1 TABLET BY MOUTH TWICE A DAY			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/16/2018	Transaction Time	11:07:00 AM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
IIIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	13
Patient Refused To Sign	N	Signature Data Indicator	Y
Signature Date	11/16/2018	Signature Time	11:07:52 AM

CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRCYRXZTMLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

408916

PATIENT: C [REDACTED], T [REDACTED]
DOB: [REDACTED] SEX: Female

PHONE: [REDACTED]
CELL: [REDACTED]

Runde
11/13/18
9:57
m

PRESCRIBED: ALPRAZOLAM 1 MG TAB PHARMACY RXNR: 408473
ORIG FILL: 09/11/18 ORIG QUANTITY: 60 AUTH'D REFILLS: 0
LAST FILL: 09/11/18 QUANTITY LEFT: 0 DAYS SUPPLY: 30
DIRECTIONS: TAKE ONE TABLET BY MOUTH TWO TIMES A DAY AS NEEDED FOR ANXIETY FOR
30 DAYS

If you wish to order additional medication for this patient, the DEA requires
a new order. Please write a new order in the space provided below:

Medication Alprazolam 1mg
Quantity 60 Refills Authorized 0
Directions 1 + po bid pm Ax for 30 days
Physicians Signature F41.1 Date _____
Comments m 443143

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after its stated need has been fulfilled, unless otherwise prohibited by law.
If you have received this fax transmission in error, please notify the "sender"
immediately for return instructions. Print reference LLLCRCYRXZTMLL

CONTROLLED SUBSTANCE REFILL REQUEST

408917

Print reference LLLCRCYXCDCLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

PATIENT: K [REDACTED] D [REDACTED]
DOB: [REDACTED] SEX: Male
[REDACTED]
PHONE: [REDACTED]

Callen G. Tabler
10:50 am
11-13-18

PRESCRIBED: CLONAZEPAM 1 MG TABLET PHARMACY RXNBR: 408701
ORIG FILL: 10/12/18 ORIG QUANTITY: 28 AUTH'D REFILLS: 0
LAST FILL: 10/12/18 QUANTITY LEFT: 0 DAYS SUPPLY: 30 14
DIRECTIONS: TAKE ONE TABLET BY MOUTH TWO TIMES A DAY AS NEEDED FOR ANXIETY

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Clonazepam 1 mg
Quantity 28 Refills Authorized 0
Directions 1 po Bid prn for Ax

Physicians Signature _____ Date _____

Comments ME1443643 F411
Change to a 2 week supply

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Request Number : 3970831 Store Number : 8788

Rx Number : 775703

Fill No : 0

Fill Date : 11/13/2018

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Date/Time: 11/13/18

Name: [Redacted]

DOB: [Redacted]

☐ Infant/Pediatric

Phone: [Redacted]

Address: [Redacted]

Allergies: _____

Rx

Alprazolam 1mg

T BID # 60

IND: F41.1

DAY: 30

tramadol 50mg

T QID # 90

IND M17.0

Medication Purpose: _____ Refills: DAY: 30

Read Back: ☒ DOB ☒ Drug Name ☒ Strength ☒ Directions φ

Interchange is mandated unless the practitioner writes the words "No Substitution" in this space

Phoned in by: TORBERT

Voice Mail ☒

Prescriber: EBONKA FEINIS

Phone: 702-685-0600

DEA or State license number: ME1443643

Address: _____

OPR-378 Rev 03/03 Item # 182779

CVS Staff Initials: RS

Request Number : 3970831 Store Number : 8788 Rx Number : 775703 Fill No : 0 Fill Date : 11/13/2018

Label

Patient		Quantity & Fill	
Patient	S [REDACTED]	Decimal Quantity Displaced	60
Gender	Female	Refills	0
DOB	[REDACTED]	Quantity Dispensed	60
Age	[REDACTED]	Supply Days	30
		Fill No	0
Drug		Store	
Drug	ALPRAZOLAM 1 MG TABLET	Store Number	8788
Strength	1	NCPDP Id	2989486
Dispensed NDC	65862067899	NPI Number	1407890874
Script		Prescriber	
Rx Number	775703	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7026850620
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/13/2018	LIC	RN51444
Fill Date	11/13/2018		
Rx Transfer Code			
Rx Origin Code	1		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	JR	Diagnosis Code	
Script Verify Date	11/13/2018	Attestation Quantity on Hand	
Direction			
TAKE 1 TABLET BY MOUTH TWICE A DAY FOR 30 DAYS			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/13/2018	Transaction Time	03:09:00 PM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	N
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	13
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	11/13/2018	Signature Time	03:09:58 PM

Request Number : 3970831

Store Number : 8788

Rx Number : 775706

Fill No : 0

Fill Date : 11/13/2018

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Date/Time: 11/13/18

Name: S [REDACTED]

DOB: [REDACTED]

☐ Infant/Pediatric

Phone: [REDACTED]

Address: [REDACTED]

Allergies: [REDACTED]

Rx

Aprozolam 1mg

T BID # 60

I2D: F41.1

DAY: 30

tramadol 50mg

T QID # 90

I2D M17.0

Medication Purpose: [REDACTED] Refills: DAY: 30

Read Back: ☒ DOB ☒ Drug Name ☒ Strength ☒ Directions ϕ

Interchange is mandated unless the practitioner writes the words "No Substitution" in this space

Phoned in by: T. Beten

Voice Mail ☒

Prescriber: Ebonka FETUS

Phone: 702-685-0620

DEA or State license number: ME1443643

Address: [REDACTED]

OPR-378 Rev 03/03 Item # 182779

CVS Staff Initials: ZKS

Request Number : 3970831 Store Number : 8788 Rx Number : 775706 Fill No : 0 Fill Date : 11/13/2018

Label

Patient		Quantity & Fill	
Patient	S. J.	Decimal Quantity Displaced	90
Gender	Female	Refills	0
DOB		Quantity Dispensed	90
Age		Supply Days	30
		Fill No	0
Drug		Store	
Drug	TRAMADOL HCL 50 MG TABLET	Store Number	8788
Strength	50	NCPDP Id	2989486
Dispensed NDC	65162062711	NPI Number	1407890874
Script		Prescriber	
Rx Number	775706	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7026850620
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/13/2018	LIC	RN51444
Fill Date	11/13/2018		
Rx Transfer Code			
Rx Origin Code	1		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	JR	Diagnosis Code	
Script Verify Date	11/13/2018	Attestation Quantity on Hand	
Direction			
TAKE 1 TABLET BY MOUTH 3 TIMES A DAY FOR 30 DAYS			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/13/2018	Transaction Time	03:09:00 PM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	N
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	13
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	11/13/2018	Signature Time	03:09:58 PM

Request Number : 3970831 Store Number : 8788

Rx Number : 775774

Fill No : 0

Fill Date : 11/13/2018

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Date/Time: 11-13-18

Name: H [REDACTED] R [REDACTED]

DOB: [REDACTED]

☐ Infant/Pediatric

Phone: _____

Address: [REDACTED]

Allergies: [REDACTED]

R

latuda 40mg po qd #30

Xanax 1mg po bid 30 days #60
F41.1

Medication Purpose: _____

Refills: 0

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

Interchange is mandated unless the practitioner writes the words "No Substitution" in this space

Phoned in by: Dede

Voice Mail ☐

Prescriber: Esonka, Festus

Phone: 702-685-0620

DEA or State license number: ME144364/3

Address: 1721 E Camelback Blvd RV 89104

OPR-378 Rev. 03/09 Item # 182779

CVS Staff Initials: [Signature]

Walgreens

Initials _____

Promised Time _____

Name B [REDACTED], S [REDACTED]Date 11/13/18

Address _____

AL/HC _____

Phone# _____

Birth Date [REDACTED]

① cilexa 20mg # 21
1 po qd x 3 weeks

② Xanax 2mg # 42
1 po bid x 3 weeks (1CD: F41.1)

Dr. [REDACTED]Dr. E BonkaRefill 0

DISPENSE AS WRITTEN

Address ME1443643

SUBSTITUTION PERMISSIBLE

Phone# 702-088-0888DEA/NPI# 1932241007

VM/Caller ID _____

Tab 120

WIC# 964880



Script Details

Patient

Name: S [REDACTED]Address [REDACTED]Phone Number: [REDACTED]Date of Birth: [REDACTED] 12:00:00 AM

Drug Info

Name: ALPRAZOLAM 2MG TABLETS

Generic for: XANAX 2MG TABLETS

Quantity: 42 for 21 days with 0 Refills Remaining

SIG: TAKE 1 TABLET BY MOUTH TWICE DAILY FOR 3 WEEKS

DAW Indicator: N

Prescriber

Name: FESTUS EBONKA

Address: 1721 E CHARLESTON BLVD LAS VEGAS, NV

Phone Number: (702)685-0620

NPI: 1932241007 DEA: ME1443643

Fill Info

Written: 11/13/2018

Entered: Nov 13 2018 1:36PM by RMC at 5619

Data Review: Nov 13 2018 1:36PM by JOO at 2445

Filled: Nov 13 2018 2:01PM by YGG at 5619

Verified: Nov 13 2018 2:04PM by YJJ at 5619

Sold: Nov 13 2018 3:36PM by YJJ at 5619

Script Back Image

No Back Image Available...

Annotations

No Annotations

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Date/Time: 11/13/18 @ 1:22pm

Name: M [REDACTED]

DOB: [REDACTED]

☐ Infant/Pediatric

Phone: [REDACTED]

Address: [REDACTED]

Allergies: _____

Rx

Alprazolam 1mg

#90

T po TID ORN x 30 days

no refills

(ICD-10 F41.1)

Medication Purpose: _____

Refills: _____

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

Interchangeable: Read only in the prescription box is the words "No Substitution" in this space

Phoned in by: Dele

Voice Mail ☐

Prescriber: Ebonka, Festus

Phone: 762-685-0620

DEA or State license number: ME1443643

Address: 1721 E Charleston Blvd

CVR-378 Rev. 03/03/17 # 152779

CVS Staff Initials: LU NV
6716-7
68

Request Number : 3970831 Store Number : 8778 Rx Number : 803850 Fill No : 0 Fill Date : 11/13/2018

Label

Patient		Quantity & Fill	
Patient	M [REDACTED]	Decimal Quantity Dispensed	90
Gender	Male	Refills	0
DOB	[REDACTED]	Quantity Dispensed	90
Age	[REDACTED]	Supply Days	30
		Fill No	0
Drug		Store	
Drug	ALPRAZOLAM 1 MG TABLET	Store Number	8778
Strength	1	NCPDP Id	2989854
Dispensed NDC	65862067899	NPI Number	1386685253
Script		Prescriber	
Rx Number	803850	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7026850620
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/13/2018	LIC	RN51444
Fill Date	11/13/2018		
Rx Transfer Code			
Rx Origin Code	1		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	KL	Diagnosis Code	
Script Verify Date	11/13/2018	Attestation Quantity on Hand	
Direction			
TAKE ONE TAB BY MOUTH 3 TIMES A DAY AS NEEDED			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/18/2018	Transaction Time	11:27:00 AM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	Y	System Down Indicator	N
Relationship To Patient		Register Number	19
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	11/18/2018	Signature Time	11:27:52 AM

Rx # 519548

Rx Advanced Care Rx Pharmacy

New Prescription

Date: 11/13/19

DOB: [REDACTED]

Patient's Name: M [REDACTED], E [REDACTED]

Address: [REDACTED]

Phone: [REDACTED]

Repeat: ☒ 1☐ Drug Name☐ Strength☐ Allergies☐ Directions

X Xanax 1mg #42
T TID PRN
anxiety

X 2 weeks

ICD F41.1
update Rx to
9ty 9.0 X 30 days
verified
MD

Refills: 0

Medication Purpose

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

Dr. [REDACTED]

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

Dr. Ebonka, Festu

Dr. Phone: [REDACTED]

Called by Theltha

DEA or State License #

ME1443643

Address: 702-688-0620

ACP Staff Initials

MD

519548

CONTROLLED SUBSTANCE REFILL REQUEST

408924

Print reference LLLCRXYTRCLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

PATIENT: J [REDACTED] S [REDACTED]
DOB: [REDACTED] SEX: Female
[REDACTED]
PHONE: [REDACTED]
CELL: [REDACTED]

Deeded
11/14/18
9:25
r

PRESCRIBED: ZOLPIDEM TARTRATE 5 MG TAB PHARMACY RXNER: 408684
ORIG FILL: 10/11/18 ORIG QUANTITY: 30 AUTH'D REFILLS: 0
LAST FILL: 10/11/18 QUANTITY LEFT: 0 DAYS SUPPLY: 30
DIRECTIONS: TAKE ONE TABLET BY MOUTH EVERY NIGHT AT BEDTIME AS NEEDED FOR SLEEP
FOR 30 DAYS

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Zolpidem tartrate 5mg
Quantity 30 Refills Authorized 0
Directions 1 tab qhs PM sleep 30 days
Physicians Signature [Signature] Date _____
Comments me 1443643

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CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRCYTYSLLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

PATIENT: J [REDACTED] S [REDACTED]
DOB: [REDACTED] SEX: Female

PHONE: [REDACTED]
CELL: [REDACTED]

PRESCRIBED: ALPRAZOLAM 2 MG TABLET PHARMACY RXNR: 408685
ORIG FILL: 10/11/18 ORIG QUANTITY: 60 AUTH'D REFILLS: 0
LAST FILL: 10/11/18 QUANTITY LEFT: 0 DAYS SUPPLY: 30
DIRECTIONS: TAKE ONE TABLET BY MOUTH TWO TIMES A DAY AS NEEDED FOR ANXIETY FOR
30 DAYS

If you wish to order additional medication for this patient, the DEA requires
a new order. Please write a new order in the space provided below:

Medication Alprazolam 2mg
Quantity 60 Refills Authorized 0
Directions 1 tpo bid PM AX for 30 days
Physicians Signature F41-1 Date _____
Comments M 1943643

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after its stated need has been fulfilled, unless otherwise prohibited by law.
If you have received this fax transmission in error, please notify the "sender"
immediately for return instructions. Print reference LLLCRCYTYSLLLL

408925

Rec'd
11/11/18
9:25
W

CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRCTYDGLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

408926

PATIENT: B [REDACTED], S [REDACTED]
DOB: [REDACTED] SEX: Female
[REDACTED]
PHONE: [REDACTED]
CELL: [REDACTED]

Order
11/14/18
9:25
h

PRESCRIBED: ALPRAZOLAM 2 MG TABLET PHARMACY RXNR: 408689
ORIG FILL: 10/11/18 ORIG QUANTITY: 60 AUTH'D REFILLS: 0
LAST FILL: 10/11/18 QUANTITY LEFT: 0 DAYS SUPPLY: 30
DIRECTIONS: TAKE ONE TABLET BY MOUTH TWO TIMES A DAY AS NEEDED FOR ANXIETY FOR
30 DAYS

If you wish to order additional medication for this patient, the DEA requires
a new order. Please write a new order in the space provided below:

Medication Alprazolam 2mg
Quantity 60 Refills Authorized 0
Directions 1 + po bid PRN An for 30 days
Physicians Signature F41.1 Date _____
Comments M 1443643

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this fax transmission belongs to the [pharmacy/pharmacist] sending the data and
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If you have received this fax transmission in error, please notify the "sender"
immediately for return instructions. Print reference LLLCRCTYDGLL

 CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRCYSCXRLLL

40893/

FROM: PROVIDENCE PHARMACY
 1729 East Charleston Blvd.
 Las Vegas, NV 89104
 PHONE: (702) 778-3072
 FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
 1721 east charleston blvd
 Las Vegas, NV 89104
 PHONE: (702) 685-0620
 FAX: (702) 685-9674

PATIENT: A [REDACTED] 1 [REDACTED]
 DOB: [REDACTED] SEX: Male
 [REDACTED]
 PHONE: [REDACTED]

tabetha
 11/14/18
 10:59
 VM

PRESCRIBED: ALPRAZOLAM 2 MG TABLET PHARMACY RXNBR: 408507
 ORIG FILL: 09/14/18 ORIG QUANTITY: 60 AUTH'D REFILLS: 0
 LAST FILL: 09/14/18 QUANTITY DEPT: 0 DAYS SUPPLY: 30
 DIRECTIONS: TAKE ONE TABLET BY MOUTH TWO TIMES A DAY AS NEEDED FOR ANXIETY FOR
 30 DAYS

If you wish to order additional medication for this patient, the DEA requires
 a new order. Please write a new order in the space provided below:

Medication Alprazolam 2mg
 Quantity 30 Refills Authorized 0
 Directions 1 + po bid prn Ax For 30 days
 Physicians Signature F41.1 Date _____
 Comments ME144343

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 this fax transmission belongs to the [pharmacy/pharmacist] sending the data and
 is legally privileged. The information accompanying this fax transmission is
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 "recipient". The recipient of this information is prohibited from disclosing,
 copying, distributing or using this information except as permitted by current
 law governing privacy of information issues. Such information must be destroyed
 after its stated need has been fulfilled, unless otherwise prohibited by law.
 If you have received this fax transmission in error, please notify the "sender"
 immediately for return instructions. Print reference LLLCRCYSCXRLLL

CVS/pharmacy Telephone Order Prescription Pad

Date/Time: 11-14-18
Name: 4 [redacted], [redacted]
DOB: [redacted] ☐ Infant/Pediatric
Phone: [redacted]
Address: [redacted]
Allergies: [redacted]

Rx Bupropion 75mg #30
Tpo 2d
Suboxone 8-2 2 Fins #28
isl bid x14 days Fill. 20

Medication Purpose: Refills: 0

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

Interchange is mandated unless the practitioner writes the words "No Substitution" in this space

Phoned in by: Dede Voice Mail ☐

Prescriber: Festus, E. S. M. D.

Phone: 685-0620

DEA or State license number: XE1447643

Address: 1721 Charleston Blvd UNLV 89104

CVS Staff Initials: [signature]

Request Number : 3970831 Store Number : 8788 Rx Number : 775953 Fill No : 0 Fill Date : 11/16/2018

Label

Patient		Quantity & Fill	
Patient	11 11	Decimal Quantity Dispensed	28
Gender	Male	Refills	0
DOB		Quantity Dispensed	28
Age		Supply Days	14
		Fill No	0
Drug		Store	
Drug	SUBOXONE 8 MG-2 MG SL FILM	Store Number	8788
Strength	8-2	NCPDP Id	2989486
Dispensed NDC	12496120803	NPI Number	1407890874
Script		Prescriber	
Rx Number	775953	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7026850620
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/14/2018	LIC	RN51444
Fill Date	11/16/2018		
Rx Transfer Code			
Rx Origin Code	2		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	BS	Diagnosis Code	
Script Verify Date	11/16/2018	Attestation Quantity on Hand	
Direction			
TAKE ONE FILM TWICE A DAY FOR 14 DAYS			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/16/2018	Transaction Time	12:22:00 PM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	13
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	11/16/2018	Signature Time	12:22:28 PM

Request Number : 3970831 Store Number : 8788

Rx Number : 776078

Fill No : 0

Fill Date : 11/14/2018

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Date/Time: 11-14-18
Name: R [redacted] J [redacted]
DOB: [redacted] ☐ Infant/Pediatric
Phone: [redacted]
Address: [redacted]
Allergies: [redacted]

Rx Klonopin 1g #5042
ipo bid pr anxiety
3ad x3 weeks
P41.1

Medication Purpose: [redacted] Refills: 0

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

Interchange is mandated unless the practitioner writes the words "No Substitution" in this space

Phoned in by: Talitha Voice Mail ☐

Prescriber: Ebonka, Festus

Phone: 702-685-0620

DEA or State license number: ME1443643

Address: 1721 S Charleston Blvd 6000 Las Vegas NV 89164

OPR-378 Rev. 03/09 Item # 152779

CVS Staff Initials: [redacted]

Request Number : 3970831 Store Number : 8788

Rx Number : 776078

Fill No : 0

Fill Date : 11/14/2018

Label

Patient		Quantity & Fill	
Patient	R [REDACTED]	Decimal Quantity Displaced	42
Gender	Male	Refills	0
DOB	[REDACTED]	Quantity Dispensed	42
Age	[REDACTED]	Supply Days	21
		Fill No	0
Drug		Store	
Drug	CLONAZEPAM 1 MG TABLET	Store Number	8788
Strength	1	NCPDP Id	2989486
Dispensed NDC	16729013716	NPI Number	1407890874
Script		Prescriber	
Rx Number	776078	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7026850620
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/14/2018	LIC	RN51444
Fill Date	11/14/2018		
Rx Transfer Code			
Rx Origin Code	2		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	JR	Diagnosis Code	
Script Verify Date	11/14/2018	Attestation Quantity on Hand	
Direction			
TAKE 1 TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ANXIETY			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/15/2018	Transaction Time	04:00:00 PM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA PrivacyNotice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	14
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	11/15/2018	Signature Time	04:00:28 PM

CVS/pharmacy

Telephone Order Prescription

Name: [REDACTED] Date/Time: 11-14-18

DOB: [REDACTED]

Phone: [REDACTED] Infant/Pediatric

Address: [REDACTED]

Allergies: Las Vegas NV 89102

~~Vistaril 50 #42 1 PO Bid~~

R Sertraline 25 mg #21

1 po qday X 3 WKS

Klonipine 0.5 #42

1 po Bid X 3 WKS

Medication Purpose: F44.1

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions Refills: 2

Interchange is mandated unless the practitioner writes the words "No Substitution" in this space

Phoned in by: Tabatha

Prescriber: Ebonka Festus

Voice Mail ☐

Phone: 702-685-0620

DEA or State license number: ME1443643

Address: 1721 E Charleston Blvd
Las Vegas, NV 89104

OPR-378 Rev. 03/09 Item # 18277B

CVS Staff Initials: JH

Request Number : 3970831 Store Number : 4786 Rx Number : 690518 Fill No : 0 Fill Date : 11/14/2018

Label

Patient		Quantity & Fill	
Patient	A [REDACTED] D [REDACTED]	Decimal Quantity Displaced	42
Gender	Female	Refills	0
DOB	[REDACTED]	Quantity Dispensed	42
Age	[REDACTED]	Supply Days	21
		Fill No	0
Drug		Store	
Drug	CLONAZEPAM 0.5 MG TABLET	Store Number	4786
Strength	0.5	NCPDP Id	2906874
Dispensed NDC	16729013616	NPI Number	1023113460
Script		Prescriber	
Rx Number	690518	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7026850620
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/14/2018	LIC	RN51444
Fill Date	11/14/2018		
Rx Transfer Code			
Rx Origin Code	2		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	LVT	Diagnosis Code	
Script Verify Date	11/14/2018	Attestation Quantity on Hand	
Direction			
TAKE 1 TABLET BY MOUTH TWICE A DAY			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/15/2018	Transaction Time	08:42:00 PM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	8
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	11/14/2018	Signature Time	08:42:48 PM

Request Number : 3970831 Store Number : 8790

Rx Number : 1140743

Fill No : 0

Fill Date : 11/14/2018

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

M [redacted] Date/Time: 11 / 14 / 18

Name: [redacted]

DOB [redacted]

☐ Infant/Pediatric

Phone: _____

Address: _____

Allergies: _____

R Alprazolam 1 mg

1 tid pr anxiety

300

90

Medication Purpose: F41.9 Refills: 8

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ DirectionsDISPENSE AS WRITTEN. BRAND MEDICALLY NECESSARY.
DO NOT SUBSTITUTE. NO SUBSTITUTION ALLOWED.MAY SUBSTITUTE PRODUCT SELECTION, PROVIDED
SUBSTITUTION FROM SAME MANUFACTURER IS INDICATED
UNLESS PRACTITIONER INDICATES DO NOT SUBSTITUTE.

Ebonka Foster

Phoned in by: [signature] / P.D.

Voice Mail [initials]

Phone: (703) 656-0620

DEA or State license number: ME1443643

Address: _____

OPR 376 Rev 03 09 Form 163112

CVS Staff Initials: [initials]

Request Number : 3970831 Store Number : 8790 Rx Number : 1140743 Fill No : 0 Fill Date : 11/14/2018

Label

Patient		Quantity & Fill	
Patient	S [REDACTED]	Decimal Quantity Dispensed	90
Gender	Male	Refills	0
DOB	[REDACTED]	Quantity Dispensed	90
Age	[REDACTED]	Supply Days	30
		Fill No	0
Drug		Store	
Drug	ALPRAZOLAM 1 MG TABLET	Store Number	8790
Strength	1	NCPDP Id	2989549
Dispensed NDC	65862067899	NPI Number	1326084476
Script		Prescriber	
Rx Number	1140743	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7026850620
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/14/2018	LIC	RN51444
Fill Date	11/14/2018		
Rx Transfer Code			
Rx Origin Code	2		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	TRB	Diagnosis Code	
Script Verify Date	11/14/2018	Attestation Quantity on Hand	
Direction			
TAKE 1 TABLET BY MOUTH 3 TIMES A DAY AS NEEDED FOR ANXIETY			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/14/2018	Transaction Time	04:01:00 PM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	14
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	11/14/2018	Signature Time	04:01:14 PM

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Name: [REDACTED]

Date/Time: 11/14/18

DOB: [REDACTED]

☐ Infant/Pediatric

Phone: _____

Address: _____

Allergies: _____

Rx

Alprazolam 2

1 b.i.d p

anxiety

#60

Medication Purpose: F41.7

Refills: 8

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ DirectionsDISPENSE AS WRITTEN. DIVIDE MEDICATIONS NECESSARY.
DO NOT SUBSTITUTE. NO SUBSTITUTIONS, DAYTHIS PRESCRIPTION IS COPIED DIRECTLY FROM THE
ORIGINAL PRESCRIPTION. IT IS NOT A REPRODUCTION OF THE
ORIGINAL PRESCRIPTION. IT IS NOT A COPY OF THE ORIGINAL PRESCRIPTION.

Fishes Ebonka

Phoned in by: D.L.

Phone: (703) 682-0620

Voice Mail ☐

DEA or State license number: MC 1443692

Address: _____

OPR-376 Rev. 03 2012 Rev. 163112

CVS Staff Initials: 13

Request Number : 3970831 Store Number : 8790 Rx Number : 1140753 Fill No : 0 Fill Date : 11/14/2018

Label

Patient		Quantity & Fill	
Patient	H. [REDACTED] T. [REDACTED]	Decimal Quantity Displaced	60
Gender	Female	Refills	0
DOB	[REDACTED]	Quantity Dispensed	60
Age	[REDACTED]	Supply Days	30
		Fill No	0
Drug		Store	
Drug	ALPRAZOLAM 2 MG TABLET	Store Number	8790
Strength	2	NCPDP Id	2989549
Dispensed NDC	67253090310	NPI Number	1326084476
Script		Prescriber	
Rx Number	1140753	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7026850620
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/14/2018	LIC	RN51444
Fill Date	11/14/2018		
Rx Transfer Code			
Rx Origin Code	2		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	TRB	Diagnosis Code	
Script Verify Date	11/14/2018	Attestation Quantity on Hand	
Direction			
TAKE 1 TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ANXIETY			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/14/2018	Transaction Time	02:01:00 PM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	14
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	11/14/2018	Signature Time	02:01:47 PM

Connexus Pharmacy System
Wal-Mart Pharmacy10-2838
PRESCRIPTION IMAGE(DUPLICATE COPY)

Patient:

Wal-Mart Pharmacy
540 MARKS STREET
HENDERSON NV-89014

Date Of Birth:

NABP Number:2980642
ID: BW7077717

PRESCRIPTION IMAGE (DUPLICATE COPY)

Rx # : 4509557 Scanned On : 11/14/2018

782-581-5142

TELEPHONED PRESCRIPTION

NAME B [REDACTED] DATE 10/1/15
ADDRESS [REDACTED]
PHONE BY Labstra ORIGINAL R. REFILL TIMES 5

TIME IN TIME OUT DOSE [REDACTED] GENERIC Y OR N

Rx
DR: FHL I Ativan 1mg #42 for 3 weeks
T po BID prn for PRN

8194

Evanke Foster 782-685-0620
SUBSTITUTE FOR PRESCRIBED DISPENSE AS WRITTEN
NE 143643 1721 E CHARLESTON BLVD
ORCA ADDRESS DALLAS TEX 75201
MARKER 7 DISPENSE AS WRITTEN VOLUNTARY FORFEITURE OF UNLAWFUL SALE

[illegible]

Report Date: 02/07/2019
Attested To By:

Registered Pharmacist

****PRIVATE-IF YOU RECEIVE THIS REPORT IN ERROR, PLEASE RETURN TO WAL*MART PHARMACY IMMEDIATELY.
WAL*MART STORES, INC.**

This prescription has been reprinted by JULIE SHERS for the following reason:

Ebonka096

CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRCYXZDZLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, PESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

408937

PATIENT: D [REDACTED] M [REDACTED]
DOB: [REDACTED] SEX: Female
[REDACTED]
PHONE: [REDACTED]

tabatha
11/15/18
9:29
w

PRESCRIBED: CLONAZEPAM 1 MG TABLET PHARMACY RXNBR: 408731
ORIG FILL: 10/17/18 ORIG QUANTITY: 60 AUTH'D REFILLS: 0
LAST FILL: 10/17/18 QUANTITY LEFT: 0 DAYS SUPPLY: 30
DIRECTIONS: TAKE ONE TABLET BY MOUTH TWO TIMES A DAY AS NEEDED FOR ANXIETY FOR
30 DAYS

If you wish to order additional medication for this patient, the DEA requires
a new order. Please write a new order in the space provided below:

Medication Clonazepam 1mg
Quantity 60 Refills Authorized 0
Directions 1 + po bid pm Ax for 30 days
44-1
Physicians Signature MU1943643 Date _____
Comments _____

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intended only for the use of the individual (or facility) identified as the
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law governing privacy of information issues. Such information must be destroyed
after its stated need has been fulfilled, unless otherwise prohibited by law.
If you have received this fax transmission in error, please notify the "sender"
immediately for return instructions. Print reference LLLCRCYXZDZLLL

CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRGXCCdLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

408938

PATIENT: R [REDACTED]
DOB: [REDACTED] SEX: Female
[REDACTED]
PHONE: [REDACTED]

tabetha
11/15/18
9:29
~

PRESCRIBED: ZOLPIDEM TARTRATE 10 MG TAB PHARMACY RXNBR: 408700
ORIG FILL: 10/12/18 ORIG QUANTITY: 30 AUTH'D REFILLS: 0
LAST FILL: 10/12/18 QUANTITY LEFT: 0 DAYS SUPPLY: 30
DIRECTIONS: TAKE ONE TABLET BY MOUTH EVERY NIGHT AT BEDTIME AS NEEDED FOR SLEEP

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Zolpidem tartrate 10 mg
Quantity 30 Refills Authorized 0
Directions 1t po qhs prn Sleep
Physicians Signature f33.2 Date _____
Comments Mu1443643

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Request Number : 3970831 Store Number : 8788

Rx Number : 776273

Fill No : 0

Fill Date : 11/15/2018

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Date/Time: 11-15-18

Name: LL [REDACTED] J [REDACTED]

DOB: [REDACTED]

☐ Infant/Pediatric

Phone: [REDACTED]

Address: [REDACTED]

Allergies: [REDACTED]

Rx Xanax 1mg #60
q po bid 30 days F41.1

Medication Purpose: [REDACTED] Refills: 0

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

Interchange is mandated unless the practitioner writes the words "No Substitution" in this space

Phoned In by: Dede

Voice Mail ☐

Prescriber: Ebonka, Festus

Phone: 665-0620

DEA or State license number: ME1443647

Address: 1721 E Charleston Blvd UNV 8904

OPR-378 Rev 03/03 Item # 182779

CVS Staff Initials: aw

Request Number : 3970831 Store Number : 8788 Rx Number : 776273 Fill No : 0 Fill Date : 11/15/2018

Label

Patient		Quantity & Fill	
Patient	M [REDACTED]	Decimal Quantity Displaced	60
Gender	Male	Refills	0
DOB	[REDACTED]	Quantity Dispensed	60
Age	[REDACTED]	Supply Days	30
		Fill No	0
Drug		Store	
Drug	ALPRAZOLAM 1 MG TABLET	Store Number	8788
Strength	1	NCPDP Id	2989486
Dispensed NDC	65862067899	NPI Number	1407890874
Script		Prescriber	
Rx Number	776273	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7026850620
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/15/2018	LIC	RN51444
Fill Date	11/15/2018		
Rx Transfer Code			
Rx Origin Code	1		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	JR	Diagnosis Code	
Script Verify Date	11/15/2018	Attestation Quantity on Hand	
Direction			
TAKE 1 TABLET BY MOUTH TWICE A DAY			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/15/2018	Transaction Time	01:19:00 PM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	14
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	11/15/2018	Signature Time	01:19:51 PM

Request Number : 3970831 Store Number : 8788

Rx Number : 776278

Fill No : 0

Fill Date : 11/15/2018

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

11-15-18

Date/Time:

Name:

DOB:

Phone:

Address:

Allergies:

☐ Infant/Pediatric

R Prozac 60mg po qd #30
Trazodone 150mg po hs #30
Xanax 1mg po tid #90
F41.1 30 days
~~Trileptol 100mg po qd #30~~
Medication Purpose: Refills: 0

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

Interchange is mandated unless the practitioner writes the words "No Substitution" in this space

Phoned in by:

Prescriber:

Phone:

DEA or State license number:

Address:

Voice Mail ☐

CVS Staff Initials: Mr

OPR-378 Rev. 03/09 Item # 182779

Request Number : 3970831 Store Number : 8788 Rx Number : 776278 Fill No : 0 Fill Date : 11/15/2018

Label

Patient		Quantity & Fill	
Patient	CE [REDACTED]	Decimal Quantity Displaced	90
Gender	Female	Refills	0
DOB	[REDACTED]	Quantity Dispensed	90
Age	[REDACTED]	Supply Days	30
		Fill No	0
Drug		Store	
Drug	ALPRAZOLAM 1 MG TABLET	Store Number	8788
Strength	1	NCPDP Id	2989486
Dispensed NDC	65862067899	NPI Number	1407890874
Script		Prescriber	
Rx Number	776278	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7026850620
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/15/2018	LIC	RN51444
Fill Date	11/15/2018		
Rx Transfer Code			
Rx Origin Code	1		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	JR	Diagnosis Code	
Script Verify Date	11/15/2018	Attestation Quantity on Hand	
Direction			
TAKE 1 TABLET BY MOUTH 3 TIMES A DAY FOR 30 DAYS			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/15/2018	Transaction Time	01:23:00 PM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	14
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	11/15/2018	Signature Time	01:23:22 PM

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Name: R [REDACTED] Date/Time: 11-15-12

DOB: [REDACTED] ☒ Adult ☐ Infant/Pediatric

Phone: [REDACTED]

Address: [REDACTED]

Allergies: [REDACTED]

R klonopin 0.5y #60
ipoid x30 days
F41.1

Medication Purpose: _____ Refills: 0

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

Interchange is mandated unless the practitioner writes the words "No Substitution" in this space

Phoned in by: Tashia Voice Mail ☐

Prescriber: Ebonka Festus

Phone: 702-685-0620

DEA or State license number: MEL443643

Address: 17215 Charlotte Blvd LV NV 89104

CPR-378 Rev 03/09 Item # 182779

CVS Staff Initials: h

Request Number : 3970831 Store Number : 8788 Rx Number : 776444 Fill No : 0 Fill Date : 12/14/2018

Label

Patient		Quantity & Fill	
Patient	R. [REDACTED] D. [REDACTED]	Decimal Quantity Displaced	60
Gender	Male	Refills	0
DOB	[REDACTED]	Quantity Dispensed	60
Age	[REDACTED]	Supply Days	30
		Fill No	0
Drug		Store	
Drug	CLONAZEPAM 0.5 MG TABLET	Store Number	8788
Strength	0.5	NCPDP Id	2989486
Dispensed NDC	16729013616	NPI Number	1407890874
Script		Prescriber	
Rx Number	776444	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7026850620
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/15/2018	LIC	RN51444
Fill Date	12/14/2018		
Rx Transfer Code			
Rx Origin Code	1		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	SRP	Diagnosis Code	
Script Verify Date	12/14/2018	Attestation Quantity on Hand	
Direction			
TAKE 1 TABLET BY MOUTH TWICE A DAY FOR 30 DAYS			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	12/14/2018	Transaction Time	05:01:00 PM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	14
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	12/14/2018	Signature Time	05:01:32 PM

Rx Details

Request Number : 3970831 Store Number : 2930 Rx Number : 1008711 Fill No : 0 Fill Date : 11/15/2018

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Date/Time: 11-15-18 3:45 pm

Name: G [redacted] S [redacted]

DOB: [redacted] ☐ Infant/Pediatric

Phone: [redacted]

Address: [redacted]

Allergies:

R Clonazepam 1mg $\dot{\bar{T}}$ PO BID Qty 460 Dry supply #30 ref. $\bar{x}$ ICD10: F41.1
Gabapentin 600mg $\dot{\bar{T}}$ PO TID Qty #90 Dry supply #30 Ref: $\bar{x}$
Latuda 40mg $\dot{\bar{T}}$ PO QD Qty #30 Dry supply #30 ref $\bar{x}$

Medication Purpose: Refills: $\bar{x}$

Read Back: ☒ DOB ☒ Drug Name ☒ Strength ☒ Directions

Interchange is mandated unless the practitioner writes the words "No Substitution" in this space

Phoned in by: -Della Voice Mail ☐

Prescriber: Ebonka, festus

Phone: 702-685-0626

DEA or State license number: ME1443643

Address: 1721 S Charleston Las Vegas, NV 89104

CPR 378 Rev 03/09 Item # 152779

CVS Staff Initials: AC

Request Number : 3970831 Store Number : 2930 Rx Number : 1008711 Fill No : 0 Fill Date : 11/15/2018

Label

Patient		Quantity & Fill	
Patient	S [REDACTED] G [REDACTED]	Decimal Quantity Displaced	60
Gender	Male	Refills	0
DOB	[REDACTED]	Quantity Dispensed	60
Age	[REDACTED]	Supply Days	30
		Fill No	0
Drug		Store	
Drug	CLONAZEPAM 1 MG TABLET	Store Number	2930
Strength	1	NCPDP Id	2906951
Dispensed NDC	00378191210	NPI Number	1578662888
Script		Prescriber	
Rx Number	1008711	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7026850620
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/15/2018	LIC	RN51444
Fill Date	11/15/2018		
Rx Transfer Code			
Rx Origin Code	1		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	DCQ	Diagnosis Code	
Script Verify Date	11/15/2018	Attestation Quantity on Hand	
Direction			
TAKE 1 TABLET BY MOUTH TWICE A DAY			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/16/2018	Transaction Time	10:13:00 AM
Seen Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
IIIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	6
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	11/16/2018	Signature Time	10:13:26 AM

Script Front Image

Rx Number: 1395482-4790

Walgreens

Name

Promised Time

Date

Address

AL/HC

Phone#

Birth Date

Alprazolam 1mg #28

F41.1

1 po QID prn anxiety
(1 week supply)

Dr.

Dr.

DISPENSE AS WRITTEN

SUBSTITUTION PERMISSIBLE

Refill

Address

Phone#

DEA/NPI#

VM/Caller ID

Dec Dee

WICH 964880



Script Details

Patient

Name: S

Address:

Phone Number:

Date of Birth: 12:00:00 AM

Drug Info

Name: ALPRAZOLAM 1MG TABLETS

Generic for:

Quantity: 28 for 7 days with 0 Refills Remaining

SIG: TAKE 1 TABLET BY MOUTH FOUR TIMES DAILY AS

NEEDED FOR ANXIETY

DAW Indicator: N

Prescriber

Name: FESTUS EBONKA

Address: 1721 E CHARLESTON BLVD LAS VEGAS, NV

Phone Number: (702)885-0620

NPI: 1932241007 DEA: ME1443643

Fill Info

Written: 11/15/2018

Entered: Nov 15 2018 4:20PM by JMB at 4790

Data Review: Nov 15 2018 5:23PM by WTN at 4790

Filled: Nov 15 2018 6:34PM by EXR at 4790

Verified: Nov 15 2018 6:37PM by WTN at 4790

Sold: Nov 15 2018 6:39PM by WTN at 4790

Script Back Image

No Back Image Available...

Annotations

No Annotations

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Class: C4

Script 23 of 31

Script Front Image

Rx Number: 3014076-3873

Telephone Rx

11/15/2018

Patient

J

M

Prescriber

FESTUS EBONKA

702-685-0620

1721 E CHARLESTON BLVD

LAS VEGAS, NV 891041902

DEA ME1443643

NPI 1932241007

Rx

CLONAZEPAM 0.5MG TABLETS

TAKE 1 TABLET BY MOUTH TWICE DAILY

#60

Refills: 0

Caller ID: DEEDEE

Received by: RONDA RICHARDSON

Script Details

Patient

Name: J

Address:

Phone Number:

Date of Birth: 12:00:00 AM

Drug Info

Name: CLONAZEPAM 0.5MG TABLETS

Generic for: Klonopin 0.5MG TABLETS

Quantity: 14 for 7 days with 0 Refills Remaining

SIG: TAKE 1 TABLET BY MOUTH TWICE DAILY

DAW Indicator: N

Prescriber

Name: FESTUS EBONKA

Address: 1721 E CHARLESTON BLVD LAS VEGAS, NV

Phone Number: (702)685-0620

NPI: 1932241007 DEA: ME1443643

Fill Info

Written: 11/15/2018

Entered: Nov 27 2018 3:02PM by PST at 3873

Data Review: Nov 27 2018 3:02PM by RKR at 32091

Filled: Nov 27 2018 3:22PM by MCO at 3873

Verified: Nov 27 2018 3:41PM by LGS at 3873

Sold: Nov 28 2018 12:49PM by LGS at 3873

Script Back Image

No Back Image Available...

Annotations

11.27.2018 15:01:12:PST

F31.60, #14, 7 days supply per Celestine 11/27/18 pst

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Class: C4

Script 8 of 31

CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRCYXTSCLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

408 956

tablets
11/16/18
9:18
m

PATIENT: T [REDACTED] M [REDACTED]
DOB: [REDACTED] SEX: Male

PHONE: [REDACTED]

PRESCRIBED: ALPRAZOLAM 1 MG TAB PHARMACY RXNBR: 408765
ORIG FILL: 10/17/18 ORIG QUANTITY: 60 AUTH'D REFILLS: 0
LAST FILL: 10/22/18 QUANTITY LEFT: 0 DAYS SUPPLY: 30
DIRECTIONS: TAKE ONE TABLET BY MOUTH TWO TIMES A DAY AS NEEDED FOR ANXIETY

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Alprazolam 1mg
Quantity 60 Refills Authorized 0
Directions 1 + po bid prn Ax
Physicians Signature F4/1 Date _____
Comments ml 1945643

The documents accompanying this fax are CONFIDENTIAL. Information contained in this fax transmission belongs to the [pharmacy/pharmacist] sending the data and is legally privileged. The information accompanying this fax transmission is intended only for the use of the individual (or facility) identified as the "recipient". The recipient of this information is prohibited from disclosing, copying, distributing or using this information except as permitted by current law governing privacy of information issues. Such information must be destroyed after its stated need has been fulfilled, unless otherwise prohibited by law. If you have received this fax transmission in error, please notify the "sender" immediately for return instructions. Print reference LLLCRCYXTSCLLL

CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRCYXZYCLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

408957

for the
11/14/18
9:18
m

PATIENT: J [REDACTED] N [REDACTED]
DOB: [REDACTED] SEX: Female
[REDACTED]
PHONE: [REDACTED]

PRESCRIBED: ALPRAZOLAM 0.5 MG TABLET PHARMACY RXNBR: 408738
ORIG FILL: 10/18/18 ORIG QUANTITY: 60 AUTH'D REFILLS: 0
LAST FILL: 10/18/18 QUANTITY LEFT: 0 DAYS SUPPLY: 30
DIRECTIONS: TAKE ONE TABLET BY MOUTH TWO TIMES A DAY

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Alprazolam 0.5mg
Quantity 60 Refills Authorized 0
Directions 1 + po bid
Physicians Signature F41.1 Date _____
Comments me 1443645

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C O N T R O L L E D S U B S T A N C E R E F I L L R E Q U E S T

Print reference LLLCRCYXZTYLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

408 963

PATIENT: B [REDACTED] M [REDACTED]
DOB: [REDACTED] SEX: Male
[REDACTED]
PHONE: [REDACTED]

John
11/16/18
2:27
w

PRESCRIBED: CLONAZEPAM 0.5 MG TABLET PHARMACY RXNBR: 408736
ORIG FILL: 10/18/18 ORIG QUANTITY: 60 AUTH'D REFILLS: 0
LAST FILL: 10/18/18 QUANTITY LEFT: 0 DAYS SUPPLY: 30
DIRECTIONS: TAKE ONE TABLET BY MOUTH TWO TIMES A DAY AS NEEDED FOR ANXIETY

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Clonazepam 0.5
Quantity 6 Refills Authorized 8
Directions 1t po b.i.d. prn dx
Physicians Signature f41.1 Date _____
Comments me k14 3643

The documents accompanying this fax are CONFIDENTIAL. Information contained in this fax transmission belongs to the [pharmacy/pharmacist] sending the data and is legally privileged. The information accompanying this fax transmission is intended only for the use of the individual (or facility) identified as the "recipient". The recipient of this information is prohibited from disclosing, copying, distributing or using this information except as permitted by current law governing privacy of information issues. Such information must be destroyed after its stated need has been fulfilled, unless otherwise prohibited by law. If you have received this fax transmission in error, please notify the "sender" immediately for return instructions. Print reference LLLCRCYXZTYLLL

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

4:37p

Date/Time: 11/16/18

Name: W [redacted]

DOB: [redacted] ☐ Infant/Pediatric

Phone: [redacted]

Address: [redacted]

Allergies: LV, NV 89122

R Suboxone 8mg-2mg SL #14
1 BID x 7 days

Fill 2410

Medication Purpose: Refills: NR

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

If a change is mandated unless the practitioner writes the words "No Substitution" in this space

Phoned in by: Eddie Voice Mail ☒

Prescriber: Ebonka, Festus

Phone: (702) 685-0620

DEA or State license number: ME1443643

Address: RA XE1443643

OPR-378 Rev 03/02 Item # 182779

CVS Staff Initials: RS

Request Number : 3970831 Store Number : 8788 Rx Number : 776641 Fill No : 0 Fill Date : 11/16/2018

Label

Patient		Quantity & Fill	
Patient	W [REDACTED]	Decimal Quantity Displaced	10
Gender	Female	Refills	0
DOB	[REDACTED]	Quantity Dispensed	10
Age	[REDACTED]	Supply Days	5
		Fill No	0
Drug		Store	
Drug	SUBOXONE 8 MG-2 MG SL FILM	Store Number	8788
Strength	8-2	NCPDP Id	2989486
Dispensed NDC	12496120803	NPI Number	1407890874
Script		Prescriber	
Rx Number	776641	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7026850620
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/16/2018	LIC	RN51444
Fill Date	11/16/2018		
Rx Transfer Code			
Rx Origin Code	2		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	BS	Diagnosis Code	
Script Verify Date	11/16/2018	Attestation Quantity on Hand	
Direction			
DISSOLVE 1 FILM UNDER THE TONGUE TWICE A DAY FOR 5 DAYS			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/19/2018	Transaction Time	01:50:00 PM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA PrivacyNotice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	13
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	11/19/2018	Signature Time	01:50:07 PM

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Name: [REDACTED]

Date/Time: 11/16/18

DOB: [REDACTED]

☐ Infant/Pediatric

Phone: [REDACTED]

Address: [REDACTED]

Allergies: [REDACTED]

R

Xanax 1mg #90
1 TID for anxiety100 741.1
20 days

Medication Purpose: [REDACTED] Refills: 0

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

Intervenor is mandated unless the practitioner writes the words "No Substitution" in this space

Phoned in by: Tabetha

Prescriber: Terrell Ebonka

Phone: 702 685-0620

DEA or State license number: ME 1443683

Address: 1721 E Charleston 89104
Las Vegas

CVS Staff Initials: [REDACTED]

OPR-378 Rev 03/07 Item # 182773

Request Number : 3970831 Store Number : 5811 Rx Number : 582066 Fill No : 0 Fill Date : 11/16/2018

Label

Patient		Quantity & Fill	
Patient	B[REDACTED]	Decimal Quantity Displaced	90
Gender	Female	Refills	0
DOB	[REDACTED]	Quantity Dispensed	90
Age	[REDACTED]	Supply Days	30
		Fill No	0
Drug		Store	
Drug	ALPRAZOLAM 1 MG TABLET	Store Number	5811
Strength	1	NCPDP Id	2907244
Dispensed NDC	65862067899	NPI Number	1740389055
Script		Prescriber	
Rx Number	582066	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7026850620
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/16/2018	LIC	RN51444
Fill Date	11/16/2018		
Rx Transfer Code			
Rx Origin Code	1		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	EAG	Diagnosis Code	
Script Verify Date	11/16/2018	Attestation Quantity on Hand	
Direction			
TAKE 1 TABLET BY MOUTH 3 TIMES A DAY AS NEEDED FOR ANXIETY			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/16/2018	Transaction Time	03:09:00 PM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	Y	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	Y	System Down Indicator	N
Relationship To Patient		Register Number	9
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	11/16/2018	Signature Time	03:10:31 PM

Request Number : 3970831 Store Number : 5811

Rx Number : 582070

Fill No : 0

Fill Date : 11/16/2018

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Name: [REDACTED]

Date/Time: 11-16 18

DOB: [REDACTED]

☐ Infant/Pediatric

Phone: [REDACTED]

Address: [REDACTED]

Allergies: [REDACTED]

Rx

Antiox 10
1 qH8
30 days
G47.0

#30

Refills: 0

Medication Purpose: [REDACTED]

Read Back: ☒ DOB ☐ Drug Name ☐ Strength ☐ Directions

Interchange is mandated unless the practitioner writes the words "No Substitution" in this space

Phoned in by: [REDACTED]

Prescriber: [REDACTED]

Phone: [REDACTED]

DEA or State license number: [REDACTED]

Address: [REDACTED]

OPR-378 Rev 03/03 Item # 182773

Tablts

702

Donka

685 0620

18E 1443643

8910X

CVS Staff Initials: [REDACTED]

Request Number : 3970831 Store Number : 5811 Rx Number : 582070 Fill No : 0 Fill Date : 11/16/2018

Label

Patient		Quantity & Fill	
Patient	[REDACTED]	Decimal Quantity Displaced	30
Gender	Female	Refills	0
DOB	[REDACTED]	Quantity Dispensed	30
Age	[REDACTED]	Supply Days	30
		Fill No	0
Drug		Store	
Drug	ZOLPIDEM TARTRATE 10 MG TABLET	Store Number	5811
Strength	10	NCPDP Id	2907244
Dispensed NDC	65862016001	NPI Number	1740389955
Script		Prescriber	
Rx Number	582070	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7026850620
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/16/2018	LIC	RN51444
Fill Date	11/16/2018		
Rx Transfer Code			
Rx Origin Code	1		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	EAG	Diagnosis Code	
Script Verify Date	11/16/2018	Attestation Quantity on Hand	
Direction			
TAKE 1 TABLET BY MOUTH AT BEDTIME			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/16/2018	Transaction Time	03:09:00 PM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy/Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	Y	System Down Indicator	N
Relationship To Patient		Register Number	9
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	11/16/2018	Signature Time	03:10:31 PM

Rx Image

1297 00

CVS/pharmacy

Telephone Order Prescription Pad

Date/Time: 11/16/19

Name: Dr. [redacted] K [redacted]

DOB: [redacted] ☐ Infant/Pediatric

Phone: [redacted]

Address: _____

Allergies: _____

Rx Klonopin 0.5 mg # 60
1 bid PAN Anxiety
30 d supply RF # 0
P41.1

Medication Purpose: _____ Refills: _____

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

If exchange is mandated unless the practitioner enters the words "No Substitution" in this section

Phoned in by: T. [redacted] Voice Mail ☐

Prescriber: Ebonka, Festus

Phone: 702 695 06 20

DEA or State license number: MS 144 36 43

Address: 1721 E Charleston 89104

OPR-318 Rev 03/03 Form # 102779

CVS Staff Initials: [signature]

Request Number : 3970831 Store Number : 8811 Rx Number : 954966 Fill No : 0 Fill Date : 11/16/2018

Label

Patient		Quantity & Fill	
Patient	D [REDACTED]	Decimal Quantity Dispensed	60
Gender	Male	Refills	0
DOB	[REDACTED]	Quantity Dispensed	60
Age	[REDACTED]	Supply Days	30
		Fill No	0
Drug		Store	
Drug	CLONAZEPAM 0.5 MG TABLET	Store Number	8811
Strength	0.5	NCPDP Id	2989804
Dispensed NDC	16729013616	NPI Number	1659312528
Script		Prescriber	
Rx Number	954966	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7026850620
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/16/2018	LIC	RN51444
Fill Date	11/16/2018		
Rx Transfer Code			
Rx Origin Code	1		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	ML	Diagnosis Code	
Script Verify Date	11/16/2018	Attestation Quantity on Hand	
Direction			
TAKE ONE TABLET BY MOUTH TWICE DAILY AS NEEDED FOR ANXIETY FOR 30 DAYS			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/18/2018	Transaction Time	12:28:00 PM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	14
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	11/18/2018	Signature Time	12:28:05 PM

4004435

NAME	M [REDACTED] M [REDACTED]	DATE OF BIRTH	11-16-18
ADDRESS	[REDACTED]	PHONE	

Rx

Xanax 1 mg.
60

1 po BID x 30 days

(F41.1)

Echo



REFILLS	AGENT PHONING IN
NR 1 2 3 4 5	Tabatha
PHYSICIAN NAME	DEA NUMBER
Ebonka, Festus	ME143643
PHARMACIST NAME	PHONE NUMBER
Jay	702-685-0620
KRO-33	DAW
	TIME

Script Front Image

Rx Number: 1395753-4790

Walgreens		Initials <u>DL</u>	Promised Time
Name <u>A [REDACTED] R [REDACTED]</u>	Date <u>11/16/18</u>		
Address	AL/HC		
Phone#	Birth Date <u>[REDACTED]</u>		
 <u>Xanax 0.5mg #60 F41.1</u> <u>+ PO BID NR 30DS</u> <u>Trazidex 10mg #30</u> <u>+ P QHS NR</u>			
Dr. <u>Dr. Festus Ebonka</u>	DISPENSE AS WRITTEN SUBSTITUTION PERMISSIBLE		
Refill	Address		
Phone# <u>(702) 685-0620</u>	DEA/NPI# <u>ME144364</u>		
VM/Caller ID <u>Tabatha</u>			
WICH 964880			

Script Details

Patient

Name: A [REDACTED] R [REDACTED]
Address: [REDACTED]
Phone Number: [REDACTED]
Date of Birth: [REDACTED] 12:00:00 AM

Drug Info

Name: ALPRAZOLAM 0.5MG TABLETS
Generic for: XANAX 0.5MG TABLETS
Quantity: 60 for 30 days with 0 Refills Remaining
SIG: TAKE 1 TABLET BY MOUTH TWICE DAILY
DAW Indicator: N

Prescriber

Name: FESTUS EBONKA
Address: 1721 E CHARLESTON BLVD LAS VEGAS, NV
Phone Number: (702) 685-0620
NPI: 1932241007 DEA: ME1443643

Fill Info

Written: 11/16/2018
Entered: Nov 16 2018 1:47PM by SEZ at 4790
Data Review: Nov 16 2018 1:56PM by AGA at 4790
Filled: Nov 16 2018 2:41PM by EEV at 4790
Verified: Nov 16 2018 3:41PM by WTN at 4790
Sold: Nov 19 2018 8:46PM by WTN at 4790

Script Back Image

No Back Image Available...

Annotations

No Annotations

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Class: C4

Script 20 of 31

 CONTROLLED SUBSTANCE REFILL REQUEST

408970

Print reference LLLCRCYXRTdLLL

FROM: PROVIDENCE PHARMACY
 1729 East Charleston Blvd.
 Las Vegas, NV 89104
 PHONE: (702) 778-3072
 FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
 1721 east charleston blvd
 Las Vegas, NV 89104
 PHONE: (702) 685-0620
 FAX: (702) 685-9674

ME 144344B

PATIENT: H [REDACTED] C [REDACTED]
 DOB: [REDACTED] SEX: Female
 [REDACTED]
 PHONE: [REDACTED]

Called in by
 Donal
 @
 10:09
 1/19/18
 wgo

PRESCRIBED: CLONAZEPAM 0.5 MG TABLET PHARMACY RXNBR: 408746
 ORIG FILL: 10/19/18 ORIG QUANTITY: 60 AUTH'D REFILLS: 0
 LAST FILL: 10/19/18 QUANTITY LEFT: 0 DAYS SUPPLY: 30
 DIRECTIONS: TAKE ONE TABLET BY MOUTH TWO TIMES A DAY

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Clonazepam 0.5
 Quantity 60 Refills Authorized 0
 Directions 1 tab po bid

 Physicians Signature F 41.1 Date _____
 Comments _____

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Request Number : 3970831 Store Number : 8788

Rx Number : 777057

Fill No : 0

Fill Date : 11/19/2018

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Date/Time:

11/19/18 12:58 PM

Name:

DOB:

☐ Infant/Pediatric

Phone:

Address:

Allergies:

Las Vegas, NV 89119

Rx Klonopin 0.5mg #30
F33.9 T QID X 30 days
F41.1

Medication Purpose:

Refills: 0

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

Interchange is mandated unless the prescriber writes the words "No Substitution" in this space

Phoned in by:

John

Voice Mail ☐

Prescriber:

Festus Ebanks

Phone:

685-0620

DEA or State license number:

ME1443643

Address:

CVS Staff Initials:

Arik

OPR-378 Rev 03/02 Item # 102779

Request Number : 3970831 Store Number : 8788 Rx Number : 777057 Fill No : 0 Fill Date : 11/19/2018

Label

Patient		Quantity & Fill	
Patient	P [REDACTED] N [REDACTED]	Decimal Quantity Dispensed	30
Gender	Female	Refills	0
DOB	[REDACTED]	Quantity Dispensed	30
Age	[REDACTED]	Supply Days	30
		Fill No	0
Drug		Store	
Drug	CLONAZEPAM 0.5 MG TABLET	Store Number	8788
Strength	0.5	NCPDP Id	2989486
Dispensed NDC	16729013616	NPI Number	1407890874
Script		Prescriber	
Rx Number	777057	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7025159680
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/19/2018	LIC	RN51444
Fill Date	11/19/2018		
Rx Transfer Code			
Rx Origin Code	1		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials		Diagnosis Code	
Script Verify Date		Attestation Quantity on Hand	
Direction			
TAKE 1 TABLET BY MOUTH EVERY DAY FOR 30 DAYS			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/20/2018	Transaction Time	11:57:00 AM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
IIHPAA PrivacyNotice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	13
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	11/20/2018	Signature Time	11:57:18 AM

Request Number : 3970831 Store Number : 8788

Rx Number : 777080

Fill No : 0

Fill Date : 11/19/2018

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Date/Time:

11/19/18

12:55 PM

Name:

J [redacted] H [redacted]

DOB:

[redacted]

☐ Infant/Pediatric

Phone:

[redacted]

Address:

Allergies: Las Vegas, NV 89125

R

Klonopin 1mg

#28

ICD:

F25.1

T BID x 2 weeks

F41.1

Neurontin 800 mg

#42

T TID x 2 weeks

Medication Purpose:

Refills:

6

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

Interchange is mandated unless the practitioner writes the words "No Substitution" in this space

Phoned in by:

John

Voice Mail ☒

Prescriber:

Festus E. Chanda

Phone:

685-0620

DEA or State license number:

ME1443643

Address:

CVS Staff Initials:

[signature]

OPR-378 Rev 03-09 Item # 182779

Request Number : 3970831 Store Number : 8788 Rx Number : 777080 Fill No : 0 Fill Date : 11/19/2018

Label

Patient		Quantity & Fill	
Patient	11/19/2018	Decimal Quantity Dispensed	28
Gender	Male	Refills	0
DOB		Quantity Dispensed	28
Age		Supply Days	14
		Fill No	0
Drug		Store	
Drug	CLONAZEPAM 1 MG TABLET	Store Number	8788
Strength	1	NCPDP Id	2989486
Dispensed NDC	16729013716	NPI Number	1407890874
Script		Prescriber	
Rx Number	777080	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7025159680
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/19/2018	LIC	RN51444
Fill Date	11/19/2018		
Rx Transfer Code			
Rx Origin Code	1		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	MMC	Diagnosis Code	
Script Verify Date	11/19/2018	Attestation Quantity on Hand	
Direction			
TAKE 1 TABLET BY MOUTH TWICE A DAY FOR 2 WEEKS			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/19/2018	Transaction Time	04:46:00 PM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA PrivacyNotice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	13
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	11/19/2018	Signature Time	04:46:46 PM

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Date/Time: 11/19/18 @ 4:46pm

Name: S [REDACTED]

DOB: [REDACTED]

Phone: [REDACTED]

Address: [REDACTED]

Allergies: LV, NV

☐ Infant/Pediatric

R xanax 1mg #60
1 Bid
Day supp - 30 days
ICD 10 F41.1

Medication Purpose: _____

Refills: 0

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

Interchange is mandated unless the practitioner writes the words "No Substitution" in this space

Phoned in by: Tabitha Voice Mail ☐

Prescriber: Festus Ebonka

Phone: 702 - 685 0620

DEA or State license number: ME1443643

Address: 1721 E Charleston

89104 CVS Staff Initials: EP

Request Number : 3970831 Store Number : 8788 Rx Number : 777135 Fill No : 0 Fill Date : 11/19/2018

Label

Patient		Quantity & Fill	
Patient	I. S.	Decimal Quantity Displaced	60
Gender	Male	Refills	0
DOB		Quantity Dispensed	60
Age		Supply Days	30
		Fill No	0
Drug		Store	
Drug	ALPRAZOLAM 1 MG TABLET	Store Number	8788
Strength	1	NCPDP Id	2989486
Dispensed NDC	65862067899	NPI Number	1407890874
Script		Prescriber	
Rx Number	777135	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7025159680
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/19/2018	LIC	RN51444
Fill Date	11/19/2018		
Rx Transfer Code			
Rx Origin Code	1		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	MMC	Diagnosis Code	
Script Verify Date	11/19/2018	Attestation Quantity on Hand	
Direction			
TAKE 1 TABLET BY MOUTH TWICE A DAY FOR 30 DAYS			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/20/2018	Transaction Time	08:24:00 PM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	13
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	11/19/2018	Signature Time	08:24:46 PM

Store #: 2050
Report Date: 02/07/2019

Connexus Pharmacy System
Wal-Mart Pharmacy 10-2050
PRESCRIPTION IMAGE(DUPLICATE COPY)

Patient: T [REDACTED] S [REDACTED]
[REDACTED]

Wal-Mart Pharmacy
300 E LAKEHED PKWY
HENDERSON NV-89015

Date Of Birth: [REDACTED]

NABP Number: 2905163
ID: BW3885211

PRESCRIPTION IMAGE(DUPLICATE COPY)

Rx #: 4574748 Scanned On: 11/19/2018

(408) 469-7841

TELEPHONED PRESCRIPTION

NAME: [REDACTED] S [REDACTED] DATE: 11/19/18
ADDRESS: [REDACTED]
PHONE BY: Tobiha ORIGINAL R. REFILL TIMES: 0
TIME IN: [REDACTED] TIME OUT: [REDACTED] DATE: 12/24/17 GENERIC: YES
Rx Suboxone 8.2 mg Film
#30
1BI D (XIS D) 0763
915-9080 Eboka, Festus
1721 E Charleston Blvd ME 144 3043 XE14430
DR'S ADDRESS: [REDACTED] IF A NUMBER: 43
WEEKLY: [REDACTED] DISPENSE AS WRITTEN: [REDACTED] VOLUNTARY FORFEITARY PERMITTED (VA 2010): [REDACTED]
LV INV 89109

RX #4574748 #763
DATE: 11/19/18
PATIENT: [REDACTED]
PATIENT DOB: [REDACTED]
DR: EBOKA FESTUS ONTEALOSA
SUBOXONE 8.2 MG FILM MS
CITY 30 DAY REC
NO OTHER DRUGS IN ORDER

Report Date: 02/07/2019
Attested To By:

Registered Pharmacist

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WAL*MART STORES, INC.**

This prescription has been reprinted by JULIE SHIERS for the following reason:

FOR _____
ADDRESS _____ DATE _____

Rx

REFILL _____ TIMES DIL. _____
DFA NO. _____ ADDRESS _____

RXB-KW-1

485267

Request Number : 3970831 Store Number : 8788

Rx Number : 777256

Fill No : 0

Fill Date : 11/20/2018

CVS/pharmacy

Rx Image

Telephone Order Prescription Pad

Name: L [redacted] W [redacted] Date/Time: 11/20/18 11:44DOB: [redacted] ☐ Infant/Pediatric

Phone: _____

Address: _____

Allergies: _____

Rx

Xanax 1mg
#42

14 day

1
1 TID

dx F41.1

Medication Purpose: _____ Refills: 0xRead Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

Interchange is mandated unless the practitioner writes the words "No Substitution" in this space

Phoned in by: Tob. Tho Voice Mail ☒Prescriber: Festa EbankPhone: 702 685 8620DEA or State license number: ME 1443643

Address: _____

OPR-376 Rev. 03/09 Item # 182779

CVS Staff Initials: S

Request Number : 3970831 Store Number : 8788 Rx Number : 777256 Fill No : 0 Fill Date : 11/20/2018

Label

Patient		Quantity & Fill	
Patient	W [REDACTED]	Decimal Quantity Displaced	42
Gender	Male	Refills	0
DOB	[REDACTED]	Quantity Dispensed	42
Age	[REDACTED]	Supply Days	14
		Fill No	0
Drug		Store	
Drug	ALPRAZOLAM 1 MG TABLET	Store Number	8788
Strength	1	NCPDP Id	2989486
Dispensed NDC	65862067899	NPI Number	1407890874
Script		Prescriber	
Rx Number	777256	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7025159680
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/20/2018	LIC	RN51444
Fill Date	11/20/2018		
Rx Transfer Code			
Rx Origin Code	2		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	SRP	Diagnosis Code	F411
Script Verify Date	11/20/2018	Anestastion Quantity on Hand	
Direction			
TAKE 1 TABLET 3 TIMES A DAY			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/20/2018	Transaction Time	12:41:00 PM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	14
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	11/20/2018	Signature Time	12:41:42 PM

CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRCYYDDGLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

408989

PATIENT: B Z [REDACTED] Y [REDACTED]
DOB: [REDACTED] SEX: Male
[REDACTED]
[REDACTED]
PHONE: [REDACTED]

Cela stin
11/21/18
9:38
Vm

PRESCRIBED: ALPRAZOLAM 1 MG TABLET PHARMACY RXNER: 408811
ORIG FILL: 10/26/18 ORIG QUANTITY: 60 AUTH'D REFILLS: 0
LAST FILL: 10/26/18 QUANTITY LEFT: 0 DAYS SUPPLY: 30
DIRECTIONS: TAKE ONE TABLET BY MOUTH TWO TIMES A DAY AS NEEDED FOR ANXIETY FOR
30 DAYS

If you wish to order additional medication for this patient, the DEA requires
a new order. Please write a new order in the space provided below:

Medication Alprazolam 1mg
Quantity 60 Refills Authorized 0
Directions 1t po bid Prn for Ax for 30 days

Physicians Signature F41.1 Date _____
Comments MU1443643

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this fax transmission belongs to the [pharmacy/pharmacist] sending the data and
is legally privileged. The information accompanying this fax transmission is
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law governing privacy of information issues. Such information must be destroyed
after its stated need has been fulfilled, unless otherwise prohibited by law.
If you have received this fax transmission in error, please notify the "sender"
immediately for return instructions. Print reference LLLCRCYYDDGLLL

CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRCYXXGYLLL

408998

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

PATIENT: S [REDACTED] D [REDACTED]
DOB: [REDACTED] SEX: Male
[REDACTED]
PHONE: [REDACTED]

Calculation: 1/21/18
1:00pm

PRESCRIBED: ALPRAZOLAM 1 MG TABLET
ORIG FILL: 10/22/18 ORIG QUANTITY: 90 AUTH'D REFILLS: 0
LAST FILL: 10/22/18 QUANTITY LEFT: 0 DAYS SUPPLY: 30
DIRECTIONS: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED FOR ANXIETY FOR 30 DAYS

PHARMACY RXNBR: 408772

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Alprazolam 1mg
Quantity 90 Refills Authorized
Directions 7 po Tid prn for AX

Physicians Signature _____ Date _____

Comments MED443643

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CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRCYYGGRLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

PATIENT: M [REDACTED] W [REDACTED]
DOB: [REDACTED] SEX: Male
[REDACTED]
PHONE: [REDACTED]

PRESCRIBED: LORAZEPAM 1 MG TABLET PHARMACY RXNBR: 408822
ORIG FILL: 10/29/18 ORIG QUANTITY: 60 AUTH'D REFILLS: 0
LAST FILL: 10/29/18 QUANTITY LEFT: 0 DAYS SUPPLY: 30
DIRECTIONS: TAKE ONE TABLET BY MOUTH TWO TIMES A DAY AS NEEDED FOR ANXIETY

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication LORAZEPAM 1mg
Quantity 60 Refills Authorized 0
Directions Hrs b0d PM Ax
Physicians Signature FAL Date _____
Comments MU 14436A3

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409000

Val
11/21/18
306
W

CVS/pharmacy

Telephone Order Prescription Pad

Date/Time: 11-21-18
Name: B [REDACTED] B [REDACTED]
DOB: [REDACTED] ☐ Infant/Pediatric
Phone: [REDACTED]
Address: [REDACTED]
Allergies: _____

R Xanax 1mg #42 E41.1
ipotid . x 2 weeks
Rameron 15mg #14
5, 20 hrs

Medication Purpose: _____ Refills: 0

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

Interchange is mandated unless the practitioner writes the words "No Substitution" in this space

Phoned in by: Tasitha Voice Mail ☐
Prescriber: Ebonka, Festus
Phone: 685-9175
DEA or State license number: ME1443647
Address: 1721 E Charleston Blvd LV NV 89104

Request Number : 3970831 Store Number : 8788 Rx Number : 777636 Fill No : 0 Fill Date : 11/21/2018

Label

Patient		Quantity & Fill	
Patient	Bl [REDACTED] Bl [REDACTED]	Decimal Quantity Displaced	42
Gender	Male	Refills	0
DOB	[REDACTED]	Quantity Dispensed	42
Age		Supply Days	14
		Fill No	0
Drug		Store	
Drug	ALPRAZOLAM 1 MG TABLET	Store Number	8788
Strength	1	NCPDP Id	2989486
Dispensed NDC	65862067899	NPI Number	1407890874
Script		Prescriber	
Rx Number	777636	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7026850620
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/21/2018	LIC	RN51444
Fill Date	11/21/2018		
Rx Transfer Code			
Rx Origin Code	2		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	JR	Diagnosis Code	
Script Verify Date	11/21/2018	Attestation Quantity on Hand	
Direction			
TAKE 1 TABLET BY MOUTH 3 TIMES A DAY FOR 2 WEEKS			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/21/2018	Transaction Time	02:42:00 PM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	13
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	11/21/2018	Signature Time	02:42:58 PM

Script Front Image

Rx Number: 286335-15103

WalgreensName R [REDACTED] T [REDACTED] Initials JTC Promised Time _____

Address _____ AL/HC _____

Phone# _____ Birth Date [REDACTED]

Xanax 1mg

#28

F41.1

÷ BID x 14 Day

Elavil 50mg

#14

÷ QHS

Dr. _____ Dr. Ebonka, FRefill 0 DISPENSE AS WRITTEN Address _____ SUBSTITUTION PERMISSIBLEPhone# 685-0620 DEA/NPI# _____VM/Caller ID Tahitua ME1443643

WICH 964880



Script Details

Patient

Name: R [REDACTED] T [REDACTED]Address: [REDACTED]Phone Number: [REDACTED]Date of Birth: [REDACTED] 12:00:00 AM

Drug Info

Name: ALPRAZOLAM 1MG TABLETS

Generic for: XANAX 1MG TABLETS

Quantity: 28 for 14 days with 0 Refills Remaining

SIG: TAKE 1 TABLET BY MOUTH TWICE DAILY FOR 14 DAYS

DAW Indicator: N

Prescriber

Name: FESTUS EBONKA

Address: 1721 E CHARLESTON BLVD LAS VEGAS, NV

Phone Number: (702)685-0620

NPI: 1932241007 DEA: ME1443643

Fill Info

Written: 11/21/2018

Entered: Nov 21 2018 3:20PM by JAK at 15103

Data Review: Nov 23 2018 2:03PM by AGZ at 15103

Filled: Nov 23 2018 2:07PM by NMT at 15103

Verified: Nov 23 2018 2:09PM by AGZ at 15103

Sold: Nov 26 2018 2:26PM by AGZ at 15103

Script Back Image

No Back Image Available...

Annotations

No Annotations

This report is considered a confidential Walgreens document. It is intended to be used for Board of Pharmacy inspections. Professional discretion should be used prior to releasing this document.

Class: C4

Script 17 of 31

Store #: 2838
Report Date: 02/07/2019

Connexus Pharmacy System
Wal-Mart Pharmacy 10-2838
PRESCRIPTION IMAGE(DUPLICATE COPY)

Patient: P [REDACTED] A [REDACTED]
[REDACTED]

Wal-Mart Pharmacy
540 MARKS STREET
HENDERSON NV-89014

Date Of Birth: [REDACTED]

NABP Number: 2980642
ID: BW7077717

PRESCRIPTION IMAGE(DUPLICATE COPY)

Rx #: 4509614 Scanned On: 11/21/2018

TELEPHONED PRESCRIPTION			
NAME	[REDACTED] 11/21/18		
ADDRESS	[REDACTED]		
PHONED BY	JUSATE		
TIME IN	10:49m	TIME OUT	
DOB	[REDACTED]	GENERIC / ORN	
Rx Xanax 1mg T PO BID PRN Anxiety #28 E Flexor 75 T PO Daily #14 124 Days F41.1 - ME			
Ebonka Fest 702-685-0620 ME1443643 1721 East Charleston Blvd, LV NV 89143			
SUBSTITUTION PERMITTED DISPENSE AS WRITTEN VOLUNTARY FORMULARY PERMITTED (A ONLY)			

Rx #4509614
DATE 11/21/18
PATIENT [REDACTED]
PAT PAY TO DO [REDACTED]
DC EBOCKA FESTUS ONTEALUOSA
APR 2018 ING 140
CITY 28 DAVO ACT
1 OTHER DASH ORDER

Report Date: 02/07/2019
Attested To By:

Registered Pharmacist

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WAL*MART STORES, INC.**

This prescription has been reprinted by JULIE SHIERS for the following reason:

Script Front Image

Rx Number: 1837015-7864

		STORE#: 7864 11/21/2018	
Telephone Rx - Miami		Patient NAME: [REDACTED] DOB: [REDACTED] PHONE#: [REDACTED] ADDRESS: [REDACTED] ALLERGIES/HEALTH INFO: [REDACTED]	
Prescriber NAME: EBONKA, F PHONE#: (702) 685-0620 DEA: ME1443643 NPI: 1932241007 ADDRESS: 1721 E CHARLESTON BLVD LAS VEGAS NV 89104 CALLER ID: TABATHA		Rx DRUG: XANAX 1 MG DIRECTIONS: ONE TAB PO BID QUANTITY: 28 REFILLS: 0 CONTROLLED SUBSTANCE: Y DAW: N SPECIAL INSTRUCTIONS: ICD CODE F41.1 RECEIVED BY: PRITESH MODI	

mhtml:file://C:\Users\mitch\AppData\Local\Microsoft\Windows\Temporary Internet Fi... 11/2

Script Details

Patient

Name: A [REDACTED]
 Address: [REDACTED]
 Phone Number: [REDACTED]
 Date of Birth: [REDACTED] 12:00:00 AM

Drug Info

Name: ALPRAZOLAM 1MG TABLETS
 Generic for: XANAX 1MG TABLETS
 Quantity: 28 for 14 days with 0 Refills Remaining
 SIG: TAKE 1 TABLET BY MOUTH TWICE DAILY
 DAW Indicator: N

Prescriber

Name: FESTUS EBONKA
 Address: 1721 E CHARLESTON BLVD LAS VEGAS, NV
 Phone Number: (702) 685-0620
 NPI: 1932241007 DEA: ME1443643

Fill Info

Written: 11/21/2018
 Entered: Jan 10 2019 4:56PM by KTB at 7864
 Data Review: Jan 10 2019 5:01PM by THR at 7864
 Filled: Jan 10 2019 5:20PM by ALM at 7864
 Verified: Jan 10 2019 5:28PM by THR at 7864
 Sold: Jan 10 2019 5:43PM by THR at 7864

Script Back Image

No Back Image Available...

Annotations

No Annotations

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Class: C4

Script 29 of 31

Script Front Image

Rx Number: 1527669-6425

POWER PCC STORE#

PBR PATIENT

Name

DOB

Phone ()

Address

Allergies/Health Info

Date:

11/21/18

Initials:

my

Phone ()

DEA

ME1443643

Name

NPI

BONKA

Address

Caller ID

Tabatha

Drug:

Xanax 0.5mg

Drug:

Directions:

1 Bid x 2 weeks FA-1

Directions:

QTY: 28

Refills: 0

DAW: Y N

QTY:

Refills:

DAW: Y N

WIC# 225610

Script Details

Patient

Name: M. L.

Address:

Phone Number:

Date of Birth: 12:00:00 AM

Drug Info

Name: ALPRAZOLAM 0.5MG TABLETS

Generic for: XANAX 0.5MG TABLETS

Quantity: 28 for 14 days with 0 Refills Remaining

SIG: TAKE 1 TABLET BY MOUTH TWICE DAILY

DAW Indicator: N

Prescriber

Name: FESTUS EBONKA

Address: 1721 E CHARLESTON BLVD LAS VEGAS, NV

Phone Number: (702)685-0620

NPI: 1932241007 DEA: ME1443643

Fill Info

Written: 11/21/2018

Entered: Nov 21 2018 9:47AM by KAA at 6425

Data Review: Nov 21 2018 9:54AM by MLY at 6425

Filled: Nov 21 2018 11:32AM by RLW at 6425

Verified: Nov 21 2018 12:39PM by MLY at 6425

Sold: Nov 21 2018 4:35PM by MLY at 6425

Script Back Image

No Back Image Available...

Annotations

No Annotations

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Class: C4

Script 18 of 31

Script Front Image

Rx Number: 1701182-4106

Walgreens

Name

M

S

Initials

Promised Time

Date

11/24/2018

Address

AL/HC

Phone#

Birth Date

Rx Klonopin 1mg
 T bid 2 weeks
 Rx Lamictal 100mg
 T bid 2 weeks
 Rx Topamax 200mg
 T bid 2 weeks

Dr.

DISPENSE AS WRITTEN

Dr.

SUBSTITUTION PERMISSIBLE

Refill

Address

Phone#

DEA/NPI#

VM/Caller ID

6850620

Dr. Ebonka

WIC# 964880



Script Details

Patient

Name: M

S

Address:

Phone Number:

Date of Birth: 12:00:00 AM

Drug Info

Name: CLONAZEPAM 1MG TABLETS

Generic for:

Quantity: 42 for 14 days with 0 Refills Remaining

SIG: TAKE 1 TABLET BY MOUTH THREE TIMES DAILY FOR 2 WEEKS

DAW Indicator: N

Prescriber

Name: FESTUS EBONKA

Address: 1721 E CHARLESTON BLVD LAS VEGAS, NV

Phone Number: (702)685-0620

NPI: 1932241007 DEA: ME1443643

Fill Info

Written: 11/24/2018

Entered: Nov 24 2018 4:01PM by KCB at 4106

Data Review: Nov 24 2018 10:15AM by PDB at 4106

Filled: Nov 24 2018 10:58AM by LOP at 4106

Verified: Nov 24 2018 11:32AM by PDB at 4106

Sold: Nov 24 2018 4:03PM by PDB at 4106

Script Back Image

No Back Image Available...

Annotations

No Annotations

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Class: C4

Script 11 of 31

 CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRCYXCTSLLL

FROM: PROVIDENCE PHARMACY
 1729 East Charleston Blvd.
 Las Vegas, NV 89104
 PHONE: (702) 778-3072
 FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
 1721 east charleston blvd
 Las Vegas, NV 89104
 PHONE: (702) 685-0620
 FAX: (702) 685-9674

PATIENT: M [REDACTED] w [REDACTED]
 DOB: [REDACTED] SEX: Male
 [REDACTED]
 PHONE: [REDACTED]

ME 144364

Called in b-1
 Deedee
 @
 9:43 am
 1/24/17
 mg

PRESCRIBED: CLONAZEPAM 1 MG TABLET PHARMACY RXNBR: 408706
 ORIG FILL: 10/15/18 ORIG QUANTITY: 60 AUTH'D REFILLS: 0
 LAST FILL: 10/15/18 QUANTITY LEFT: 0 DAYS SUPPLY: 30
 DIRECTIONS: TAKE ONE TABLET BY MOUTH TWO TIMES A DAY AS NEEDED FOR ANXIETY FOR
 30 DAYS

If you wish to order additional medication for this patient, the DEA requires
 a new order. Please write a new order in the space provided below:

Medication Clonazepam 1 mg
 Quantity 60 Refills Authorized 0
 Directions 1 tab po tid prn anxiety for 30 days

Physicians Signature F41.1 Date _____

Comments _____

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 this fax transmission belongs to the [pharmacy/pharmacist] sending the data and
 is legally privileged. The information accompanying this fax transmission is
 intended only for the use of the individual (or facility) identified as the
 "recipient". The recipient of this information is prohibited from disclosing,
 copying, distributing or using this information except as permitted by current
 law governing privacy of information issues. Such information must be destroyed
 after its stated need has been fulfilled, unless otherwise prohibited by law.
 If you have received this fax transmission in error, please notify the "sender"
 immediately for return instructions. Print reference LLLCRCYXCTSLLL

CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRCYXYSGLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

PATIENT: C [REDACTED] M [REDACTED]
DOB: [REDACTED] SEX: Female
[REDACTED]
PHONE: [REDACTED]

PRESCRIBED: ALPRAZOLAM 1 MG TABLET PHARMACY RXNBR: 408785
ORIG FILL: 10/24/18 ORIG QUANTITY: 90-45 AUTH'D REFILLS: 0
LAST FILL: 10/24/18 QUANTITY LEFT: 0 DAYS SUPPLY: 15
DIRECTIONS: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED FOR ANXIETY

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Alprazolam 1mg
Quantity 45 Refills Authorized 0
Directions 1 + po tid prn Anx

Physicians Signature F41-1 Date _____
Comments me 1443643

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409010

celestim
11/26/18
10:49
m

CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRCYXYCXLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

409011

PATIENT: D [REDACTED], N [REDACTED]
DOB: [REDACTED] SEX: Female

PHONE: [REDACTED]
CELL: [REDACTED]

Due Jan
11/26/18
12:04
m

PRESCRIBED: ALPRAZOLAM 1 MG TABLET PHARMACY RXNBR: 408780
ORIG FILL: 10/23/18 ORIG QUANTITY: 21 AUTH'D REFILLS: 0
LAST FILL: 10/23/18 QUANTITY LEFT: 0 DAYS SUPPLY: 30-21
DIRECTIONS: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED FOR ANXIETY FOR
30 DAYS

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Alprazolam 1mg
Quantity 21 Refills Authorized 0
Directions 1280 tbd 8m Ax for 30 days
Physicians Signature f41.1 Date _____
Comments m414213643

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CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRCYXSZXL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

PATIENT: H [REDACTED] S [REDACTED]
DOB: [REDACTED] SEX: Female
[REDACTED]
PHONE: [REDACTED]

PRESCRIBED: ALPRAZOLAM 1 MG TAB PHARMACY RXNBR: 408753
ORIG FILL: 10/19/18 ORIG QUANTITY: 90 AUTH'D REFILLS: 0
LAST FILL: 10/19/18 QUANTITY LEFT: 0 DAYS SUPPLY: 30
DIRECTIONS: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED FOR ANXIETY

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Alprazolam
Quantity 90 Refills Authorized 0
Directions 1 + po tid qm for ax
Physicians Signature f411 Date _____
Comments m/144643

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CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRCYYGdLLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

409013

PATIENT: B [REDACTED] K [REDACTED]
DOB: [REDACTED] SEX: Female
[REDACTED]
PHONE: [REDACTED]

Derder
533
11/26/11
W

PRESCRIBED: ALPRAZOLAM 1 MG TABLET PHARMACY RXNR: 408829
ORIG FILL: 10/30/18 ORIG QUANTITY: 90 AUTH'D REFILLS: 0
LAST FILL: 10/30/18 QUANTITY LEFT: 0 DAYS SUPPLY: 30
DIRECTIONS: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED FOR ANXIETY

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Alprazolam 1mg
Quantity 90 Refills Authorized 0
Directions 1 + po t.i.d. prn Anx
Physicians Signature f41.1 Date _____
Comments me 1493642

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CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRYYZCZLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

409014

PATIENT: B [REDACTED] K [REDACTED]
DOB: [REDACTED] SEX: Female
[REDACTED]
PHONE: [REDACTED]

Reiden

8:33
11:26 AM

PRESCRIBED: ZOLPIDEM TARTRATE 10 MG TAB PHARMACY RXNBR: 408830
ORIG FILL: 10/30/18 ORIG QUANTITY: 30 AUTH'D REFILLS: 0
LAST FILL: 10/30/18 QUANTITY LEFT: 0 DAYS SUPPLY: 30
DIRECTIONS: TAKE ONE TABLET BY MOUTH EVERY NIGHT AT BEDTIME AS NEEDED FOR SLEEP

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Zolpidem tartrate 10

Quantity 30 Refills Authorized 0

Directions 1 + PO QHS PM Sleep

Physicians Signature F33.2 Date _____

Comments F41.1

MB1443843

The documents accompanying this fax are CONFIDENTIAL. Information contained in this fax transmission belongs to the [pharmacy/pharmacist] sending the data and is legally privileged. The information accompanying this fax transmission is intended only for the use of the individual (or facility) identified as the "recipient". The recipient of this information is prohibited from disclosing, copying, distributing or using this information except as permitted by current law governing privacy of information issues. Such information must be destroyed after its stated need has been fulfilled, unless otherwise prohibited by law. If you have received this fax transmission in error, please notify the "sender" immediately for return instructions. Print reference LLLCRYYZCZLL

Request Number : 3970831 Store Number : 8788

Rx Number : 778431

Fill No : 0

Fill Date : 11/26/2018

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Name: J [redacted] J [redacted]

Date/Time: 11/26 1:24

DOB: [redacted]

☐ Infant/Pediatric

Phone: _____

Address: _____

Allergies: _____

Rx

Klonopin 1mg
#28 dx F41.0

+ BID x 14 day

Medication Purpose: _____

Refills: _____

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

Interchange is mandated unless the practitioner writes the words "No Substitution" in this space

Phoned in by: Talah

Voice Mail ☒

Prescriber: Fesha Dandr

Phone: 202 685 0620

DEA or State license number: M1413643

Address: _____

OPR-378 Rev. 03/09 Item # 182779

CVS Staff Initials: S

Request Number : 3970831 Store Number : 8788 Rx Number : 778431 Fill No : 0 Fill Date : 11/26/2018

Label

Patient		Quantity & Fill	
Patient	S [REDACTED] J [REDACTED]	Decimal Quantity Displaced	28
Gender	Female	Refills	0
DOB	[REDACTED]	Quantity Dispensed	28
Age	[REDACTED]	Supply Days	14
		Fill No	0
Drug		Store	
Drug	CLONAZEPAM 1 MG TABLET	Store Number	8788
Strength	1	NCPDP Id	2989486
Dispensed NDC	16729013716	NPI Number	1407890874
Script		Prescriber	
Rx Number	778431	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7025159680
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/26/2018	LIC	RN51444
Fill Date	11/26/2018		
Rx Transfer Code			
Rx Origin Code	2		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials		Diagnosis Code	F411
Script Verify Date		Attestation Quantity on Hand	
Direction			
TAKE 1 TABLET TWICE A DAY FOR 14 DAYS			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/27/2018	Transaction Time	11:16:00 AM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	13
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	11/27/2018	Signature Time	11:17:05 AM

Script Front Image

Rx Number: 1946760-3843

Walgreens

Initials

Promised Time

Name

Date

Address

AL/HC

Phone#

Birth Date

XANAX 1MG

#28

1 TABS PO BID TRA

ICPID: FLH-1

X2 WEEKS

Dr.

Dr.

DISPENSE AS WRITTEN

SUBSTITUTION PERMISSIBLE

Refill

Address

Phone#

DEA/NPI#

VM/Caller ID

WIC# 964880

Script Details

Patient

Name: P

Address:

Phone Number:

Date of Birth: 12:00:00 AM

Drug Info

Name: ALPRAZOLAM 1MG TABLETS

Generic for: XANAX 1MG TABLETS

Quantity: 28 for 14 days with 0 Refills Remaining

SIG: TAKE 1 TABLET BY MOUTH TWICE DAILY AS NEEDED
FOR ANXIETY FOR 14 DAYS

DAW Indicator: N

Prescriber

Name: FESTUS EBONKA

Address: 1721 E CHARLESTON BLVD LAS VEGAS, NV

Phone Number: (702) 685-0620

NPI: 1932241007 DEA: ME1443643

Fill Info

Written: 11/26/2018

Entered: Nov 26 2018 1:51PM by CSY at 3843

Data Review: Nov 26 2018 1:52PM by SXX at 3843

Filled: Nov 26 2018 2:24PM by CSY at 3843

Verified: Nov 26 2018 2:26PM by IRT at 3843

Sold: Nov 30 2018 4:33PM by IRT at 3843

Script Back Image

No Back Image Available...

Annotations

No Annotations

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Class: C4

Script 10 of 31

Status: MANUAL
Doctor: EBONFEL ERXPAD
EBONKA, FESTUS O
1721 E. CHARLESTON BLVD
LAS VEGAS NV 89104
(702) 685-0620 (702) 685-9674

Patient: D [REDACTED]
[REDACTED]

Add: 11/23/2018 10:58
Contact: 11/23/2018 10:58
Last: 10/24/2018
DOB: 10/26/1978
TP Plan: MNV
TP Bill: Y REF#:

RX#: 4485168 AddrRef: RxExp: 04/21/2019 TxMsg:
Lab: 1 OK:W Auth: RPh:MC AutoFill
Sub: SUBS/Both TPFlags: AddedBy: N
Mfg/Lot: ACTAV Allow:

FAX Info ~ #Attempts
Sts:e-Sent ThisTry:
ID: Total:

CURRENT THERAPY

Drug: CLONAZEPAM 1 MG TAB ACTA
SIG: 1BIDPRNAX QTY: 60 60 30
DAW: DAW Not Specified TP: 0
Text:

RECOMMENDED THERAPY

Quantity: Days:
TP:

DUR INFORMATION

PRECAUTN: Drug should be used with EXTREME CAUTION in CHILD-BEARING AGED FEM
DUP THER: *** MULTIPLE THERAPEUTIC DUPLICATIONS! (4) VIEW F8 OPTIONS! ***

1+0 / Val

3:50 pm 11/24/18
ME 1445643
F 41.1

448 5295

CVS/pharmacy

Telephone Order Prescription Pad

Name: J [REDACTED] [REDACTED] S [REDACTED] Date/Time: 11/27 10:24

DOB: [REDACTED] ☐ Infant/Pediatric

Phone: [REDACTED]

Address: [REDACTED]

Allergies: [REDACTED]

Rx

Alprazolam 1mg
28 2 Fyll
po BID 14 days

Medication Purpose: [REDACTED] Refills: [REDACTED]

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

In exchange is made and unless the practitioner writes the words "No Substitution" in this space

Phoned in by: Peedee Voice Mail ☒

Prescriber: Fista Ebonka

Phone: 702 6850620

DEA or State license number: ME1443643

Address: 1721 E. Church Ln LVNV 89104

Request Number : 3970831 Store Number : 8788 Rx Number : 778553 Fill No : 0 Fill Date : 11/27/2018

Label

Patient		Quantity & Fill	
Patient	S [REDACTED] J [REDACTED]	Decimal Quantity Displaced	28
Gender	Male	Refills	0
DOB	[REDACTED]	Quantity Dispensed	28
Age	[REDACTED]	Supply Days	14
		Fill No	0
Drug		Store	
Drug	ALPRAZOLAM 1 MG TABLET	Store Number	8788
Strength	1	NCPDP Id	2989486
Dispensed NDC	65862067899	NPI Number	1407890874
Script		Prescriber	
Rx Number	778553	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7025159680
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/27/2018	LIC	RN51444
Fill Date	11/27/2018		
Rx Transfer Code			
Rx Origin Code	2		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	SRP	Diagnosis Code	
Script Verify Date	11/27/2018	Attestation Quantity on Hand	
Direction			
TAKE 1 TABLET BY MOUTH TWICE A DAY			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/27/2018	Transaction Time	11:18:00 AM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	13
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	11/27/2018	Signature Time	11:18:34 AM

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Date/Time:

11-27-18

Name:

[Redacted]

DOB:

[Redacted]

☐ Infant/Pediatric

Phone:

Address:

[Redacted]

Allergies:

Rx

Suloxone 8mg-2mg SL Films #14

use 1 film SL bid x1 week

~~F44.1~~ F11.20

Medication Purpose:

Refills:

0

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

Interchange is mandated unless the practitioner writes the words "No Substitution" in this space

Phoned in by:

Sohn

Voice Mail ☐

Prescriber:

Festus Ebonka

Phone:

702-685-0620

DEA or State license number:

XE1443643

Address:

1721 E. Chas. Lester Blvd Lvn 8904

M

Request Number : 3970831 Store Number : 8788 Rx Number : 778774 Fill No : 0 Fill Date : 11/27/2018

Label

Patient		Quantity & Fill	
Patient	O A	Decimal Quantity Displaced	14
Gender	Male	Refills	0
DOB		Quantity Dispensed	14
Age		Supply Days	7
		Fill No	0
Drug		Store	
Drug	SUBOXONE 8 MG-2 MG SL FILM	Store Number	8788
Strength	8-2	NCPDP Id	2989486
Dispensed NDC	12496120803	NPI Number	1407890874
Script		Prescriber	
Rx Number	778774	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7025159680
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/27/2018	LIC	RN51444
Fill Date	11/27/2018		
Rx Transfer Code			
Rx Origin Code	1		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials		Diagnosis Code	
Script Verify Date		Attestation Quantity on Hand	
Direction			
DISSOLVE 1 FILM UNDER THE TONGUE TWICE A DAY FOR 1 WEEK			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/28/2018	Transaction Time	11:20:00 AM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	14
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	11/28/2018	Signature Time	11:20:05 AM

CVS/pharmacy

Expect something extra

CVS TRANSFER

Date/Time: 12/05/2018 1:22 AM

Name: P M

DOB: [REDACTED]

Gender: M

Phone: [REDACTED]

Address: [REDACTED]

Rx	Drug: BUPRENORPHINE-NALOXON 8-2MG SL
Qty: 28	SIG: DISSOLVE 1 TABLET UNDER THE TONGUE TWICE A DAY FOR 2 WEEKS
DAW: 0	Diag: F11.10
Date Written: 11/28/2018	Refills: 0

Interchange is mandated unless the practitioner writes the words "No Substitution" in the space.

Transferring CVS information

Store: 08788	Rx No: 0778979
Address: 1812 E. CHARLESTON BLVD, LAS VEGAS, NV, 89104	Original Refills Authorized: 0
	Total Refills Transferred: 1
DEA#: BC1956056	Last Fill Date: 11/29/2018
Phone: (702) 384-5047	Original Fill Date: 11/29/2018
Pharmacist: SHARON PEDIGO	Rx Exp Date: 05/27/2019

Phoned In by:

Prescriber: EBONKA, FESTUS

Phone: (702) 515-9680

Address: 1721 E CHARLESTON BLVD FL 3, LAS VEGAS, NV

891041902

DEA: ME1443643

State License #: 657423

NPI #: 1932241007

SPI #: 6078612838001

Comments:

CVS/pharmacy

Telephone Order Prescription Pad

Date/Time: 11-28-18
Name: IV [REDACTED] P. [REDACTED]

DOB: [REDACTED] ☐ Infant/Pediatric

Phone: [REDACTED]

Address: [REDACTED]

Allergies:

Rx Suboxone 8mg-2mg Tabs #28
i s.c. b.i.d x 2 weeks
F11-24

Medication Purpose: Refills: 8

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

Interchange is mandated unless the practitioner writes the words "No Substitution" in this space

Phoned in by: Tal. Khan Voice Mail ☐

Prescriber: Ebonka, Felecia

Phone: 515-9680

DEA or State license number: XE1443643

Address: 1721 E Charleston Blvd Las Vegas NV 89104

CVS Staff Initials: AK

Request Number : 3970831 Store Number : 8788 Rx Number : 778979 Fill No : 0 Fill Date : 11/29/2018

Label

Patient		Quantity & Fill	
Patient	P M	Decimal Quantity Displaced	14
Gender	Male	Refills	0
DOB		Quantity Dispensed	14
Age		Supply Days	7
		Fill No	0
Drug		Store	
Drug	BUPRENORPHIN-NALOXON 8-2 MG SL	Store Number	8788
Strength	8-2	NCPDP Id	2989486
Dispensed NDC	65162041503	NPI Number	1407890874
Script		Prescriber	
Rx Number	778979	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7025159680
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/28/2018	LIC	RN51444
Fill Date	11/29/2018		
Rx Transfer Code			
Rx Origin Code	2		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	SRP	Diagnosis Code	
Script Verify Date	11/29/2018	Attestation Quantity on Hand	
Direction			
DISSOLVE 1 TABLET UNDER THE TONGUE TWICE A DAY FOR 2 WEEKS			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/30/2018	Transaction Time	10:07:00 AM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	13
Patient Refused to Sign	N	Signature Data Indicator	N
Signature Date	11/30/2018	Signature Time	10:07:40 AM

Request Number : 3970831 Store Number : 8788

Rx Number : 778986

Fill No : 0

Fill Date : 11/28/2018

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Date/Time: 11-28-18

Name: H. L.

DOB: [REDACTED]

☐ Infant/Pediatric

Phone: [REDACTED]

Address: [REDACTED]

Allergies: [REDACTED]

R Suboxone 8mg-2mg ^{Films} ~~Fals~~ #28
i s.c bid x 2 weeks
F11.24

Medication Purpose: [REDACTED]

Refills: 8

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

Interchange is mandated unless the practitioner writes the words "No Substitution" in this space

Phoned in by: Talitha

Voice Mail ☐

Prescriber: Ebonka Festus

Phone: 515-1680

DEA or State license number: 4E1443143, 2E1443643

Address: 1216 Clark Blvd Lvn 89101

CVS Staff Initials: [Signature]

OPR-378 Rev 03/00 Item # 182779

Request Number : 3970831 Store Number : 8788 Rx Number : 778986 Fill No : 0 Fill Date : 11/28/2018

Label

Patient		Quantity & Fill	
Patient	H L N	Decimal Quantity Displaced	28
Gender	Female	Refills	0
DOB		Quantity Dispensed	28
Age		Supply Days	14
		Fill No	0
Drug		Store	
Drug	SUBOXONE 8 MG-2 MG SL FILM	Store Number	8788
Strength	8-2	NCPDP Id	2989486
Dispensed NDC	12496120803	NPI Number	1407890874
Script		Prescriber	
Rx Number	778986	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7025159680
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/28/2018	LIC	RN51444
Fill Date	11/28/2018		
Rx Transfer Code			
Rx Origin Code	1		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	JR	Diagnosis Code	
Script Verify Date	11/28/2018	Attestation Quantity on Hand	
Direction			
DISSOLVE 1 FILM UNDER THE TONGUE TWICE A DAY FOR 14 DAYS			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/29/2018	Transaction Time	05:36:00 PM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	13
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	11/29/2018	Signature Time	05:36:22 PM

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Date/Time: 11-28-18Name: C [REDACTED] C [REDACTED]DOB: [REDACTED]☐ Infant/Pediatric

Phone: _____

Address: [REDACTED]Allergies: Las Vegas NV 89109**R**Ativan 1mg1 po 3 times dailyx 2 weeks#42Medication Purpose: FullRefills: 1Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

Interchange is mandated unless the practitioner writes the words "No Substitution" in this space

Phoned in by: TabathaVoice Mail ☐Prescriber: Ebonka FestusPhone: 702-685-0620DEA or State license number: ME1443643

Address: _____

Request Number : 3970831 Store Number : 4786 Rx Number : 692478 Fill No : 0 Fill Date : 11/28/2018

Label

Patient		Quantity & Fill	
Patient	C [REDACTED]	Decimal Quantity Displaced	42
Gender	Female	Refills	0
DOB	[REDACTED]	Quantity Dispensed	42
Age		Supply Days	14
		Fill No	0
Drug		Store	
Drug	LORAZEPAM 1 MG TABLET	Store Number	4786
Strength	1	NCPDP Id	2906874
Dispensed NDC	69315090505	NPI Number	1023118460
Script		Prescriber	
Rx Number	692478	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7025159680
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/28/2018	LIC	RN51444
Fill Date	11/28/2018		
Rx Transfer Code			
Rx Origin Code	2		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	LVT	Diagnosis Code	
Script Verify Date	11/28/2018	Attestation Quantity on Hand	
Direction			
TAKE 1 TABLET BY MOUTH 3 TIMES A DAY AS NEEDED FOR ANXIETY			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/28/2018	Transaction Time	02:17:00 PM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	8
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	11/28/2018	Signature Time	02:17:36 PM

Script Front Image

Rx Number: 2170988-4755

Walgreens

Name

Promised Time

Date

Address

AL/HC

Phone#

Birth Date

Suboxone 8/2 Film

7 SL BID x 2 weeks

28

XE1443643

Ebonka

Dr.

Dr.

DISPENSE AS WRITTEN

SUBSTITUTION PERMISSIBLE

Refill

Address

Phone#

DEA/NPI#

VM/Caller ID

Tabetha

WIC# 964880



Script Details

Patient

Name: O

Address:

Phone Number:

Date of Birth: 12:00:00 AM

Drug Info

Name: SUBOXONE 8MG/2MG SUBL/BUCC FILM

Generic for:

Quantity: 28 for 14 days with 0 Refills Remaining

SIG: DISSOLVE 1 FILM UNDER THE TONGUE TWICE DAILY FOR 2 WEEKS

DAW Indicator: N

Prescriber

Name: FESTUS EBONKA

Address: 1721 E CHARLESTON BLVD LAS VEGAS, NV

Phone Number: (702)685-0620

NPI: 1932241007 DEA: ME1443643

Fill Info

Written: 11/28/2018

Entered: Nov 28 2018 1:38PM by BBM at 4755

Data Review: Nov 28 2018 2:03PM by EBS at 4755

Filled: Nov 28 2018 2:47PM by MSI at 4755

Verified: Nov 28 2018 2:56PM by TWS at 4755

Sold: Nov 30 2018 12:48AM by TWS at 4755

Script Back Image

No Back Image Available...

Annotations

11.28.2018 13:37:58:BBM

ICD10

E11.20

This report is considered a confidential Walgreens document. It is intended to be used for Board of Pharmacy inspections. Professional discretion should be used prior to releasing this document.

Class: C3

Script 3 of 31

Rx # 519616

- Co



NEW PRESCRIPTION

QHR PHARMACY

DATE: 11/28/18

519616

NAME: M [redacted], E [redacted]

ADDRESS: [redacted]

D.O.B: [redacted] PHONE: [redacted]

ALLERGIES: [redacted]

☐ WILL CALL ☐ DELIVERY

Rx

① Venlafaxine 150mg ER
+ qd #30

REPEAT:
☐ DRUG
☐ DIRECTION
☐ QUANTITY
☐ REFILL

② Xanax 1mg #90
+ TID ICD F41.1 X 30 days

③ Abilify 20mg #30
+ qd

④ Trazodone 50mg #30
+ HS

ADDITIONAL REFILLS: 0

PHARMACIST: MSW

☐ DO NOT SUBSTITUTE

CALLED IN BY: Bidi TIME: [redacted]

DOCTOR: Ebonka Festus

PHONE: 702-685-0820 DEA: MEIL43643

CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRCKRGYSLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, PESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

PATIENT: J [REDACTED] C [REDACTED]
DOB: [REDACTED] SEX: Male
[REDACTED]
PHONE: [REDACTED]

ME1443643

409025

Called in by
Tabitha
@
9:13a m
11/22/18
mg

PRESCRIBED: CLONAZEPAM 0.5 MG TABLET PHARMACY RXNBR: 407428
ORIG FILL: 04/03/18 ORIG QUANTITY: 28 AUTH'D REFILLS: 0
LAST FILL: 04/03/18 QUANTITY LEFT: 0 DAYS SUPPLY: 14
DIRECTIONS: TAKE ONE TABLET BY MOUTH TWO TIMES A DAY FOR 2 WEEKS

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Clonazepam 0.5
Quantity 28 Refills Authorized 0
Directions 1 tab po b.i.d

Physicians Signature F41.1 Date _____

Comments _____

The documents accompanying this fax are CONFIDENTIAL. Information contained in this fax transmission belongs to the [pharmacy/pharmacist] sending the data and is legally privileged. The information accompanying this fax transmission is intended only for the use of the individual (or facility) identified as the "recipient". The recipient of this information is prohibited from disclosing, copying, distributing or using this information except as permitted by current law governing privacy of information issues. Such information must be destroyed after its stated need has been fulfilled, unless otherwise prohibited by law. If you have received this fax transmission in error, please notify the "sender" immediately for return instructions. Print reference LLLCRCKRGYSLLL

CONTROLLED SUBSTANCE REFILL REQUEST

Print reference LLLCRCYCCSXLLL

FROM: PROVIDENCE PHARMACY
1729 East Charleston Blvd.
Las Vegas, NV 89104
PHONE: (702) 778-3072
FAX: (702) 778-0512

TO: EBONKA NP, FESTUS O.
1721 east charleston blvd
Las Vegas, NV 89104
PHONE: (702) 685-0620
FAX: (702) 685-9674

PATIENT: B [REDACTED] J [REDACTED]
DOB: [REDACTED] SEX: Female
[REDACTED]
PHONE: [REDACTED]

409026
Called in by Deedee
@
9:16 am
11/20/17
mg

ME1443643

PRESCRIBED: ALPRAZOLAM 1 MG TABLET PHARMACY RXNBR: 408005
ORIG FILL: 07/02/18 ORIG QUANTITY: ~~60~~ 14 AUTH'D REFILLS: 0
LAST FILL: 07/02/18 QUANTITY LEFT: 0 DAYS SUPPLY: ~~30~~ 7
DIRECTIONS: TAKE ONE TABLET BY MOUTH TWO TIMES A DAY AS NEEDED FOR ANXIETY

If you wish to order additional medication for this patient, the DEA requires a new order. Please write a new order in the space provided below:

Medication Alprazolam 1mg

Quantity 14 Refills Authorized 0

Directions 1 tab po bid prn anxiety

Physicians Signature F41.1

Date _____

Comments _____

The documents accompanying this fax are CONFIDENTIAL. Information contained in this fax transmission belongs to the [pharmacy/pharmacist] sending the data and is legally privileged. The information accompanying this fax transmission is intended only for the use of the individual (or facility) identified as the "recipient". The recipient of this information is prohibited from disclosing, copying, distributing or using this information except as permitted by current law governing privacy of information issues. Such information must be destroyed after its stated need has been fulfilled, unless otherwise prohibited by law. If you have received this fax transmission in error, please notify the "sender" immediately for return instructions. Print reference LLLCRCYCCSXLLL

Connexus Pharmacy System
Wal-Mart Pharmacy10-4557
PRESCRIPTION IMAGE(DUPLICATE COPY)

Patient:

Wal-Mart Pharmacy
3075 EAST TROPICANA
LAS VEGAS (MCLEOD) NV-89121

Date Of Birth:

NABP Number:2991164
ID: FW1129750

PRESCRIPTION IMAGE(DUPLICATE COPY)

Rx # : 4471516 Scanned On : 11/29/2018

TELEPHONED PRESCRIPTION		RPh Initials <i>Pan</i>
NAME <i>V [REDACTED]</i>	DATE <i>11/29/78</i>	
ADDRESS <i>[REDACTED]</i>		
PHONE BY <i>Tabitia</i>	ORIGINAL R_x	REFILL TIMES <i>0</i>
TIME IN <i>AM</i>	TIME OUT	HOL. <i>1/1/79</i> GENERAL Y OR N
Rx <i>Sertraline 100mg Risperdal 3mg</i> <i>1 1/2 (150mg) / Day i / Day #7</i> <i>#11 Ambien 10mg #7</i>  <i>G47.00 i +LS</i> <i>3829 x7 days</i> <i>(702) 850-2020 Efonka, Festus</i> <i>1721 Alameda Blvd #121447643</i> <i>SAVANA KY 40371 WAIVER</i>		

RX #4471516 #329
 DATE 11/28/08
 PATIENT: [REDACTED]
 PAY FOR DR [REDACTED]
 [REDACTED] BY [REDACTED]
 DR EDOUARD JESTUS ONYBALOSA
 DOB 06/28/1972 AGE 36
 SEX M HT 5'10 WT 170
 COLPODILANG TMS
 STMT PAWD FOR
 2 OTHER DASH ORDER

Report Date: 02/07/2019
 Attested To By:

Registered Pharmacist

****PRIVATE-IF YOU RECEIVE THIS REPORT IN ERROR, PLEASE RETURN TO WAL*MART PHARMACY IMMEDIATELY.
WAL*MART STORES, INC.**

This prescription has been reprinted by JULIE SHIERS for the following reason:

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Name: [REDACTED]

Date/Time: 11/29/18

DOB: [REDACTED]

☐ Infant/Pediatric

Phone: _____

Address: _____

Allergies: _____

R Suboxone 8/2 films
+ B7D #28
x 2 weeks

Medication Purpose: Fill.20

Refills: 0

Read Back: ☒ DOB ☒ Drug Name ☒ Strength ☒ Directions

DO NOT WRITE IN THESE SPACES DO NOT SIGN HERE TO CONFIRMATION	DO NOT WRITE IN THESE SPACES DO NOT SIGN HERE TO CONFIRMATION
--	--

Foster Ebonka

Phoned in by: Deedee

Phone: 707-685-0620

Voice Mail ☒

DEA or State license number: XE1443643

Address: _____

OPN-376 Rev. 03/03 Item # 103112

CVS Staff Initials: [Signature]

Request Number : 3970831 Store Number : 7252 Rx Number : 682276 Fill No : 0 Fill Date : 11/29/2018

Label

Patient		Quantity & Fill	
Patient	S C	Decimal Quantity Displaced	3
Gender	Male	Refills	0
DOB		Quantity Dispensed	3
Age		Supply Days	1
		Fill No	0
Drug		Store	
Drug	SUBOXONE 8 MG-2 MG SL FILM	Store Number	7252
Strength	8-2	NCPDP Id	2989210
Dispensed NDC	12496120803	NPI Number	1467551770
Script		Prescriber	
Rx Number	682276	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7025159680
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/29/2018	LIC	RN51444
Fill Date	11/29/2018		
Rx Transfer Code			
Rx Origin Code	2		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	ZRP	Diagnosis Code	
Script Verify Date	11/29/2018	Attestation Quantity on Hand	
Direction			
DISSOLVE 1 FILM BY MOUTH TWICE DAILY FOR TWO WEEKS *F11.20*			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/29/2018	Transaction Time	05:25:00 PM
Scan Indicator	Y	Patient Counseling Indicator	Y
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	Y
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	6
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	11/29/2018	Signature Time	05:25:32 PM

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

11:55 A
Date/Time: 11/29/18

Name: S [redacted] T [redacted]

DOB: [redacted] ☐ Infant/Pediatric

Phone: [redacted]

Address: [redacted]

Allergies: N Las Vegas NV 89031

R

Suboxone Film 8/2

#28

Sig T film subling
bid x 14 days

Dx: F11.24

Medication Purpose: Refills: 0

Read Back: ☐ DOB ☐ Drug Name ☐ Strength ☐ Directions

Interchange is mandated unless the practitioner writes the words "No Substitution" in this space

Phoned in by: Tabitha Voice Mail ☐

Prescriber: Sestus Ebonka

Phone: 702-685-0620

DEA or State license number: ME 1443643

Address: XE1443643 1721 E Charleston

Las Vegas NV 89104
CVS Staff Initials: CC

Request Number : 3970831 Store Number : 8819 Rx Number : 804264 Fill No : 0 Fill Date : 11/29/2018

Label

Patient		Quantity & Fill	
Patient	T [REDACTED] S [REDACTED]	Decimal Quantity Dispensed	28
Gender	Male	Refills	0
DOB	[REDACTED]	Quantity Dispensed	28
Age	[REDACTED]	Supply Days	14
		Fill No	0
Drug		Store	
Drug	SUBOXONE 8 MG-2 MG SL FILM	Store Number	8819
Strength	8-2	NCPDP Id	2989575
Dispensed NDC	13496120803	NPI Number	1891736799
Script		Prescriber	
Rx Number	804264	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7025159680
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/29/2018	LIC	RN51444
Fill Date	11/29/2018		
Rx Transfer Code			
Rx Origin Code	1		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	MW	Diagnosis Code	
Script Verify Date	11/29/2018	Attestation Quantity on Hand	
Direction			
TAKE 1 FILM SUBLINGUALLY TWICE A DAY FOR 14 DAYS			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/29/2018	Transaction Time	12:10:00 PM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	N
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	N
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	14
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	11/29/2018	Signature Time	12:10:13 PM

Rx Image

CVS/pharmacy

Telephone Order Prescription Pad

Name: M. [REDACTED] Date/Time: 11/29/18 @ 7:04am
DOB: [REDACTED] ☐ Infant/Pediatric
Phone: [REDACTED]
Address: [REDACTED]
Allergies: [REDACTED]

Rx

Belsonm 20mg #10
+ PO QHS x 10 days

Medication Purpose: 647.00 Refills: 0

Read Back: ☒ DOB ☒ Drug Name ☒ Strength ☒ Directions

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

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

Ebonka, Festus

Phoned in by: Tab. Her Voice Mail ☐

Phone: 702-685-0620

DEA or State license number: ME1443643

Address: 1721 E. Charleston Blvd. Las Vegas NV

OPR-376 Rev 03/09 Item # 163112

CVS Staff Initials: [Signature]

Request Number : 3970831 Store Number : 16202 Rx Number : 8868006 Fill No : 0 Fill Date : 11/29/2018

Label

Patient		Quantity & Fill	
Patient	M. N.	Decimal Quantity Displaced	10
Gender	Female	Refills	0
DOB		Quantity Dispensed	10
Age		Supply Days	10
		Fill No	0
Drug		Store	
Drug	BELSOMRA 20 MG TABLET	Store Number	16202
Strength	20	NCPDP Id	2906999
Dispensed NDC	00006033530	NPI Number	1841212345
Script		Prescriber	
Rx Number	8868006	Prescriber	EBONKA O FESTUS 1721 E CHARLESTON BLVD FL 3 LAS VEGAS NV 89104
Rx Status Code	Filled	Phone	7025159680
DAW	0	DEA	ME1443643
Compound Code	1	NPI	
Written Date	11/29/2018	LIC	RN51444
Fill Date	11/29/2018		
Rx Transfer Code			
Rx Origin Code	2		
Transfer From Store Number			
Verification		Med B Documents	
Script Verify Initials	CCT	Diagnosis Code	
Script Verify Date	11/29/2018	Attestation Quantity on Hand	
Direction			
TAKE 1 TABLET BY MOUTH NIGHTLY AT BEDTIME FOR 10 DAYS			
POS/Signature			
Refund Indicator		Post Void Indicator	
Transaction Date	11/29/2018	Transaction Time	10:08:00 AM
Scan Indicator	Y	Patient Counseling Indicator	N
Forced Counseling Indicator	N	Other Counseling Indicator	Y
PCI Counseling Indicator	N	Safety Cap Indicator	Y
HIPAA Privacy Notice Indicator	N	Cash Prescription Indicator	Y
Drive Thru Indicator	N	System Down Indicator	N
Relationship To Patient		Register Number	1
Patient Refused to Sign	N	Signature Data Indicator	Y
Signature Date	11/29/2018	Signature Time	10:08:01 AM

Store #: 5423
Report Date: 02/07/2019

Connexus Pharmacy System
Wal-Mart Neighborhood Market Pharmacy10-5423
PRESCRIPTION IMAGE(DUPLICATE COPY)

Patient:

H. E. [REDACTED]

Wal-Mart Neighborhood Market Pharmacy
6570 EAST LAKE MEAD BLVD
LAS VEGAS NV-89156

Date Of Birth:

[REDACTED]

NABP Number:2989195
ID: BW9520811

PRESCRIPTION IMAGE(DUPLICATE COPY)

Rx #: 4446066 Scanned On : 11/29/2018

TELEPHONED PRESCRIPTION (702) 685-0622

NAME: [REDACTED] DATE: 11-27-18

ADDRESS: [REDACTED]

PHONED BY: [REDACTED] ORIGINAL: [REDACTED] REFILL TIMES: 2

TIME IN: 3:35 TIME OUT: [REDACTED] DOB: 3/6/24 GENERIC: Y OR N

Rx

16-01-01 0.5mg
1 qd prn AX
#14
14 days supp 1/11/1

Festus Ebonka (702) 685-0622

1721 E. Charleston BL. NV 89119

DISPENSE AS WRITTEN

WALMART ☐ DISPENSE AS WRITTEN ☐ VOLUNTARY FOR AID (ARY PERMITTED (VA ONLY)

RX #4446066 #3713
DATE: 11/29/18
PATIENT: [REDACTED]
PAT FAY TO: [REDACTED]
REVENUE: [REDACTED]
DR: EBONKA, FESTUS ONYIA
CLINICAL: [REDACTED]
COUNSELOR: [REDACTED]
CITY: LAS VEGAS
NO OTHER RUSH IN ORDER

Report Date: 02/07/2019
Attested To By:

Registered Pharmacist

****PRIVATE-IF YOU RECEIVE THIS REPORT IN ERROR, PLEASE RETURN TO WAL*MART PHARMACY IMMEDIATELY.
WAL*MART STORES, INC.**

This prescription has been reprinted by JULIE SHIERS for the following reason:

Exhibit 4

19-012-CS-S

Festus Ebonka



Nevada State Board of Pharmacy

1050 E Flamingo Rd • SUITE E217 • LAS VEGAS, NEVADA 89119-7524

1-800-364-2081 • FAX (702) 486-7903 • www.bop.nv.gov

CONFIDENTIAL

04/22/2019

Festus Ebonka, A.P.R.N
C/O E. Brent Bryson, Ltd
7730 W Sahara Ave Ste 109
Las Vegas, NV 89117

Re: Nevada Board of Pharmacy Investigative Case 19-012

Dear Mr. Ebonka,

The Nevada State Board of Pharmacy (Board) has received information indicating that you may have violated, or may be violating various provisions of Nevada Revised Statutes (NRS), Nevada Administrative Code (NAC) and/or Code of Federal Regulations. The Board has a case open to investigate the matter. Under the authority of NRS 639.234, I am writing to request that you respond to the allegations below and provide copies of certain documents and information relevant to the Board's investigation.

The information indicates that prescriptions were authorized under your name while you were out of town and/or out of country as well as occurrences of improper practice, billing, and/or documentation. Specifically, records show that you were out of the United States from 11/07/2015 – 01/24/2015; 07/14/2016 – 07/25/2016; 02/25/2017 – 03/11/2017; 09/27/2017 – 10/02/2017; 12/22/2017 – 12/28/2017; 11/09/2018 – 11/30/2018; and 12/22/2018 – 12/29/2018. During these periods, there were over 180 controlled substance prescriptions written or authorized in your name. Please note that this total does not include any prescriptions written on travel days. Furthermore, it is alleged that you knowingly continued to dispense controlled substances (specifically methadone) without a facility DEA license at NV Integrated Behavioral Services, Inc. from 11/2018 – 01/2019.

- 1) Please provide your travel/work schedule for 2015, 2016, 2017, and 2018, specifically confirm/state the dates you were out of town or out of country thus unable to authorize controlled substance prescriptions.
- 2) Please examine your prescriber PMP report for the dates listed above and any additional dates you were out of town.
 - a. Please explain how and why the prescriptions written and/or authorized on these dates were obtained.
 - b. Please provide documentation such as patient charts/treatment records that show which practitioner actually examined/treated these patients **on the dates that the prescriptions were written/authorized.**
 - c. If applicable, please provide a written statement from each practitioner that wrote or authorized a prescription under your name confirming which

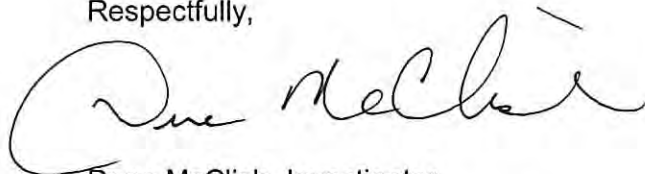
prescriptions they authorized and why they authorized them under your name and information.

- 3) The patient visits and prescriptions during these dates were oftentimes billed to insurance to include Medicaid using your NPI number.
 - a. Provide an explanation as to why these prescriptions and patient visits were billed under your NPI when you were not the practitioner providing treatment.

Please provide the information referenced above and a written response to the foregoing allegations below within 14 calendar days of receipt of this request. Include with your response any records or other information you believe will help the Board make a determination in this case. **Any written statement must include your handwritten signature attesting that it is true and accurate.**

Please feel free to contact me with any questions. I can be reached at (702) 486-6420, Ext. 154.

Respectfully,

A handwritten signature in black ink, appearing to read "Dena McClish". The signature is fluid and cursive, with a large initial "D" and a stylized "M".

Dena McClish, Investigator
Nevada State Board of Pharmacy
1050 E Flamingo Rd Ste E217
Las Vegas, NV 89119
Office: 702-486-6420 ext 154
Fax: 702-486-7903
Email: dmcclish@pharmacy.nv.gov

E. Brent Bryson, LTD.
ATTORNEYS AT LAW

E. BRENT BRYSON, ESQ.

TELEPHONE 702-364-1234
FACSIMILE 702-364-1442
ebbesqltd@yahoo.com

7730 W. SAHARA AVE., SUITE 109
LAS VEGAS, NEVADA 89117

June 28, 2019

Dena M. McClish, Investigator
Nevada State Board of Pharmacy
1050 E. Flamingo Rd., Suite E-217
Las Vegas, Nevada 89119

Sent via U.S. Mail and Hand Delivery

Re: Ebonka Investigative Case 19-012

Dear Ms. McClish,

Please find enclosed a disc containing medical records for the time periods:

7/14/16-7/25/16
2/25/17-3/11/17
9/27/17-10/2/17
12/22/17-12/28/17
11/9/18-11/30/18



Mr. Ebonka was out of the office on the above dates.

Mr. Ebonka was in the office for the time period 11/7/15-1/24/16. Additionally, the office was closed from 12/22/18-12/29/18 so no medical records were generated for that time period.

Also, attached hereto are coverage agreements for the time periods Mr. Ebonka was out of the country. Dr. Okeke, M.D. and Dr. Rucker, M.D. were responsible for authorizing refill prescriptions during Mr. Ebonka's absence.

Additionally, please find a Medical Director Agreement regarding the prescribing and dispensing of methadone and suboxone.

Mr. Ebonka did not dispense methadone himself as he had a Medical Director for Nevada Integrated Behavioral Services Inc. Mr. Ebonka became aware that there was inadvertently methadone dispensed for a short period of time after the license for Nevada Treatment Center had expired and been retired. Mr. Ebonka promptly applied for a new dispensing license for

Nevada Treatment Center after learning about the error and shipped all remaining methadone to a licensed facility for storage.

If Mr. Ebonka or myself can be of further assistance, please do not hesitate to contact me.

Respectfully,

A handwritten signature in blue ink, appearing to read "E. Brent Bryson".

E. Brent Bryson, Esq.

Approved as to form and content:

A handwritten signature in blue ink, appearing to read "Festus Ebonka".

Festus Ebonka

Date: _____

6/28/19

EBB/jas



1721 E. Charleston Blvd., Las Vegas NV 89104
MEDICAL DIRECTOR AGREEMENT

The Medical director Agreement is between Nevada Integrated Behavioral Services Inc., herein referred to as the Agency, and Dr. Matthew O. Okeke, MD, herein referred to as "Medical Director".

- **Job Summary:** Responsible for and is the ultimate authority for the prescribing, dispensing and administration of Methadone and Suboxone in accordance with all applicable federal and state laws and regulations.

Medical Director's qualifications are as follows:

- Licensed physician in the state of Nevada and meet all state OTP licensing requirements. Training or experience in treating persons with opiate addiction. No history of alcohol or other drug misuse for a period of three years prior to employment.
- Experience with mental health, addiction services preferred.
- Performs professional physician services and required administrative duties. Ensures all staff practice Universal Precautions and are aware of emergency medical procedures to be followed in case of medical emergencies. Assumes medical responsibility for the Clinic and supervises all the medical services rendered to patients.
- Must be licensed in good standing to practice medicine as a physician in Nevada. Must have a current and valid DEA registration and may not, at any time, have had an application for registration with the DEA denied, had a DEA registration revoked or surrendered a DEA registration for cause.
- Must be able to provide comprehensive quality patient care and referrals. Is familiar with the philosophical and technical aspects of Behavioral Health Care/opioid treatment program.

Dr. Matthew O. Okeke, MD, as Medical Director, will have the following responsibilities:

- Adheres to the vision and mission of the company.
- Prescribes and terminates all Methadone and Suboxone dosages.
- Supervises either directly or indirectly any physician, physician's assistant and/or nurse practitioner.
- Ensures all information obtained during the course of physical examinations, laboratory results and other diagnostic evaluations are duly recorded in all patient records.
- Ensures all physical examinations are completed, certifying each applicant is eligible for narcotic treatment.
- In conjunction with the Executive Director, ensures that a 24-hour emergency contact is available.
- Attends treatment team meetings.
- Establish and continually review policies and procedures related to medical education; provide overall medical direction to the program.
- Work with the Administrator/Program Director to determine the impact of programs on the quality of care.

The physician will be compensated on a monthly basis for serving as the Medical Director and providing the services as stated above. The compensation amount is \$ 1,000.00 per month beginning on 01/05/2015.

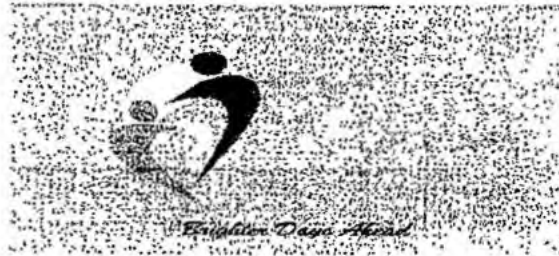
Either party can dissolve the agreement at any time by giving 90 days written notice.

Physician Signature

Date

Nevada Integrated Behavioral Services Inc., (Authorized signature)

Date



1721 E. Charleston Blvd.

Las Vegas, NV 89104

Phone: (702) 685-0620; Fax: (702) 685-9674

February 22, 2017

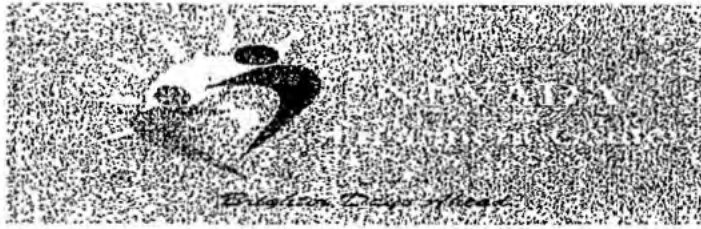
Coverage Agreement between Mr. Festus Ebonka and Dr. Elleston C. Rucker.

This is to acknowledge that Mr Festus Ebonka, APRN will be out of office from February 25, 2017 to March 11, 2017. Dr. Elleston C. Rucker has agreed to provide coverage for methadone patients during Mr. Ebonka's and Dr. Matthew Okeke's absence. Also, during this period, there will be no new intake for methadone patients until Dr Matthew Okeke resumes after his absence; such needs as methadone dosage changes and patient reassessment should be discussed with Dr. Elleston Rucker.

Nevada Care staff are aware to notify Dr. Elleston Rucker for any concerns or care needs RE: methadone patients only.

Festus Ebonka (APRN)

Dr. Elleston C. Rucker



1721 E. Charleston Blvd.

Las Vegas, NV 89104

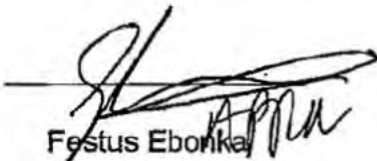
Phone: (702) 685-0620; Fax: (702) 685-9674

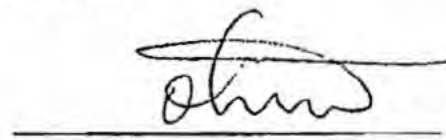
July 12, 2016

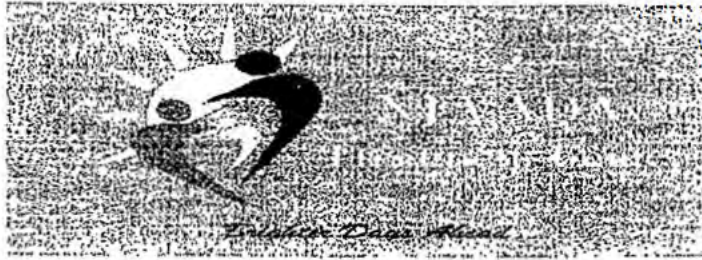
Coverage Agreement between Mr. Festus Ebonka and Dr. Matthew Okeke, MD

This is to acknowledge that Mr Festus Ebonka, APRN will be out of office from July 14 2016 to July 25 2016 and Dr. Matthew Okeke, MD has agreed to cover the clinical care needs of Nevada Care Center patients during his absence; also he has agreed to assist with medication refills should need arise.

Nevada Care staff are aware to notify Dr. Okeke, MD for any clinical care needs of patients and vital decision making needs RE: pts' clinical care.


Festus Ebonka


Dr. Matthew Okeke, MD



1721 E. Charleston Blvd.

Las Vegas, NV 89104

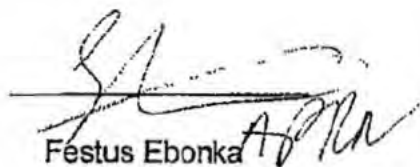
Phone: (702) 685-0620; Fax: (702) 685-9674

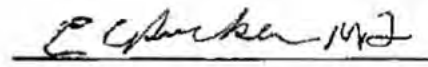
September 22, 2017

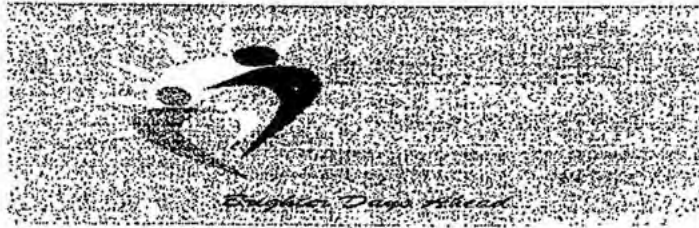
Coverage Agreement between Mr. Festus Ebonka and Dr. Elleston Craig Rucker, MD

This is to acknowledge that Mr Festus Ebonka, APRN will be out of office from September 27, 2017 to October 1st 2017 and Dr. Elleston Craig Rucker, MD who is Primary care provider in the clinic has agreed to cover the clinical care needs of Nevada Care Center/Nevada Treatment Center patients during his absence; also he has agreed to assist with medication refills should need arise.

Nevada Care/Nevada Treatment staff are aware to notify Dr. Elleston Craig Rucker, MD for any clinical care needs of patients and vital decision making needs RE: pts' clinical care.


Festus Ebonka APRN


Dr. Elleston C. Rucker, MD



1721 E. Charleston Blvd.

Las Vegas, NV 89104

Phone: (702) 685-0620; Fax: (702) 685-9674

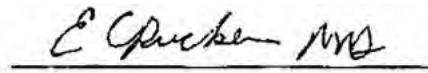
November 2, 2018

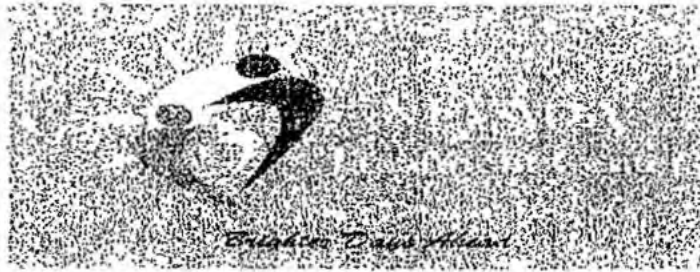
Coverage Agreement between Mr. Festus Ebonka and Dr. Elleston Craig Rucker, MD

This is to acknowledge that Mr Festus Ebonka, APRN will be out of office from November 9, 2018 to November 30, 2018 and Dr. Elleston Craig Rucker, MD who is Primary care provider in the clinic has agreed to cover the clinical care needs of Nevada Care Center/Nevada Treatment Center patients during his absence; also he has agreed to assist with medication refills should need arise.

Nevada Care/Nevada Treatment staff are aware to notify Dr. Elleston Craig Rucker, MD for any clinical care needs of patients and vital decision making needs RE: pts' clinical care.


Festus Ebonka


Dr. Elleston C. Rucker, MD



1721 E. Charleston Blvd.

Las Vegas, NV 89104

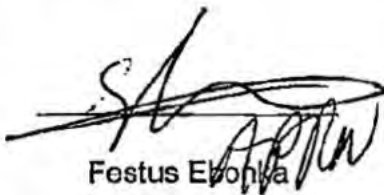
Phone: (702) 685-0620; Fax: (702) 685-9674

February 20, 2017

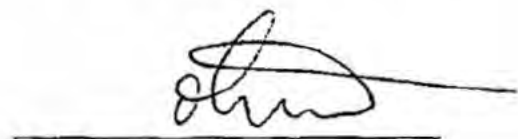
Coverage Agreement between Mr. Festus Ebonka and Desert Psychiatry providers

This is to acknowledge that Mr Festus Ebonka, APRN will be out of office from February 25 2017 to March 11 2017. Dr. Matthew Okeke, MD has agreed to allow his providers in his office to cover the complex clinical care needs of Nevada Care Center patients during Mr. Ebonka's absence; such needs as medication refills (controlled substances). Also, the APRN in Nevada Care Center is aware to notify providers at Desert Psychiatry to assist with care beyond her scope of practice during Mr. Ebonka's absence.

Nevada Care staff are aware to notify providers at Desert Psychiatry for any clinical care needs of patients and vital decision making needs RE: pts' clinical care should any problem arise.



Festus Ebonka



Dr. Matthew Okeke, MD



Nevada State Board of Pharmacy

1050 E Flamingo Rd • SUITE E217 • LAS VEGAS, NEVADA 89119-7524

1-800-364-2081 • FAX (702) 486-7903 • www.bop.nv.gov

CONFIDENTIAL

07/02/2019

Festus Ebonka, A.P.R.N
C/O E. Brent Bryson, Ltd
7730 W Sahara Ave Ste 109
Las Vegas, NV 89117

Re: Nevada Board of Pharmacy Investigative Case 19-012

Dear Mr. Ebonka,

The Nevada State Board of Pharmacy (Board) has received your response to my initial letter dated 04/22/2019. Upon review of this response and records provided, I am writing to request an additional response to the following:

- 1) Please clarify your role with Nevada Integrated Behavioral Services/Nevada Care Center/Nevada Treatment Center (i.e. ownership). Please provide a list of any other medical treatment facilities which you are currently associated with or have been associated with in the past four years.
- 2) The provided coverage agreement letter dated 02/20/2017 states the "...APRN...is to notify providers at Desert Psychiatry to assist with care beyond her scope of practice...". Please identify the APRN and provide a list of staff (licensed and unlicensed) at your clinic for each time period you were absent.
- 3) Dr. Okeke and Dr. Rucker were responsible for authorizing refill prescriptions during your absence(s). Please clarify how coverage was provided? (i.e. were Dr. Okeke and Dr. Rucker physically present at your clinic/location during these time periods or available via phone) Please specify what provider(s) was physically present and seeing patients at Nevada Integrated Behavioral Services /Nevada Care Center/Nevada Treatment Center during your periods of absence.
- 4) Please explain why the prescriptions/medication refills authorized in your absence were done so under your name and credentials instead of the provider/prescriber providing coverage.
- 5) The medical records provided on CD show "Non-Rx" Progress notes only. The majority of these are notes and treatment plans by an MFT or counselor. They do not indicate medications or prescriptions nor have notations by a licensed prescriber. Please provide full records that indicate medications prescribed and/or show a bona fide therapeutic relationship with a prescriber/provider or provide an explanation of lack thereof for the following 10 patients:

J [REDACTED] J [REDACTED] DOB [REDACTED] Rx for Vyvanse 30mg on 2/28/17
D [REDACTED] R [REDACTED] DOB [REDACTED] Rx for dextro-amphetamine on 3/2/17
L [REDACTED] R [REDACTED] DOB [REDACTED] Rx for Ambien on 3/3/17
A [REDACTED] M [REDACTED] DOB [REDACTED] Rxs for Belsomra, clonazepam and suboxone on 9/28/17
J [REDACTED] W [REDACTED] DOB [REDACTED] Rx for diazepam on 9/29/17
B [REDACTED] M [REDACTED] DOB [REDACTED] Rx for alprazolam on 12/27/17
K [REDACTED] S [REDACTED] DOB [REDACTED] Rx for alprazolam on 12/27/17
R [REDACTED] H [REDACTED] DOB [REDACTED] Rx for alprazolam on 11/13/18
J [REDACTED] S [REDACTED] DOB [REDACTED] Rx for tramadol on 11/13/18
S [REDACTED] T [REDACTED] DOB [REDACTED] Rx for suboxone on 11/19/18

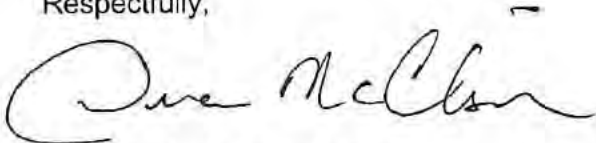
6) The following question from my original letter was not addressed in your response, please address this question:
The patient visits and prescriptions during these dates were oftentimes billed to insurance to include Medicaid using your NPI number.

- a. Provide an explanation as to why these prescriptions and patient visits were billed under your NPI when you were not the practitioner providing treatment.

Please provide the information referenced above and a written response within 14 calendar days of receipt of this request. Include with your response any records or other information you believe will help the Board make a determination in this case. Any written statement must include your handwritten signature attesting that it is true and accurate.

Please feel free to contact me with any questions. I can be reached at (702) 486-6420, Ext. 154.

Respectfully,



Dena McClish, Investigator
Nevada State Board of Pharmacy
1050 E Flamingo Rd Ste E217
Las Vegas, NV 89119
Office: 702-486-6420 ext 154
Fax: 702-486-7903
Email: dmcclish@pharmacy.nv.gov

E. Brent Bryson, LTD.
ATTORNEYS AT LAW

E. BRENT BRYSON, ESQ.

TELEPHONE 702-364-1234
FACSIMILE 702-364-1442
ebbessqltd@yahoo.com

7730 W. SAHARA AVE., SUITE 109
LAS VEGAS, NEVADA 89117

August 1, 2019

Dena M. McClish, Investigator
Nevada State Board of Pharmacy
1050 E. Flamingo Rd., Suite E-217
Las Vegas, Nevada 89119

Sent via U.S. Mail

Re: Ebonka Investigative Case 19-012

Dear Ms. McClish,

Mr. Ebonka responds to your letter of July 2, 2019 as follows:

1) Mr. Ebonka is the sole owner of Nevada Integrated Behavioral Services; Nevada Care Center; and Nevada Treatment Center. He was affiliated with the Center for Behavioral Health dba CBH Wellness from April 2017 until September 2018. However, that business has been closed since March 2019.

2) In response to questions two (2), the APRN's name is Josephine Vasquez. Other staff members:

Marivelle Nunez Rucker-Marriage/Family Therapist (MFT)
Priscilla Otoo-Davis-licensed social worker
Ida Davis-MFT
Valando Sternling-RN
Tabitha Daniels- MFT
Karinda Rousseau-MFT
Scott Carlson-licensed drug/alcohol intern (CABC)
Lawanda Wade-case worker
Claire Snead-case worker
Deamica Galtney-office staff
Trnee Stephenson-case worker
Melissa Stephens-MA
John Udo-office staff
Dr. Elleston Rucker
Dr. Matthew Okeke

3) During Mr. Ebonka's absence from July 14, 2016-July 25, 2016, Dr. Matthew Okeke was providing coverage. Dr. Okeke was present at the facility. Dr. Okeke was also seeing patients at the facility as Medical Director during Mr. Ebonka's presence. Dr. Okeke also provided coverage during Mr. Ebonka's absence from December 22, 2017-December 27, 2017 at the facility.

During Mr. Ebonka's absence from February 26, 2017-March 10, 2017, Josephine Vasquez, APRN provided coverage at the facility. Mr. Ebonka also had an agreement with Grand Desert Psychiatry in the event Ms. Vasquez needed assistance since Ms. Vasquez is a family nurse practitioner.

4) Even though Mr. Ebonka had coverage, he was calling the clinic daily and receiving updates and communicating with staff. Staff members were also communicating with coverage providers. It is Mr. Ebonka's opinion that the pharmacies made errors regarding dates and prescribers. An example is when a patient was noted by a pharmacy as being seen on December 25, 2017 with Norco being prescribed. The patient was actually seen on December 20, 2017. Another example of pharmacy error was when the pharmacy stated a patient was seen on December 25, 2018. The patient was actually seen on December 21, 2018. Such errors are commonly made by pharmacy staff.

5) Attached, please see additional medical records. The previous records were provided by office staff who apparently failed to copy some records.

6) There is no record for a patient visit on March 2, 2017 for D [REDACTED] R [REDACTED] DOB [REDACTED]. There is also no record of a refill prescription for dextro-amphetamine.

Many of the billings were done under Mr. Ebonka's NPI by the staff for group therapy notes, intensive outpatient programs. Sometimes the billers confused Mr. Ebonka's notes with Dr. Okeke's notes and billed for the wrong NPI. All work is done at Mr. Ebonka's facility.

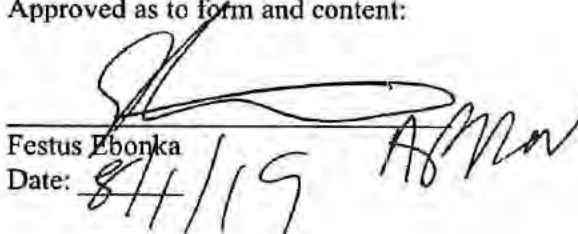
I hope that this letter helps to assist you in your investigation. If we can be of further assistance, please do not hesitate to contact me. We are constantly striving to improve record keeping and billings to exceed and maintain record keeping and billing requirements.

Respectfully,



E. Brent Bryson, Esq.

Approved as to form and content:



Festus Ebonka

Date: 8/4/19

Dena M. McClish

From: Dena M. McClish
Sent: Wednesday, August 21, 2019 11:28 AM
To: 'Eric Bryson'
Subject: patient records for APRN Ebonka

Good morning Mr. Bryson, I'm going through the response for Mr. Ebonka and once again, am finding the patient records requested to be lacking. I received a CD with 4 different files. The 1st, 2nd, & 3rd files contained records of numerous patients I did not ask for. The 4th file contains brief 'clinical messages' for 7 out of the 10 patient records I asked for. In my letter I asked for "...full records that indicated medications prescribed and/or show a bona fide therapeutic relationship with a prescriber/provider..." What I received were only brief notes for the particular dates the questionable medication refills were called in by the MA. To be clear, I need the full patient chart or at least a part of the patient chart that shows Mr. Ebonka had a bona fide therapeutic relationship with these patients. Please see the below definition of this under our regs below:

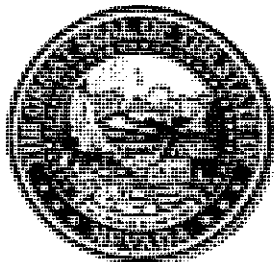
under NAC 639.945 --- 3. For the purposes of this section, a bona fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically, telephonically or by fiber optics within or outside of this State or the United States by the practitioner within the 6 months immediately preceding the date the practitioner dispenses or prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.

The response also failed to provide an explanation for lack of charts. Please either provide the patient charts requested that demonstrate a bona fide therapeutic relationship or provide an explanation for lack thereof.

Thank you,

Dena M McClish, Investigator
Nevada State Board of Pharmacy
1050 E Flamingo Rd Ste E-217
Las Vegas, NV, 89119

Office: 702.486.6420 ext 154
Cell: 702.494.8672
Fax: 702.486.7903
E-mail: dmcclish@pharmacy.nv.gov
Web Page: www.bop.nv.gov



CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission. Thank you.

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

E. Brent Bryson, LTD.

ATTORNEYS AT LAW

E. BRENT BRYSON, ESQ.

TELEPHONE 702-364-1234

FACSIMILE 702-364-1442

ebbesqltd@yahoo.com

7730 W. SAHARA AVE., SUITE 109
LAS VEGAS, NEVADA 89117

September 20, 2019

Dena M. McClish, Investigator
Nevada State Board of Pharmacy
1050 E. Flamingo Rd., Suite E-217
Las Vegas, Nevada 89119
Sent via U.S. Mail

Re: Ebonka Investigative Case 19-012

Dear Ms. McClish,

Enclosed, please find the additional medical records you requested.

Mr. Ebonka is the sole owner of Nevada Integrated Behavioral Services; Nevada Care Center; and Nevada Treatment Center. The companies are registered as a group practice. As a result of the group, the NPI is attached to Mr. Ebonka's name as the owner. The services are provided as part of the providers personal professional services to the patient as integral services provided for the care of the patient by the provider. All services were provided within the scope of the providers scope of practice. Thus, many of the billings are submitted by the billers under Mr. Ebonka's NPI.

Mr. Ebonka did not authorize anyone to write any prescriptions on his behalf while Mr. Ebonka was out of the office. Mr. Ebonka has no knowledge that prescriptions were written under his name during his absence. Mr. Ebonka did authorize some refill prescriptions telephonically during his absence as he was in daily contact with his office. However, no controlled substances were written on behalf of Mr. Ebonka while he was out of the office.

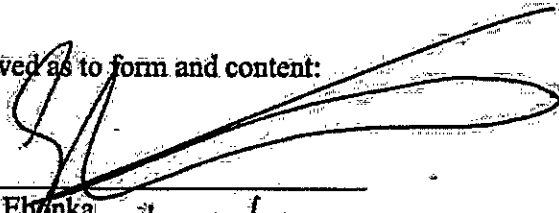
If we can be of further assistance, please do not hesitate to contact me.

Respectfully,



E. Brent Bryson, Esq.

Approved as to form and content:


Festus Ebonka

Date: 9/20/19



Nevada State Board of Pharmacy

1050 E Flamingo Rd • SUITE E217 • LAS VEGAS, NEVADA 89119-7524

1-800-364-2081 • FAX (702) 486-7903 • www.bop.nv.gov

CONFIDENTIAL

10/07/2019

Festus Ebonka, A.P.R.N
C/O E. Brent Bryson, Ltd
7730 W Sahara Ave Ste 109
Las Vegas, NV 89117

Re: Nevada Board of Pharmacy Investigative Case 19-012

Dear Mr. Ebonka,

The Nevada State Board of Pharmacy (Board) has received your responses to my inquiries regarding case 19-012. Upon further review of your response and the records provided, I am writing to request a final response to the following:

A total of 126 prescriptions were scrutinized fully and found to have been authorized in your name during dates which you were out of the country. Two (2) of the scripts were written and the remainder were authorized via phone or fax. If you would like a copy of these prescriptions, I will be more than happy to provide them.

- 1) For the two written prescriptions, please provide a clear explanation of how they were obtained by the patient.
- 2) For the remaining 124 prescriptions; please provide a clear explanation of why they were authorized using your name and credentials. In your previous responses, you stated other providers (Dr. Okeke and Dr. Rucker) were responsible for authorizing refill prescriptions. In another response, you advised you were calling the clinic daily and communicating with the staff. In clinical notes and patient records, the majority of the prescriptions reviewed indicate the medications were called into the pharmacy by the medical assistant and were approved by "Festus Ebonka, APRN" or "NP". Please clearly state if you authorized staff to call in these prescriptions refills (via phone) or if another practitioner may have falsely authorized these refills under your name and credentials.

Please provide the information referenced above and a written response within 14 calendar days of receipt of this request. Include with your response any records or other information you believe will help the Board make a determination in this case. Any written statement must include your handwritten signature attesting that it is true and accurate.

Please feel free to contact me with any questions. I can be reached at (702) 486-6420, Ext. 154.

Respectfully,

Dena McClish, Investigator
Nevada State Board of Pharmacy
1050 E Flamingo Rd Ste E217
Las Vegas, NV 89119
Office: 702-486-6420 ext 154
Fax: 702-486-7903
Email: dmclish@pharmacy.nv.gov

E. Brent Bryson, L.L.D.

ATTORNEYS AT LAW

E. BRENT BRYSON, ESQ.

7730 W. SAGARA AVE., SUITE 109
LAS VEGAS, NEVADA 89117

TELEPHONE 702-364-1234
FACSIMILE 702-364-1442
ebbesqltd@yahoo.com

November 5, 2019

Dena M. McClish, Investigator
Nevada State Board of Pharmacy
1050 E. Flamingo Rd., Suite E-217
Las Vegas, Nevada 89119

Re: Ebonka Investigative Case 19-012

Dear Ms. McClish,

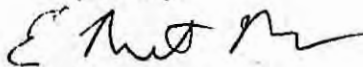
The two written prescriptions are a mystery to Mr. Ebonka. Mr. Ebonka did not write the two prescriptions, nor is there any medical note or billing referencing these prescriptions.

As to Dr. Okeke, please review the coverage agreement between Mr. Ebonka and Dr. Okeke. The agreement says that Dr. Okeke's providers will provide coverage for Mr. Ebonka. Thus, it is quite possible that Dr. Okeke could have been out of the country when one of his providers "covered" for Mr. Ebonka.

Mr. Ebonka "called" in to his clinic to speak with staff on a frequent basis. It is possible that there was some overlap regarding Mr. Ebonka and Dr. Okeke's providers on the same day depending upon the time of day.

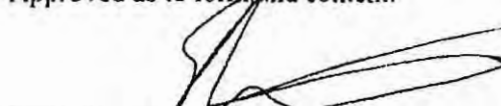
If we can be of further assistance, please do not hesitate to contact this office.

Respectfully,



E. Brent Bryson, Esq.

Approved as to form and content:



Festus Ebonka

Date: 11/5/19

Exhibit 5

19-012-CS-S

Festus Ebonka

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674



12/27/2017
12:55:52 PM

medicaid ID: 00001727065

ID: 592 DOB: [REDACTED]

Clinical Message

MESSAGE:

Refill

12/27/2017 Refill Prozac PO 20 mg Daily 30 (thirty) pills None refills
12/27/2017 Refill Alprazolam PO 1 mg BID pills refills

Refill called in by: Deamica Galtney, MA
Call-in was approved by: NP



Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89109
702-685-9520
702-685-9574

9/29/2017

W J
ID: 66 DOB: [REDACTED]

Clinical Message

MESSAGE:

Refill
9/29/2017 Atenolol 50mg PO 15 mg BID 60 (sixty) pills None refills

Refilled by: Tabitha J. Daniel, MA
Calling was approved by NP
Providence Rx @ 702-776-3072

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

12/27/2017
2:00 PM

medicaid ID: 00001919020


ID: 2004688795 DOB

Clinical Message

MESSAGE:

Refill

12/27/2017 Refill Alprazolam PO 1 mg BID 60 (sixty) pills None refills

Refill called in by: Tabitha J. Daniel, MA

Call approved by NP

Providence Rx @ 702-778-3072

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

[REDACTED] T [REDACTED] S [REDACTED]
ID: 2004691108 DOB: [REDACTED]

11/19/2018
09:37:01 AM

Clinical Message

MESSAGE:

Refill

11/19/2018 Refill Suboxone PO 8/2 mg, BID 30 (thirty) pills None refills

Refill called in by: Tabitha Daniel, MA

Calling was approved by NP

Walmart RX @ 702-564-5776

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

medicaid ID: 00000293020

H R
ID: 2004690627 DOB: [REDACTED]

11/13/2018
3:56:32 PM

Clinical Message

MESSAGE:

Refill

11/13/2018 Refill Latuda PO 40 mg Daily 30 pills 0 refills
11/13/2018 Refill Alprazolam PO 1 mg BID 60 pills 0 refills

Refill called in by: Deamica Galtney, MA
Call-in was approved by NP
Providence RX @ 702-778-3072

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

11/13/2018

3:56:32 PM

medicaid ID: 00000293020

ID: 2004690627

DOB

Clinical Message

MESSAGE:

Refill

11/13/2018 Refill Latuda PO 40 mg Daily 30 pills 0 refills

11/13/2018 Refill Alprazolam PO 1 mg BID 60 pills 0 refills

Refill called in by: Deamica Galtney, MA

Call-in was approved by NP

Providence RX @ 702-778-3072

Tabitha J. Daniel, MA

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

11/16/2018

1:12:02 PM

medicaid ID: 00000009113

ID: 909

DOB: [REDACTED]

Clinical Message

MESSAGE:

Refill

11/16/2018 Refill Alprazolam PO 0.5 mg BID pills refills
11/16/2018 Refill Lamictal PO 200 mg QHS pills refills
11/16/2018 Refill Abilify PO 10 mg QHS pills refills

Providence Pharmacy @ (702) 778-3072

Called in by Tabitha J. Daniel, MA.
Refill approved by MD.



Nevada Integrated Behavioral Services
1721 E Charleston Blvd,
Las Vegas, NV 89104
702-685-0620
702-685-9674

11/20/2018

4:08:02 PM

medicaid ID: 00001530630

ID: 2004689475

DOB: [REDACTED]

Clinical Message

MESSAGE:

Refill

11/20/2018 Refill Remeron PO 15 mg QHS pills refills
11/20/2018 Refill Alprazolam PO 0.5 mg BID pills refills
11/20/2018 Refill Neurontin PO 600 mg BID pills refills

Refill called in by: Tabitha J. Daniel, MA

Refill approved by MD.

Festus Ebonka, Psych NP

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104

5/28/2016
11:50 AM

702-685-0620
702-685-9674

page 1 of 6

Complete Evaluation / OutPatient APRN

medicaid ID: 00000123095

R	L
ID: 753	DOB:

HISTORY: Ms. R is a 39-year-old woman. Her chief complaint is, "I feel depressed and anxious." Pt states she has been feeling anxious/depressed since 4-5 weeks. Unable to states reason for depression but states she has history of bipolar, anxiety/depression. She admits to abusing marijuana (states she has marijuana card); recovering from alcohol abuse since 4 years but denies any other illicit drug abuse. She also c/o mood swings. "My mood is up and down."

Depression History:

Ms. R describes symptoms of a depressive disorder.

- *economic stress.
- *problems with her primary support group.
- *occupational problems.
- *social problems. Her depressive symptoms began gradually over a period of 6 weeks.

Ms. R describes episodic depressive symptoms. Her depressive episodes are occurring daily and they last for days. She has had multiple prior depressive episodes.

Current Symptoms:

- *Previously enjoyed activities are no longer enjoyed by Ms. R
- *Her appetite has decreased.
- *Ms. R reports concentration difficulty.
- *She reports having "Crying Spells".
- *She reports fatigue.
- *Ms. R reports increased substance use. Details are as follows:
- *Ms. R reports that feelings of worthlessness are present.

Suicidality:

Ms. R expresses wishes to be dead but suicidal ideas or intentions are denied.

Severity/Complexity:

Ms. R severity is estimated to be high based on the risk of morbidity without treatment and description of interference with functioning.

Anxiety Symptoms:

Ms. R exhibits symptoms of anxiety. Her anxiety symptoms have been present for 4 weeks.
Ms. R describes the following anxiety symptoms:

- *Apprehensiveness
- *Feelings of restlessness
- *Irritability

Complete Evaluation: Continued

*Fears of losing control

*Difficulty concentrating occurs.

Ms. R [REDACTED] symptoms are occurring daily. She reports previous episodes of anxiety symptoms.

Severity is estimated to be high based on Ms. R [REDACTED] risk of morbidity without treatment and her description of interference with functioning.

Detailed Review of Systems:

Review of all Ms. Robertson's Systems reveals the following information:

Breast/Chest:

There is no recent history of lumps, pain, discharge or any other breast or chest abnormalities.

Cardiac: Pt has hypertension but there is no recent history of chest pain, skipped heart beats, elevated blood pressure, heart murmur, shortness of breath or any other cardiac abnormalities.

Constitutional:

There is no recent history of weight loss, fever, malaise, or other abnormal constitutional symptoms.

Ears:

There is no recent history of pain, dizziness, discharge, ringing, hearing loss or any other ear abnormalities.

Endocrine: Pt has hypoglycemia but there is no recent history of diabetes, thirst, thyroid problems, excess urination or any other endocrine abnormalities.

Eyes:

There is no recent history of double or blurred vision, pain, redness or any other eye abnormalities.

G.I.:

There is no recent history of nausea, vomiting, diarrhea, anorexia, bulimia, constipation, hepatitis, hernia, blood, difficulty swallowing, change in bowel movements or any other G.I. abnormalities.

Gyn:

There is no recent history of STDs, vaginal sores or discharge, unprotected sex, risk of HIV, pap smear, menstrual period irregularity or any other female abnormalities.

Head:

There is no recent history of headaches, tenderness or any other head abnormalities.

Hematology:

There is no recent history of anemia, bleeding, blood transfusions, or any other hematological disorder.

Mouth/Throat:

No sores, bleeding or frequent sore throats reported.

Musculoskeletal:

No recent falls, stiffness, weakness, joint pain or other symptoms referable to the Musculoskeletal system are reported.

Neck:

No lumps or swellings or other abnormalities related to the neck are reported.

Neurological:

There is no history of loss of consciousness, seizure, weakness, dizziness, atypical headache or other neurological abnormality.

Nose/Sinus:

No symptoms of nasal congestion, bleeding, infection, frequent colds or other symptoms referable to the nose and sinus are described.

Pain:

No current or recent pain is reported.

Respiratory:

History is negative for cough, wheezing, asthma, hemoptysis, exudate or bronchitis or other symptoms referable to the respiratory system.

Skin:

No rash, lumps or other skin changes are reported.

Complete Evaluation: Continued

Urinary:

There is no history of hematuria, signs of infection, stones or other symptoms referable to the urinary system.

PAST PSYCHIATRIC HISTORY:

Psychiatric Hospitalization:

Ms. R [REDACTED] has been hospitalized on a number of occasions for anxiety/depression and bipolar.

Outpatient Treatment:

Ms. R [REDACTED] received outpatient mental health treatment for anxiety problems, for depression, for a manic episode.

Suicidal/Self Injurious:

Ms. R [REDACTED] has a history of suicidal thoughts but has never made an attempt.

Assault History:

Ms. R [REDACTED] has no history of assaultive behavior.

Addiction/Use History:

Ms. R [REDACTED] has a history of possible alcohol over use.

Ms. R [REDACTED] has a history of marijuana use.

Acting Out:

Denies any history of typical acting out behavior.

Medication Compliance:

There is no history of medication non compliance.

Prior Psychiatric Disorder:

She has a history of anxiety symptoms.

Ms. R [REDACTED] has a history of a bipolar disorder.

Ms. R [REDACTED] has had at least one depressive episode.

SOCIAL/DEVELOPMENTAL HISTORY:

Ms. R [REDACTED] is a 39 year old woman.

Gestational & Developmental Histories:

Ms. R [REDACTED] gestational and developmental histories were normal.

Childhood History: She was raised by her Mother and Stepfather. Pt does not know her biological father.

Quality of childhood was:

*Emotionally and economically supportive and maritally intact.

Activities of Daily Living:

Current Leisure Activities:

*Television

*Music

*Movies

*Outdoor Activities

Barriers to Treatment:

Emotional:

*Emotional or psychological problems are a barrier to treatment success: Emotional problems will be

Complete Evaluation: Continued

addressed via the treatment plan.

Motivation:

*Lack of motivation for treatment is a barrier and an obstacle to progress. Therapy will focus on motivational problems first.

Children:

Ms. R [REDACTED] has 6 children. Pt has good relationship with her children.

Coping Diversions:

When tempted to abuse a substance Ms. Robertson uses the following diversions to cope:

- *Meditates
- *Listening to Music
- *Watches a Movie
- *Talking to a Friend or Family Member

Coping Strengths:

- Hopeful for Recovery
- Motivated for Treatment

Educational History:

Ms. R [REDACTED] did not Graduate from High School- obtained a GED

Employment History:

Ms. R [REDACTED] is a disabled

Housing Status: She lives with her children.

Relationship/Marriage:

Ms. R [REDACTED] is not married or in a relationship at this time.

FAMILY HISTORY:

Mother carries diagnosis of bipolar disorder and anxiety/depression.
Pt does not know her father.

MEDICAL HISTORY:

Infection or Disease:

None: There are no indications of current infectious disease or recent exposure to an infectious disease.

Past MEDICAL HISTORY:

Cardiovascular:

- *Hypertension

G.I.:

- *Obesity

Endocrine: hypoglycemia

Surgical History:

- *None

Allergies:

There are no known allergies.

Complete Evaluation: Continued

Health & Behavior:**Diet:**

*Describes eating a healthy and varied diet

Weight:

*Moderately overweight

Exercise:

*Has a regular exercise regime.

Alcohol: An alcohol intake that could be injurious to health is described (In remission for 4 years).

Caffeine:

*No caffeine intake

Recreational drugs:

*Recreational drug use that is potentially injurious to health is noted. Please see HPI or PPH.

Sexual:

*Denies any non safe sexual practices.

Sleep:

*Complains of sleep difficulties.

Stress:

She reports stress is a problem, caused by financial instability.

Tobacco was previously used but there is no current use. (Start Date and End Date are unknown)

Pain:

Ms. R [REDACTED] denies current pain.

EXAM: Ms. R [REDACTED] presents as irritable, distracted, casually groomed, overweight, and appears anxious. Facial expression and general demeanor reveal depressed mood. Speech and thinking appear slowed by depressed mood. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical, and thought content appears appropriate. Suicidal ideas or intentions are denied. Homicidal ideas or intentions are denied. Insight into problems appears to be poor. Judgment appears to be poor. Ms. R [REDACTED] is restless. Sitting blood pressure is 113 / 70. Sitting pulse rate is 63. Respiratory rate is 19 per minute. Temperature is 98.8 degrees F. Height is 5' 0" (152.4 cm). Weight is 183 lbs. (83 Kg). BMI is 35.7.

THERAPY CONTENT/CLINICAL SUMMARY:

Feelings of anxiety predominated this session. Self defeating problems were also discussed in today's session. The focus of today's session was on assessing the type and severity of the problem. This session the therapeutic focus was on emotional support.

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Instructed pt to continue to take meds as prescribed and not wait till condition worsens; to avoid activities that may worsen stressors and take enough rest/sleep

Return 2-3 weeks, or earlier if needed.

H0031 - MH HEALTH ASSESS BY NON-MD

Time spent face to face with patient and/or family and coordination of care: 75 to 80 minutes

Festus Ebonka, Psych NP

page 6 of 6

R [REDACTED] L [REDACTED]

5/28/2016

medicaid ID: 00000123095

ID: 753

DOB: [REDACTED]

11:50 AM

Complete Evaluation: Continued

Electronically Signed

By: Festus Ebonka, Psych NP

On: 6/6/2016 11:50:25 AM

Festus Ebonka, Psych NP

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

2/3/2017
5:14:37 PM

medical ID: 00000123095 ID: 753 DOB: [REDACTED]

Progress Note

INTERVAL HISTORY: Chief complaint: "I feel better; need my refills." Pt denies any s/h, voices or delusions. Behavior has been stable/uneventful. No side effects are reported or in evidence. Pt reports no psychotic, depressive, or anxiety symptoms.

EXAM: Sitting blood pressure is 102/60. Sitting pulse rate is 67. Height is 5' 1" (154.9 cm). Weight is 158 lbs. (71.7 Kg). BMI is 29.9. Mood is labile. His speech reveals no abnormalities of rate, volume, or articulation; language skills are intact. He denies suicidal ideas. There are no homicidal intention. His behavior is not bizarre; there are no indications that hallucinations/delusions are present. There are no signs of thought disorder. Associations are intact, thinking is logical; thought content appropriate. Orientation, memory, and general cognitive abilities present as normal and intact. No signs of anxiety are present. There are no signs of hyperactive or attentional difficulties. Insight and judgment are intact.

THERAPY CONTENT/CLINICAL SUMMARY:

The patient expressed many feelings of frustration this session. Feelings of low self esteem were also discussed in today's session. The focus of today's session was improvement of problem solving skills. The patient was today given instructions regarding stress reduction techniques.

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Overall treatment plan was discussed with the patient. Patient voiced understanding. Risks benefits, side effects, and alternative treatments regarding prescribed medications were discussed with the patient. Patient expressed understanding and provided informed consent to be on aforementioned medications. Education was provided regarding the metabolic profile of patients current psychotropic medications and the importance of monitoring for weight gain and glucose tolerance. Patient was educated on the deleterious effects of illicit substance and alcohol. Patient is strongly urged to maintain abstinence. Patient was advised to remove all firearms from home in order to decrease risk in the event of unforeseen future crisis. Patient denies having access to firearms. Patient has been counseled on the possibility of EPS, TD, NMS; paradoxical suicidality and hyperprolactinemia. Patient was advised to immediately return to office, call 911, or go to the nearest ER for worsening symptoms, side effects, thoughts of harm, thoughts of harming others, or any other concerns. UDS positive for THC and receiving therapy.

Continue Alprazolam 1 mg PO TID # 90 (ninety) None refills (pm anxiety)

Order given by Festus Ebonka, Psych NP on 1/4/2017 1:16:05 PM

Continue Sertraline 100 mg PO QHS (Depression)

Order given by Festus Ebonka, Psych NP on 1/4/2017 1:16:05 PM

Continue Ambien 10 mg PO QHS (pm sleep)

Order given by Festus Ebonka, Psych NP on 6/13/2016 9:49:06 AM

Continue Topamax 100 mg PO BID

Order given by Festus Ebonka, Psych NP on 12/2/2016 3:30:54 PM

Return 3 weeks or earlier if needed.

medicaid ID: 00000123095 ID: 753

R

L

DOB: [REDACTED]

2/3/2017

5:14 PM

Progress Note

99214 (Office Pt, Established)

90833 Psychotherapy 30 min. with EM services

Time spent face to face with patient and/or family and coordination of care: 25 to 37 minutes

Festus Ebonka, Psych NP

Electronically Signed

By: Festus Ebonka, Psych NP

On: 2/3/2017 5:14:43 PM

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

R	L
ID: 753	
DOB: [REDACTED]	

2/22/2017
1:39:37 PM

medical ID: 00000123095

Progress Note

INTERVAL HISTORY: Chief complaint: "I feel anxious and irritable." Pt has anxiety, feelings of apprehension, trouble concentrating, feeling tense/jumpy, anticipating the worst, irritable/restless. Pt is constantly watching for signs of danger/feeling like pt's mind's gone blank. Pt has heart palpitations, muscle weakness/fatigue, nausea, chest pain, shortness of breath, stomach aches, or headaches. Pt feels as if pt's blood pressure/heart rate are increased/pt is sweating/trembling more, easily startled.

EXAM: Pt presents as irritable, distracted, casually groomed, defensive and anxious. Mood lability has been observed. He is over talkative. Speech is rapid. There are no apparent signs of hallucination, delusions, bizarre behaviors or other indicators of psychotic process. Associations are intact, thinking is logical; thought content appears appropriate. Suicidal ideas or intent are denied. Homicidal ideas or intentions are denied. Insight into problems appears to be poor. Judgment appears to be poor. He is restless. Sitting blood pressure is 111 / 68. Sitting pulse rate is 65. Respiratory rate is 14 per minute. Temperature is 98.2 degrees F. Height is 5' 1" (154.9 cm). Weight is 158 lbs. (71.7 Kg). BMI is 29.9.

THERAPY CONTENT/CLINICAL SUMMARY:

The patient expressed many feelings of frustration this session. The problem of low frustration tolerance was discussed in today's therapy session. This session the therapeutic focus was on improving problem solving skills. The patient was today given instructions regarding stress reduction techniques.

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Overall treatment plan was discussed with the patient. Patient voiced understanding. Risks benefits, side effects, and alternative treatments regarding prescribed medications were discussed with the patient. Patient expressed understanding and provided informed consent to be on aforementioned medications. Education was provided regarding the metabolic profile of patient's current psychotropic medications and the importance of monitoring for weight gain and glucose tolerance. Patient was educated on the deleterious effects of illicit substance and alcohol. Patient is strongly urged to maintain abstinence. Patient was advised to remove all firearms from home in order to decrease risk in the event of unforeseen future crisis. Patient denies having access to firearms. Patient has been counseled on the possibility of EPS, TD, NMS, paradoxical suicidality and hyperprolactinemia. Patient was advised to immediately return to office, call 911, or go to the nearest ER for worsening symptoms, side effects, thoughts of harm, thoughts of harming others, or any other concerns.

Continue Alprazolam 1 mg PO TID #90 (ninety) None refills (pm anxiety)

Order given by Festus Ebonka, Psych NP on 1/4/2017 1:16:05 PM

Continue Sertraline 100 mg PO QHS (Depression)

Order given by Festus Ebonka, Psych NP on 1/4/2017 1:16:05 PM

Continue Ambien 10 mg PO QHS (pm sleep)

Order given by Festus Ebonka, Psych NP on 6/13/2016 9:49:06 AM

Continue Topamax 100 mg PO BID

Order given by Festus Ebonka, Psych NP on 12/2/2016 3:30:54 PM

R [REDACTED], L [REDACTED]
DOB: [REDACTED]

2/22/2017
1:39 PM

medicaid ID: 00000123095 ID: 753

DOB: [REDACTED]

Progress Note

Return 4 weeks, or earlier if needed.

99214 (Office Pt, Established)

90833 Psychotherapy 30 min. with EM services

Time spent face to face with patient and/or family and coordination of care: 25 to 37 minutes

Festus Ebonka, Psych NP

Electronically Signed

By: Festus Ebonka, Psych NP

On: 3/22/2017 1:41:17 PM

Festus Ebonka, Psych NP
 Nevada Integrated Behavioral Services
 1721 E Charleston Blvd.
 Las Vegas, NV 89104
 702-685-0620
 702-685-9674

10/28/2015

medicaid ID: 00001970189

ID:02 4

DOB

Progress Note

INTERVAL HISTORY: Chief complaint: "I still feel anxious and restless." Pt requesting increased dose of klonopin. Pt states his klonopin not working for him. Pt c/o difficulty sleeping, restlessness and agitation. Pt has anxiety/tension and feels nervous. He has feelings of apprehension, dread, trouble concentrating, feeling tense and jumpy, anticipating the worst, irritable, and restless. He is constantly watching for signs of danger, and, feeling like his mind's gone blank. He has heart palpitations, muscle weakness and tension, fatigue, nausea, chest pain, shortness of breath, stomach aches, or headaches. He feels as if his blood pressure and heart rate are increased, and he is sweating more and trembling more, easily startled.

EXAM: Sitting blood pressure is 124 / 69. Sitting pulse rate is 60. Oxygen saturation is 97% (normal). Temperature is 98.4 degrees F. Height is 5' 7" (170 cm). Weight is 188 lbs. (85.3 Kg). BMI is 29.4. Mr. Moss presents as irritable, distracted, casually groomed, defensive, normal weight, and appears anxious. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical, and thought content appears appropriate. Suicidal ideas or intent are denied. Homicidal ideas/intentions are denied. Insight into problems appears fair. Judgment appears fair. Pt is restless.

DIAGNOSES: The following Diagnoses are based on currently available information and may change as additional information becomes available.

(F41.1) Generalized anxiety disorder (Active)

(F11.19) Opioid abuse with unspecified opioid-induced disorder (Active)

Axis IV: Primary Support Group

Educational

Occupational

Economic

THERAPY CONTENT/CLINICAL SUMMARY:

This session the patient's focus was on feelings of shame. Feelings of sadness were also expressed. Problems in the family were also discussed by the patient. Financial problems were also discussed by the patient.

This session the therapeutic focus was on improving the patient's self compassion. The patient was today encouraged to explore the patterns of certain behaviors.

Continue Remeron 45 mg PO QHS

Order given by Festus Ebonka, Psych NP on 10/23/2015 8:24:38 AM

Continue Gabapentin 600 mg PO TID (Anxiety)

Order given by Claire Snead on 5/14/2015 8:29:09 AM

Continue Klonopin 1 mg PO BID (prn anxiety)

Order given by Festus Ebonka, Psych NP on 10/28/2015 9:37:05 AM

Return 2-3 weeks, or earlier if needed.

99214 (Office Pt, Established)

*Clonazepam
 Suboxone
 Belseron
 9-28-17
 3 2017*

medicaid ID: 00001970189

ID: 024

DOB: [REDACTED]

M

A

Progress Note

90836 Psychotherapy 45 min. with EM services

Time spent face to face with patient and/or family and coordination of care: 60 plus minutes

Festus Ebonka, Psych NP

Electronically Signed

By: Festus Ebonka, Psych NP

On: 11/18/2015 4:39:33 PM

Festus Ebonka, Psych NP

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

7/17/2017
4:28:23 PM

medical ID: 00001970189

ID: 024

OB: -

Progress Note

INTERVAL HISTORY: Chief complaint: "I feel better; need my refills." Pt denies any si/hl, voices or delusions. Behavior has been stable/uneventful. No side effects are reported or in evidence. Pt reports no psychotic, depressive, or anxiety symptoms.

EXAM: Mood is labile; speech reveals no abnormalities of rate, volume, or articulation; no homicidal intention; behavior is not bizarre; there are no indications that hallucinations, delusions are present. There are no signs of thought disorder. Associations are intact, thinking is logical; thought content appropriate. Orientation, memory, and general cognitive abilities present as normal and intact. No signs of anxiety are present. There are no signs of hyperactive or attentional difficulties. Insight and judgment are intact. Sitting blood pressure is 108 / 66. Sitting pulse rate is 64. Respiratory rate is 16 per minute. Temperature is 98.6 degrees F. Height is 5' 7" (170.2 cm). Weight is 160 lbs. (72.6 Kg). BMI is 25.1.

DIAGNOSES: The following Diagnoses are based on currently available information and may change as additional information becomes available.

(F41.1) Generalized anxiety disorder (Active)

Bipolar disorder, current episode mixed, unspecified, F31.80 (ICD-10) (Active)

Major depressive disorder, recurrent severe without psychotic features, F33.2 (ICD-10) (Active)

Opioid dependence, uncomplicated, F11.20 (ICD-10) (Active)

Axis IV: Primary Support Group

Educational
Occupational
Economic

THERAPY CONTENT/CLINICAL SUMMARY:

The patient expressed many feelings of helplessness this session. Coping with low self esteem was also discussed. The focus of today's session was improvement of problem solving skills. This session the therapeutic focus was on emotional support.

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Overall treatment plan was discussed with the patient. Patient voiced understanding. Risks benefits, side effects, and alternative treatments regarding prescribed medications were discussed with the patient. Patient expressed understanding and provided informed consent to be on aforementioned medications. Education was provided regarding the metabolic profile of patient's current psychotropic medications and the importance of monitoring for weight gain and glucose tolerance. Patient was educated on the deleterious effects of illicit substance and alcohol. Patient is strongly urged to maintain abstinence. Patient was advised to remove all firearms from home in order to decrease risk in the event of unforeseen future crisis. Patient denies having access to firearms. Patient has been counseled on the possibility of EPS, TD, NMS, paradoxical suicidality and hyperprolactinemia. Patient was advised to immediately return to office, call 911, or go to the nearest ER for worsening symptoms, side effects, thoughts of harm, thoughts of harming others, or any other concerns.

M	A
DOB: [REDACTED]	

7/17/2017

4:28 PM

medicaid ID: 00001970189

ID: 024

DOB: [REDACTED]

Progress Note

Continue Belsomra 20mg PO QHS (pm sleep)

Order given by Festus Ebonka, Psych NP on 7/12/2016 12:51:20 PM

Continue Vraylar 3mg PO Daily (Mood Stabilization)

Order given by Festus Ebonka, Psych NP on 8/15/2016 12:29:46 PM

Continue Klonopin 1 mg PO BID (pm anxiety)

Order given by Festus Ebonka, Psych NP on 1/16/2017 4:54:53 PM

Continue Suboxone 8/2 mg PO BID (Opioid Dependence)

Order given by Festus Ebonka, Psych NP on 2/1/2017 8:18:57 AM

Return 4-8 weeks, or earlier if needed.

99214 (Office Pt, Established)

90833 Psychotherapy 30 min. (16-37 min.) with EM services

Time spent face to face with patient and/or family and coordination of care: 25 to 37 minutes

Festus Ebonka, Psych NP

Electronically Signed

By: Festus Ebonka, Psych NP

On: 7/19/2017 4:30:30 PM

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

8/23/2017
2:51:25 PM

medical ID: 00001970189

ID: 024

DOB:

Progress Note

INTERVAL HISTORY: Chief complaint: "I feel less distracted and less restless." Pt states pt pays more attention to details. Pt has less difficulty maintaining focus on one task and less bored with a task. Pt has less difficulty focusing attention on organizing and completing his task or learning something new and less trouble completing in homework assignments. Pt also has less difficulty processing information as quickly and accurately as others.

EXAM: Pt presents less irritable/less distracted, casually groomed, less anxious. Mood lability has been observed. Pt is less intrusive. Speech is normal. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical; thought content appears appropriate. Suicidal ideas/intent are denied. Homicidal Ideas/Intentions are denied. Insight into problems appears to be poor. Judgment appears to be poor. Sitting blood pressure is 108 / 67. Sitting pulse rate is 64. Respiratory rate is 17 per minute. Temperature is 98.7 degrees F. Height is 5' 7" (170.2 cm). Weight is 160 lbs. (72.6 Kg). BMI is 25.1.

DIAGNOSES: The following Diagnoses are based on currently available information and may change as additional information becomes available.

(F41.1) Generalized anxiety disorder (Active)

Bipolar disorder, current episode mixed, unspecified, F31.60 (ICD-10) (Active)

Major depressive disorder, recurrent severe without psychotic features, F33.2 (ICD-10) (Active)

Opioid dependence, uncomplicated, F11.20 (ICD-10) (Active)

Axis IV: Primary Support Group

Educational

Occupational

Economic

THERAPY CONTENT/CLINICAL SUMMARY:

Feelings of hopelessness predominated this session. Feelings of low self esteem were discussed.

The focus of today's session was improvement of problem solving skills. The patient was today given instructions regarding stress reduction techniques.

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Overall treatment plan was discussed with the patient. Patient voiced understanding. Risks benefits, side effects, and alternative treatments regarding prescribed medications were discussed with the patient. Patient expressed understanding and provided informed consent to be on aforementioned medications. Education was provided regarding the metabolic profile of patient's current psychotropic medications and the importance of monitoring for weight gain and glucose tolerance. Patient was educated on the deleterious effects of illicit substance and alcohol. Patient is strongly urged to maintain abstinence. Patient was advised to remove all firearms from home in order to decrease risk in the event of unforeseen future crisis. Patient denies having access to firearms. Patient has been counseled on the possibility of EPS, TD, NMS, paradoxical suicidality and hyperprolactinemia. Patient was advised to immediately return to office, call 911, or go to the nearest ER for worsening symptoms, side effects, thoughts of harm, thoughts of harming others, or any other concerns.

M A

8/23/2017

2:51 PM

medicaid ID:

ID: 024

DOB:

Progress Note

Continue Belsomra 20mg PO QHS (pm sleep)

Order given by Festus Ebonka, Psych NP on 7/12/2016 12:51:20 PM

Continue Vraylar 3mg PO Daily (Mood Stabilization)

Order given by Festus Ebonka, Psych NP on 8/15/2016 12:29:46 PM

Continue Klonopin 1 mg PO BID (pm anxiety)

Order given by Festus Ebonka, Psych NP on 1/16/2017 4:54:53 PM

Continue Suboxone 8/2 mg PO BID (Opioid Dependence)

Order given by Festus Ebonka, Psych NP on 2/1/2017 8:18:57 AM

Return 4-6 weeks, or earlier if needed.

99214 (Office Pt, Established)

90833 Psychotherapy 30 min. (16-37 min.) with EM services

Time spent with patient and family member on psychotherapy services only: 25 to 37 minutes

Festus Ebonka, Psych NP

Electronically Signed

By: Festus Ebonka, Psych NP

On: 10/30/2017 2:51:34 PM

Festus Ebonka, Psych NP

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104

5/11/2016
2:03 PM

702-685-0620
702-685-9674

page 1 of 5

Complete Evaluation / OutPatient APRN

medicaid ID: 00001826454

W [REDACTED] J [REDACTED]
ID: 69 DOB: [REDACTED]

cl 10/21/16 m
9-29-17
✓ 3/2017

HISTORY: Mr. W [REDACTED] is a 33-year-old man. His chief complaint is, "I have panic attacks." Pt states his 8 months old daughter was taken by CPS 4 days after he was born. Since then he feels anxious/agitated and irritable since 3 months. He states he has been fighting "real hard" to get them back but he is required to attend therapy sessions. He admits to using marijuana but denies other illicit drug use. He is a social drinker.

Panic Attacks:

Mr. W [REDACTED] has been experiencing panic attacks. These panic attacks have been occurring for 12 weeks.

Mr. W [REDACTED] panic attacks involves the acute onset of a discrete period of intense fear or discomfort. The following symptoms during a panic attack are also reported:

- *Chest pain or discomfort
- *Fear of dying
- *Fear of losing control
- *Sweating
- *Trembling or shaking

*Palpitations, pounding heart, or fast heart rate His panic attacks are most likely to occur in certain specific situations. Such as when pt thinks about his daughter.

Mr. W [REDACTED] symptoms are occurring a few times a week. He has had previous episodes.

Severity is estimated to be high based on Mr. W [REDACTED] risk of morbidity without treatment and his description of interference with functioning.

Detailed Review of Systems:

Review of all Mr. W [REDACTED] Systems reveals the following information:

Breast/Chest:

There is no recent history of lumps, pain, discharge or any other breast or chest abnormalities.

Cardiac:

There is no recent history of chest pain, skipped heart beats, elevated blood pressure, heart murmur, shortness of breath or any other cardiac abnormalities.

Constitutional:

There is no recent history of weight loss, fever, malaise, or other abnormal constitutional symptoms.

Ears:

There is no recent history of pain, dizziness, discharge, ringing, hearing loss or any other ear abnormalities.

Endocrine:

There is no recent history of diabetes, thirst, thyroid problems, excess urination or any other endocrine abnormalities.

Eyes:

There is no recent history of double or blurred vision, pain, redness or any other eye abnormalities.

Complete Evaluation: Continued

G.I.: There is no recent history of nausea, vomiting, diarrhea, anorexia, bulimia, constipation, hepatitis, hernia, blood, difficulty swallowing, change in bowel movements or any other G.I. abnormalities.

Hematology:

There is no recent history of anemia, bleeding, blood transfusions, or any other hematological disorder

Male Genitals:

No discharge, sores or other indicators of STDs are reported. No masses or tenderness described.

Mouth/Throat:

No sores, bleeding or frequent sore throats reported.

Musculoskeletal: Pt has right ankle fractures due to falls and has ulna boot to right ankle.

Neck:

No lumps or swellings or other abnormalities related to the neck are reported.

Neurological:

There is no history of loss of consciousness, seizure, weakness, dizziness, atypical headache or other neurological abnormality.

Nose/Sinus:

No symptoms of nasal congestion, bleeding, infection, frequent colds or other symptoms referable to the nose and sinus are described.

Pain:

No current or recent pain is reported.

Respiratory:

History is negative for cough, wheezing, asthma, hemoptysis, exudate or bronchitis or other symptoms referable to the respiratory system.

Skin:

No rash, lumps or other skin changes are reported.

Urinary:

There is no history of hematuria, signs of infection, stones or other symptoms referable to the urinary system.

PAST PSYCHIATRIC HISTORY:

Psychiatric Hospitalization:

Mr. W [REDACTED] has never been psychiatrically hospitalized.

Outpatient Treatment:

Mr. W [REDACTED] received outpatient mental health treatment for anxiety problems.

Suicidal/Self Injurious:

— Mr. W [REDACTED] has no history of suicidal or self injurious behavior.

Assault History:

Mr. W [REDACTED] has no history of assaultive behavior.

Addiction/Use History:

— Mr. W [REDACTED] has a history of marijuana use.

Acting Out:

Denies any history of typical acting out behavior.

Psychotropic Medication History: xanax**Prior Psychiatric Disorder:**

He has a history of anxiety symptoms.

Complete Evaluation: Continued

SOCIAL/DEVELOPMENTAL HISTORY:

Mr. W [REDACTED] is a 33 year old man.

Childhood History: He was raised by his parents, as part of an intact family. Pt has 1 brother and his sister died when she was 3.

Quality of childhood was:

*Emotionally and economically supportive and marital intact.

Activities of Daily Living:

Mr. W [REDACTED] describes no enjoyable recreational or leisure activities.

Assistive Devices:

Mr. W [REDACTED] uses crutches.

Barriers to Treatment:

Motivation:

*Lack of motivation for treatment is a barrier and an obstacle to progress: Therapy will focus on motivational problems first.

Emotional:

*Emotional or psychological problems are a barrier to treatment success: Emotional problems will be addressed via the treatment plan.

Children:

Mr. W [REDACTED] has one child. (from current relationship)

Coping Diversions:

When tempted to abuse a substance Mr. W [REDACTED] uses the following diversions to cope:

*Listening to Music

*Talking to a Friend or Family Member

*Walking

*Watches a Movie

Coping Strengths:

Hopeful for Recovery

Motivated for Treatment

Educational History:

Mr. W [REDACTED] did not Graduate from High School- left school in 11th grade.

Employment History:

Mr. W [REDACTED] is an unemployed

Financial Status:

*Does not have a steady income

Housing Status: He lives with his partner.

Relationship/Marriage:

Mr. W [REDACTED] is not married or in a relationship at this time.

Pregnancy and Developmental Histories:

Complete Evaluation: Continued

Mr. W [REDACTED] pregnancy and developmental histories were normal.

FAMILY HISTORY:

Mr. W [REDACTED] family psychiatric history is negative. There is no history of psychiatric disorders, psychiatric treatment or hospitalization, suicidal behaviors or substance abuse in closely related family members.

MEDICAL HISTORY:**Infection or Disease:**

None: There are no indications of current infectious disease or recent exposure to an infectious disease.

Past MEDICAL HISTORY:

Musculoskeletal: right ankle fractures

Surgical History:

*None

Allergies:

There are no known allergies.

Health & Behavior:**Diet:**

*Describes eating a healthy and varied diet

Weight:

*At or near ideal weight

Exercise:

*A regular exercise regime is not present.

Alcohol:

*Reports drinking little or no alcohol.

Caffeine:

*Drinks about one cup of coffee per day

Recreational drugs:

*Recreational drug use that is potentially injurious to health is noted. Please see HPI or PPH.

Sexual:

*Denies any non safe sexual practices.

Sleep:

*Complains of sleep difficulties.

Stress:

He reports stress is a problem, caused by financial instability and CPS open case.

Mr. W [REDACTED] smokes lightly. (Start Date and End Date are unknown)

Pain:

Mr. W [REDACTED] denies current pain.

EXAM: Pt appears irritable, distracted, casually groomed, anxious/looks unhappy. Facial expression/general demeanor reveal depressed mood. Wishes to be dead have been occurring but suicidal intentions are denied. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical, and thought content appears appropriate. Suicidal ideas or intent are denied. Homicidal ideas or intentions are denied. Insight into problems appears fair. Judgment appears fair. Pt is restless. Sitting blood pressure is 109 / 66. Sitting pulse rate is 60. Respiratory rate is 14 per minute. Temperature is 98.4 degrees F. Height is 5' 9" (175 cm). Weight is 158 lbs. (71.7 Kg). BMI is 23.3.

Complete Evaluation: Continued

THERAPY CONTENT/CLINICAL SUMMARY:

The patient expressed many feelings of anxiety this session. A pattern of self defeating behavior was also discussed. This session the therapeutic focus was on assessing the type and severity of the problem. The patient was today given instructions regarding stress reduction techniques.

INSTRUCTIONS / RECOMMENDATIONS / PLAN: Pt to start therapy session. Not given meds now.

Return 3-4 weeks, or earlier if needed.

H0031 - MH HEALTH ASSESS BY NON-MD

Time spent face to face with patient and/or family and coordination of care: 60 plus minutes

Festus Ebonka, Psych NP

Electronically Signed

By: Festus Ebonka, Psych NP

On: 5/27/2016 2:03:57 PM

Festus Ebonka, Psych NP

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

6/28/2017
9:49:23 AM

medicaid ID: 00001826454

ID: 69

DOB: [REDACTED]

Progress Note

INTERVAL HISTORY: Chief complaint: "I feel better; need my refills." Pt denies any si/hl, voices or delusions. Behavior has been stable/uneventful. No side effects are reported or in evidence. PI reports no psychotic, depressive, or anxiety symptoms.

MEDICAL HISTORY:

Infection or Disease:

None: There are no indications of current infectious disease or recent exposure to an infectious disease.

Past MEDICAL HISTORY:

Musculoskeletal: right ankle fractures

Surgical History:

*None

Allergies:

There are no known allergies.

Health & Behavior:

Diet:

*Describes eating a healthy and varied diet

Weight:

*At or near ideal weight

Exercise:

*A regular exercise regime is not present.

Alcohol:

*Reports drinking little or no alcohol.

Caffeine:

*Drinks about one cup of coffee per day

Recreational drugs:

*Recreational drug use that is potentially injurious to health is noted. Please see HPI or PPH.

Sexual:

*Denies any non safe sexual practices.

Sleep:

*Complains of sleep difficulties.

Stress:

He reports stress is a problem, caused by financial instability and CPS open case.

Mr. W [REDACTED] smokes lightly. (Start Date and End Date are unknown)

Pain:

Mr. W [REDACTED] denies current pain.

EXAM: Mood is labile; speech reveals no abnormalities of rate, volume, or articulation; no homicidal intention; behavior

Progress Note

is not bizarre; there are no indications that hallucinations/delusions are present. There are no signs of thought disorder. Associations are intact, thinking is logical; thought content appropriate. Orientation, memory, and general cognitive abilities present as normal and intact. No signs of anxiety are present. There are no signs of hyperactive or attentional difficulties. Insight and judgment are intact. Sitting blood pressure is 110 / 68. Sitting pulse rate is 64. Respiratory rate is 15 per minute. Temperature is 98.5 degrees F. Height is 5' 9" (175.3 cm). Weight is 188 lbs. (85.3 Kg). BMI is 27.8.

DIAGNOSES: The following Diagnoses are based on currently available information and may change as additional information becomes available.

Panic disorder [episodic paroxysmal anxiety] without agoraphobia, F41.0 (ICD-10) (Active)
Cannabis use, unspecified with anxiety disorder, F12.9B0 (ICD-10) (Active)

THERAPY CONTENT/CLINICAL SUMMARY: Feelings of hopelessness predominated this session. The focus of today's session was improvement of problem solving skills.

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Medication Management: We discussed the benefits of current medication and the side effects. We examined how pt is taking the medication and tolerance. Pt was informed about the medication administered; pros/cons were discussed.

Supportive therapy: We discussed the issues that brought patient to treatment and he is coping with it. Issues surrounding compliance were discussed. We talked about things that can help prevent relapse. Social issues were discussed and how they affect his current mental health.

Discussed treatment plan with patient; patient verbalized understanding and agrees to treatment plan. We talked about behaviors and patterns of adaptation that could help or hurt patient's mental health.

We discussed the danger of illicit drug use. Patient was encouraged to stay clean from drugs; risks/benefits of drug use was emphasized. Patient gained skills to cope and strategies to use to avoid relapse and remain sober.

Continue Valium 15 mg PO BID # 60 (sixty) None refills (Anxiety/panic attack)

Order given by Festus Ebonka, Psych NP on 11/11/2016 3:28:14 PM

Continue Neurontin 600 mg PO TID (nerve pain/anxiety)

Order given by Festus Ebonka, Psych NP on 10/6/2016 10:42:11 AM

Return 4 weeks, or earlier if needed.

NOTES & RISK FACTORS:

History of substance abuse

History of Subst. Abuse

History of suicidal attempts

Has been assaultive

History of substance abuse

History of medic. non compliance

No known history of adverse drug reactions

Has been assaultive

99214 (Office Pt, Established)

medical ID: 00001826454

ID: 69

DOB: [REDACTED]

W [REDACTED], J [REDACTED]

6/28/2017

9:49 AM

Progress Note

90833 Psychotherapy 30 min. (16-37 min.) with EM services

Time spent face to face with patient and/or family and coordination of care: 25 to 37 minutes

Festus Ebonka, Psych NP

Electronically Signed

By: Festus Ebonka, Psych NP

On: 6/30/2017 9:49:32 AM

Electronically Signed

By: Festus Ebonka, Psych NP

On: 6/30/2017 9:52:15 AM

Festus Ebonka, Psych NP

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

7/28/2017
9:23:28 AM

medicaid ID: 00001826454

ID: 69

DOB: [REDACTED]

Progress Note

INTERVAL HISTORY: Chief complaint: As per pt, "I feel less distracted and less restless." Pt's mother states pt pays more attention to details. Pt has less difficulty maintaining focus on one task and less bored with a task. Pt has less difficulty focusing attention on organizing and completing his task or learning something new and less trouble completing in homework assignments. Pt also has less difficulty processing information as quickly and accurately as others.

MEDICAL HISTORY:

Infection or Disease:

None: There are no indications of current infectious disease or recent exposure to an infectious disease.

Past MEDICAL HISTORY:

Musculoskeletal: right ankle fractures

Surgical History:

*None

Allergies:

There are no known allergies.

Health & Behavior:

Diet:

*Describes eating a healthy and varied diet

Weight:

*At or near ideal weight

Exercise:

*A regular exercise regime is not present.

Alcohol:

*Reports drinking little or no alcohol.

Caffeine:

*Drinks about one cup of coffee per day

Recreational drugs:

*Recreational drug use that is potentially injurious to health is noted. Please see HPI or PPH.

Sexual:

*Denies any non safe sexual practices.

Sleep:

*Complains of sleep difficulties.

Stress:

He reports stress is a problem, caused by financial instability and CPS open case.

Mr. W [REDACTED] smokes lightly. (Start Date and End Date are unknown)

Pain:

Mr. W [REDACTED] denies current pain.

Progress Note

Medical Screen:

Source of Information:

*Patient

Life Threatening Medical Emergency: (Life Threatening or Potential Medical Emergency requires notification of RN on duty and MD on call.)

*None

Medical Screen Summary:

*Medically stable and is cleared for assessment for possible admission

Infection or Disease:

Infection or Contagious Disease, current or recent:

*There is a recent or current infection with a sexually transmitted disease. Details are as follows:

Past MEDICAL HISTORY: Right heel had thirteen pin resulting from an anger response to his significant other. Client reported he jumped out of a window.

Surgical History: Pins and metal plate in right heel.

Adverse Drug Reactions:

There is no known history of adverse drug reactions.

Allergies:

There are no known allergies.

Compliance:

Mr. Wilcox has not been compliant with clinical orders. Details are as follows:

Current Medical Diagnoses:

None

Current Medications:

*None

Dental:

No dental complaints

Reproductive History: None

Health & Behavior:

Stress:

He reports stress is a problem, caused by financial instability. victim of violence. family conflict. emotional abuse. psychological abuse.

Hearing/Vision:

Hearing and vision are unimpaired.

Immunizations & Screening:

No Immunizations were recorded.

No screenings were recorded.

No childhood immunizations were recorded.

Progress Note

EXAM: Pt presents less irritable/less distracted, casually groomed, less anxious. Mood lability has been observed. Pt is less intrusive. Speech is normal. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical; thought content appears appropriate. Suicidal ideas/intent are denied. Homicidal ideas/intentions are denied. Insight into problems appears to be poor. Judgment appears to be poor. Sitting blood pressure is 106 / 66. Sitting pulse rate is 84. Respiratory rate is 16 per minute. Temperature is 98.1 degrees F. Height is 5' 9" (175.3 cm). Weight is 188 lbs. (85.3 Kg). BMI is 27.8.

DIAGNOSES: The following Diagnoses are based on currently available information and may change as additional information becomes available.

Panic disorder [episodic paroxysmal anxiety] without agoraphobia, F41.0 (ICD-10) (Active)
Cannabis use, unspecified with anxiety disorder, F12.980 (ICD-10) (Active)

THERAPY CONTENT/CLINICAL SUMMARY:

The patient expressed many feelings of hopelessness this session. The problem of low frustration tolerance was also discussed. The focus of today's session was improvement of problem solving skills. This session the therapeutic focus was on stress reduction techniques.

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Overall treatment plan was discussed with the patient. Patient voiced understanding. Risks benefits, side effects, and alternative treatments regarding prescribed medications were discussed with the patient. Patient expressed understanding and provided informed consent to be on aforementioned medications. Education was provided regarding the metabolic profile of patient's current psychotropic medications and the importance of monitoring for weight gain and glucose tolerance. Patient was educated on the deleterious effects of illicit substance and alcohol. Patient is strongly urged to maintain abstinence. Patient was advised to remove all firearms from home in order to decrease risk in the event of unforeseen future crisis. Patient denies having access to firearms. Patient has been counseled on the possibility of EPS, TD, NMS, paradoxical suicidality and hyperprolactinemia. Patient was advised to immediately return to office, call 911, or go to the nearest ER for worsening symptoms, side effects, thoughts of harm, thoughts of harming others, or any other concerns.

Continue Valium 15 mg PO BID #60 (sixty) None refills (Anxiety/panic attack)

Order given by Festus Ebonka, Psych NP on 11/11/2016 3:28:14 PM

Continue Neurontin 600 mg PO TID (nerve pain/anxiety)

Order given by Festus Ebonka, Psych NP on 10/5/2016 10:42:11 AM

Return 3 weeks or earlier if needed.

NOTES & RISK FACTORS:

History of substance abuse

History of Subst. Abuse

History of suicidal attempts

Has been assaultive

History of substance abuse

History of medic. non compliance

No known history of adverse drug reactions

W J

7/28/2017

medicaid ID: 00001826454 ID: 69

DOB:

9:23 AM

Progress Note

Has been assaultive

99214 (Office Pt, Established)

90833 Psychotherapy 30 min. (15-37 min.) with EM services

Time spent face to face with patient and/or family and coordination of care: 25 to 37 minutes

Festus Ebonka, Psych NP

Electronically Signed

By: Festus Ebonka, Psych NP

On: 8/29/2017 9:23:42 AM

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

8/28/2017
9:48:49 PM

medicaid ID: 00001826454

ID: 69

DOB:

Progress Note

INTERVAL HISTORY: Chief complaint: "I feel anxious and irritable." Pt has anxiety/tension and feelings of apprehension and dread, trouble concentrating, feeling tense/jumpy, anticipating the worst, irritable/restless. Pt is constantly watching for signs of danger/feeling like pt's mind's gone blank. Pt has heart palpitations, muscle weakness/fatigue, nausea, chest pain, shortness of breath, stomach aches, or headaches. Pt feels as if pt's blood pressure/heart rate are increased/pt is sweating/trembling more, easily startled.

MEDICAL HISTORY:

Infection or Disease:

None: There are no indications of current infectious disease or recent exposure to an infectious disease.

Past MEDICAL HISTORY:

Musculoskeletal: right ankle fractures

Surgical History:

*None

Allergies:

There are no known allergies.

Health & Behavior:

Diet:

*Describes eating a healthy and varied diet

Weight:

*At or near ideal weight

Exercise:

*A regular exercise regime is not present.

Alcohol:

*Reports drinking little or no alcohol.

Caffeine:

*Drinks about one cup of coffee per day

Recreational drugs:

*Recreational drug use that is potentially injurious to health is noted. Please see HPI or PPH.

Sexual:

*Denies any non safe sexual practices.

Sleep:

*Complains of sleep difficulties.

Stress:

He reports stress is a problem, caused by financial instability and CPS open case.

Mr. W. smokes lightly. (Start Date and End Date are unknown)

Pain:

Mr. W. denies current pain.

medicaid ID: 00001826454

ID: 69

DOB: [REDACTED]

8/28/2017

9:48 PM

Progress Note

Medical Screen:

Source of Information:

*Patient

Life Threatening Medical Emergency: (Life Threatening or Potential Medical Emergency requires notification of RN on duty and MD on call.)

*None

Medical Screen Summary:

*Medically stable and is cleared for assessment for possible admission

Infection or Disease:

Infection or Contagious Disease, current or recent:

*There is a recent or current infection with a sexually transmitted disease. Details are as follows:

Past MEDICAL HISTORY: Right heel had thirteen pin resulting from an anger response to his significant other. Client reported he jumped out of a window.

Surgical History: Pins and metal plate in right heel.

Adverse Drug Reactions:

There is no known history of adverse drug reactions.

Allergies:

There are no known allergies.

Compliance:

Mr. W [REDACTED] has not been compliant with clinical orders. Details are as follows:

Current Medical Diagnoses:

None

Current Medications:

*None

Dental:

No dental complaints

Reproductive History: None

Health & Behavior:

Stress:

He reports stress is a problem, caused by financial instability, victim of violence, family conflict, emotional abuse, psychological abuse.

Hearing/Vision:

Hearing and vision are unimpaired.

Immunizations & Screening:

No Immunizations were recorded.

No screenings were recorded.

medicaid ID: 00001826454 ID: 69

DOB: [REDACTED]

9:48 PM

Progress Note

No childhood immunizations were recorded.

EXAM: Pt presents as irritable, distracted, casually groomed, defensive and anxious. Mood lability has been observed. He is over talkative. Speech is rapid. There are no apparent signs of hallucination, delusions, bizarre behaviors or other indicators of psychotic process. Associations are intact, thinking is logical; thought content appears appropriate. Suicidal ideas or intent are denied. Homicidal ideas or intentions are denied. Insight into problems appears to be poor. Judgment appears to be poor. He is restless. Sitting blood pressure is 104 / 65. Sitting pulse rate is 61. Respiratory rate is 13 per minute. Temperature is 98.2 degrees F. Height is 5' 9" (175.3 cm). Weight is 188 lbs. (85.3 Kg). BMI is 27.8.

DIAGNOSES: The following diagnoses are based on currently available information and may change as additional information becomes available.

Panic disorder [episodic paroxysmal anxiety] without agoraphobia, F41.0 (ICD-10) (Active)
Cannabis use, unspecified with anxiety disorder, F12.980 (ICD-10) (Active)

THERAPY CONTENT/CLINICAL SUMMARY:

This session the patient's focus was on feelings of hopelessness. The problem of low frustration tolerance was discussed in today's therapy session. The focus of today's session was improvement of problem solving skills. The patient was today given instructions regarding stress reduction techniques.

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Overall treatment plan was discussed with the patient. Patient voiced understanding. Risks/benefits, side effects, and alternative treatments regarding prescribed medications were discussed with the patient. Patient expressed understanding and provided informed consent to be on aforementioned medications. Education was provided regarding the metabolic profile of patient's current psychotropic medications and the importance of monitoring for weight gain and glucose tolerance. Patient was educated on the deleterious effects of illicit substance and alcohol. Patient is strongly urged to maintain abstinence. Patient was advised to remove all firearms from home in order to decrease risk in the event of unforeseen future crisis. Patient denies having access to firearms. Patient has been counseled on the possibility of EPS, TD, NMS, paradoxical suicidality and hyperprolactinemia. Patient was advised to immediately return to office, call 911, or go to the nearest ER for worsening symptoms, side effects, thoughts of harm, thoughts of harming others, or any other concerns.

Continue Valium 15 mg PO BID # 60 (sixty) None refills (Anxiety/panic attack)

Order given by Festus Ebonka, Psych NP on 11/11/2016 3:28:14 PM

Continue Neurontin 600 mg PO TID (nerve pain/anxiety)

Order given by Festus Ebonka, Psych NP on 10/5/2016 10:42:11 AM

Return 4 weeks, or earlier if needed.

NOTES & RISK FACTORS:

History of substance abuse

History of Subst. Abuse

History of suicidal attempts

Has been assaultive

History of substance abuse

History of medic. non compliance

W J

8/28/2017

9:48 PM

medicaid ID: 00001826454

ID: 69

DOB:

Progress Note

No known history of adverse drug reactions
Has been assaultive

99214 (Office Pt, Established)

90833 Psychotherapy 30 min. (16-37 min.) with EM services

Time spent with patient and family member on psychotherapy services only: 25 to 37 minutes

Festus Ebonka, Psych NP

Electronically Signed

By: Festus Ebonka, Psych NP

On: 8/30/2017 9:48:55 PM

Festus Ebonka, Psych NP

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104

4/20/2016
1:53 PM

702-685-0620
702-685-9674

page 1 of 6

**Complete Evaluation / OutPatient
APRN**

medicaid ID: 00001727065

M. E.	
ID: 592	DOB:

HISTORY: Ms. M. is a 59-year-old woman. Her chief complaint is, "I feel anxious/depressed and hopeless." Pt states she has been feeling anxious/depressed since 5 weeks and states she needs to get back on her meds. She has been off her meds since 2 months and now "things have gone bad." She admits to abusing amphetamines but states "its hard to quit." She states she prostitutes for drugs and she is occasionally homeless. She denies any si/hi, voices or delusions. She has HIV due to injections from amphetamine abuse.

Drug Used:

Amphetamines

Pattern of Use:

- *Amphetamines are often taken in larger amounts or over a longer period than was intended.
- *Craving, or strong desire or urge to use amphetamines.
- *Recurrent amphetamine use in situations in which it is physically hazardous.

Precipitating Events:

- *Current relapse began with exposure to a small amount of the substance.
- *Unable to identify a relapse trigger for the current relapse.
- *Current relapse began with an activity with a strong association with substance.

Amount Used:

When Ms. M. uses the quantity used is about a gram or less

Route of Administration:

Inhalation

Frequency of Use: Daily

Longest Period of Abstinence:

3 Weeks

Length of Use:

For 11 years; exact time started is not remembered.

Last Used:

Hours Ago

History:

Ms. M. describes symptoms of a depressive disorder. economic stress. . occupational problems. Her

alprazolam
4/22-27-17
6/1/17

Complete Evaluation: Continued

depressive symptoms began gradually over a period of 5 weeks.

Ms. M describes episodic depressive symptoms. Her depressive episodes are occurring daily and they last for She has had multiple prior depressive episodes.

Current Symptoms:

- *Previously enjoyed activities are no longer enjoyed by Ms. M
- *Her appetite has decreased.
- *Ms. M reports that feelings of worthlessness are present.
- *Ms. M reports that her sociability has decreased.
- *She describes sadness.
- *Ms. M reports increased substance use. Details are as follows:

Suicidality:

Ms. M expresses wishes to be dead but suicidal ideas or intentions are denied.

Severity/Complexity:

Ms. M severity is estimated to be high based on the risk of morbidity without treatment and description of interference with functioning.

Detailed Review of Systems:

Review of all Ms. M Systems reveals the following information:

Breast/Chest:

There is no recent history of lumps, pain, discharge or any other breast or chest abnormalities.

Cardiac:

There is no recent history of chest pain, skipped heart beats, elevated blood pressure, heart murmur, shortness of breath or any other cardiac abnormalities.

Constitutional:

There is no recent history of weight loss, fever, malaise, or other abnormal constitutional symptoms.

Ears:

There is no recent history of pain, dizziness, discharge, ringing, hearing loss or any other ear abnormalities

Endocrine:

There is no recent history of diabetes, thirst, thyroid problems, excess urination or any other endocrine abnormalities.

Eyes:

There is no recent history of double or blurred vision, pain, redness or any other eye abnormalities.

G.I.:

There is no recent history of nausea, vomiting, diarrhea, anorexia, bulimia, constipation, hepatitis, hernia, blood, difficulty swallowing, change in bowel movements or any other G.I. abnormalities.

Gyn:

There is no recent history of STDs, vaginal sores or discharge, unprotected sex, risk of HIV, pap smear, menstrual period irregularity or any other female abnormalities.

Head:

There is no recent history of headaches, tenderness or any other head abnormalities.

Hematology:

There is no recent history of anemia, bleeding, blood transfusions, or any other hematological disorder

Mouth/Throat:

No sores, bleeding or frequent sore throats reported.

Musculoskeletal: Pt has gout, rheumatoid arthritis. No recent falls, stiffness, weakness, joint pain or other symptoms referable to the Musculoskeletal system are reported.

Complete Evaluation: Continued

Neck:

No lumps or swellings or other abnormalities related to the neck are reported.

Neurological:

There is no history of loss of consciousness, seizure, weakness, dizziness, atypical headache or other neurological abnormality.

Nose/Sinus:

No symptoms of nasal congestion, bleeding, infection, frequent colds or other symptoms referable to the nose and sinus are described.

Pain:

No current or recent pain is reported.

Respiratory:

History is negative for cough, wheezing, asthma, hemoptysis, exudate or bronchitis or other symptoms referable to the respiratory system.

Skin:

No rash, lumps or other skin changes are reported.

Urinary:

There is no history of hematuria, signs of infection, stones or other symptoms referable to the urinary system.

PAST PSYCHIATRIC HISTORY:**Psychiatric Hospitalization:**

Ms. M [REDACTED] was hospitalized more than once occasion for bipolar and suicidal attempt.

Outpatient Treatment:

Ms. M [REDACTED] received outpatient mental health treatment for anxiety problems, for depression, for a manic episode.

Suicidal/Self Injurious:

Ms. M [REDACTED] has a history of suicidal thoughts but has never made an attempt.

Assault History:

Ms. M [REDACTED] has no history of assaultive behavior.

Addiction/Use History:

Ms. M [REDACTED] has a history of amphetamine use.

Acting Out:

Denies any history of typical acting out behavior.

Medication Compliance:

There is no history of medication non compliance.

Psychotropic Medication History:

*Alprazolam, prozac, paxil, seroquel.

Prior Psychiatric Disorder:

She has a history of anxiety symptoms.

Ms. M [REDACTED] has a history of a bipolar disorder.

Ms. M [REDACTED] has had at least one depressive episode.

SOCIAL/DEVELOPMENTAL HISTORY:

Complete Evaluation: Continued

Ms. Moore is a 59 year old woman.

Development History:

Ms. M■■■■ passed the various developmental milestones at age appropriate times.

Childhood History: She was raised by adoptive parents, having been adopted at age 4. She was in foster home from age 2 until adopted at age 4.

Activities of Daily Living:

Ms. M■■■■ describes no enjoyable recreational or leisure activities.

Barriers to Treatment:**Emotional:**

*Emotional or psychological problems are a barrier to treatment success: Emotional problems will be addressed via the treatment plan.

Motivation:

*Lack of motivation for treatment is a barrier and an obstacle to progress: Therapy will focus on motivational problems first.

Children:

Ms. M■■■■ has one daughter. she has no relationship with her. Her older daughter died in MVA over 10 years ago.

Coping Diversions:

When tempted to abuse a substance Ms. M■■■■ uses the following diversions to cope:

- *Listening to Music
- *Meditates
- *Watches a Movie

Coping Strengths:

- Hopeful for Recovery
- Motivated for Treatment

Housing Status: She lives with her partner.

Relationship/Marriage:

Ms. M■■■■ is not married or in a relationship at this time.

Educational History:

Ms. M■■■■ graduated from High School

Criminal Justice History: Pt has criminal record for soliciting.

Employment History:

Ms. M■■■■ is an unemployed

Financial Status:

- *Does not have a steady income

FAMILY HISTORY:

Father unknown

medical ID: 00001727065 ID: 592

DOB: [REDACTED]

1:53 PM

Complete Evaluation: Continued

Mother thought to have schizophrenia.

MEDICAL HISTORY:

Infection or Disease:

None: There are no indications of current infectious disease or recent exposure to an infectious disease.

Past MEDICAL HISTORY: Rheumatoid arthritis, gout, HIV positive.

Surgical History:

*2 Cesarean Sections more than 30 years ago.

Allergies:

There are no known allergies.

Current Medical Diagnoses: "I left them at home am sorry."

Health & Behavior:Diet:

*Describes eating a healthy and varied diet

Weight:

*At or near ideal weight

Exercise:

*A regular exercise regime is not present.

Alcohol:

*Reports drinking little or no alcohol.

Caffeine:

*Drinks about two cups of coffee a day

Recreational drugs:

*Recreational drug use that is potentially injurious to health is noted. Please see HPI or PPH.

Sexual:

*Denies any non safe sexual practices.

Sleep:

*Reports that sleep is not a problem.

Stress:

She reports stress is a problem, caused by financial instability.

Tobacco was previously used but there is no current use. (Start Date and End Date are unknown)

Pain:

Ms. M [REDACTED] denies current pain.

EXAM: Ms. M [REDACTED] appears irritable, flat, distracted, casually groomed, normal weight, and appears anxious. Facial expression and general demeanor reveal depressed mood. Speech and thinking appear slowed by depressed mood. Slowness of physical movement helps reveal depressed mood. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical, and thought content appears appropriate. Suicidal ideas or intentions are denied. Homicidal ideas or intentions are denied. Insight into problems appears fair. Judgment appears fair. Ms. M [REDACTED] is restless. Sitting blood pressure is 122 / 66. Sitting pulse rate is 62. Respiratory rate is 16 per minute. Temperature is 98.4 degrees F. Height is 5' 2" (157 cm). Weight is 112 lbs. (50.8 Kg). BMI is 20.5. GAF: 60.

THERAPY CONTENT/CLINICAL SUMMARY:

This session the patient's focus was on feelings of anxiety. Substance abuse problems were also discussed in session today.

Complete Evaluation: Continued

The focus of today's session was improvement of problem solving skills. This session the therapeutic focus was on stress reduction techniques.

INSTRUCTIONS / RECOMMENDATIONS / PLAN: Pt to continue with therapy sessions.

Return 3-4 weeks, or earlier if needed.

H0031 - MH HEALTH ASSESS BY NON-MD

Time spent face to face with patient and/or family and coordination of care: 60 plus minutes

Festus Ebonka, Psych NP

Electronically Signed

By: Festus Ebonka, Psych NP

On: 4/20/2016 1:53:39 PM

Festus Ebonka, Psych NP

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

10/30/2017

4:28:36 PM

medicaid ID: 00001727065

ID: 592

DOB: [REDACTED]

Progress Note

INTERVAL HISTORY: Chief complaint: "My depression is getting worse." Pt continues to feel depressed; pt reports depressive symptoms. Pt exhibits acting out behavior and describes anhedonia. Pt has difficulty concentrating, experiencing crying spells. Pt describes excessive worrying and reports irritability. Feelings of worthlessness are described.

MEDICAL HISTORY:

Infection or Disease:

None: There are no indications of current infectious disease or recent exposure to an infectious disease.

Past MEDICAL HISTORY: Rheumatoid arthritis, gout, HIV positive.

Surgical History:

*2 Cesarean Sections more than 30 years ago.

Allergies:

There are no known allergies.

Current Medical Diagnoses: "I left them at home am sorry."

Health & Behavior:

Diet:

*Describes eating a healthy and varied diet

Weight:

*At or near ideal weight

Exercise:

*A regular exercise regime is not present.

Alcohol:

*Reports drinking little or no alcohol.

Caffeine:

*Drinks about two cups of coffee a day

Recreational drugs:

*Recreational drug use that is potentially injurious to health is noted. Please see HPI or PPH.

Sexual:

*Denies any non safe sexual practices.

Sleep:

*Reports that sleep is not a problem.

Stress:

She reports stress is a problem, caused by financial instability.

Tobacco was previously used but there is no current use. (Start Date and End Date are unknown)

Pain:

Ms. M [REDACTED] denies current pain.



10/30/2017

4:29 PM

medicaid ID:

ID: 592

DOB: [REDACTED]

Progress Note

EXAM: Pt appears irritable, distracted, casually groomed, appears anxious/looks unhappy. Facial expression/general demeanor reveal depressed mood. Wishes to be dead have been occurring but suicidal intentions are denied. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical, and thought content appears appropriate. Suicidal ideas or intent are denied. Homicidal ideas or intentions are denied. Insight into problems appears fair. Judgment appears fair. Pt is restless. Sitting blood pressure is 109 / 65. Sitting pulse rate is 63. Respiratory rate is 16 per minute. Temperature is 98.3 degrees F. Height is 5' 2" (157.5 cm). Weight is 111 lbs. (50.3 Kg). BMI is 20.3.

DIAGNOSES: The following Diagnoses are based on currently available information and may change as additional information becomes available.

Major depressive disorder, recurrent, unspecified, F33.9 (ICD-10) (Active)
Other psychoactive substance abuse, uncomplicated, F19.10 (ICD-10) (Active)

Axis II: Diagnosis Deferred 799.9

Axis III: **MEDICAL HISTORY:**

Infection or Disease:

None: There are no indications of current infectious disease or recent exposure to an infectious disease.

Past MEDICAL HISTORY: Rheumatoid arthritis, gout, HIV positive.

Surgical History:

*2 Cesarean Sections more than 30 years ago.

Allergies:

There are no known allergies.

Current Medical Diagnoses: "I left them at home am sorry."

Health & Behavior:

Diet:

*Describes eating a healthy and varied diet

Weight:

*At or near Ideal weight

Exercise:

*A regular exercise regime is not present.

Alcohol:

*Reports drinking little or no alcohol.

Caffeine:

*Drinks about two cups of coffee a day

Recreational drugs:

*Recreational drug use that is potentially injurious to health is noted. Please see HPI or PPH.

Sexual:

*Denies any non safe sexual practices.

Sleep:

*Reports that sleep is not a problem.

Stress:

medicaid ID:

ID: 592

DOB: [REDACTED]

Progress Note

She reports stress is a problem, caused by financial instability.
Tobacco was previously used but there is no current use. (Start Date and End Date are unknown)

Pain:

Ms. M [REDACTED] denies current pain.

Axis IV: Primary Support Group

Social Environment

Occupational

Axis V:

60

THERAPY CONTENT/CLINICAL SUMMARY:

The patient expressed many feelings of hopelessness this session. Feelings of low self esteem were discussed. This session the therapeutic focus was on improving problem solving skills. The main therapeutic techniques used today were supportive.

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Overall treatment plan was discussed with the patient. Patient voiced understanding. Risks benefits, side effects, and alternative treatments regarding prescribed medications were discussed with the patient. Patient expressed understanding and provided informed consent to be on aforementioned medications. Education was provided regarding the metabolic profile of patients current psychotropic medications and the importance of monitoring for weight gain and glucose tolerance. Patient was educated on the deleterious effects of illicit substance and alcohol. Patient is strongly urged to maintain abstinence. Patient was advised to remove all firearms from home in order to decrease risk in the event of unforeseen future crisis. Patient denies having access to firearms. Patient has been counseled on the possibility of EPS, TD, NMS, paradoxical suicidality and hyperprolactinemia. Patient was advised to immediately return to office, call 911, or go to the nearest ER for worsening symptoms, side effects, thoughts of harm, thoughts of harming others, or any other concerns.

Continue Prozac 20 mg PO Daily # 30 (thirty) None refills (2 caps)

Order given by Festus Ebonka, Psych NP on 11/28/2016 10:06:45 AM

Continue Alprazolam 1 mg PO BID (pm anxiety)

Order given by Festus Ebonka, Psych NP on 5/2/2017 7:24:29 PM

Return 4-6 weeks, or earlier if needed.

NOTES & RISK FACTORS:

History of substance abuse

99213 (Office Pt, Established)

Time spent face to face with patient and/or family and coordination of care: 25 to 37 minutes

Festus Ebonka, Psych NP



10/30/2017

4:29 PM

medicaid ID:

ID: 592

DOB: [REDACTED]

Progress Note

Electronically Signed

By: Festus Ebonka, Psych NP

On: 10/30/2017 4:29:46 PM

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

11/27/2017

8:29:08 AM

medical ID: 00001727065

ID: 592

DOB: [REDACTED]

Progress Note

INTERVAL HISTORY: Chief complaint: "I feel less restless and anxious." Pt states she has less anxiety and less apprehension/trouble concentrating; pt also feels less tense and less irritable/restless.

EXAM: Sitting blood pressure is 118 / 78. Sitting pulse rate is 82. Respiratory rate is 18 per minute. Oxygen saturation is 98% (normal). Height is 5' 2" (157.5 cm). Weight is 110 lbs. (49.9 Kg). BMI is 20.1. Pt presents less irritable/less distracted, casually groomed, less anxious. Mood lability has been observed. Pt is less intrusive. Speech is normal. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical; thought content appears appropriate. Suicidal ideas/intent are denied. Homicidal ideas/intentions are denied. Insight into problems appears to be poor. Judgment appears to be poor.

DIAGNOSES: The following Diagnoses are based on currently available information and may change as additional information becomes available.

Major depressive disorder, recurrent, unspecified, F33.9 (ICD-10) (Active)

Other psychoactive substance abuse, uncomplicated, F19.10 (ICD-10) (Active)

Axis II: Diagnosis Deferred 799.9

Axis III: MEDICAL HISTORY:

Infection or Disease:

None: There are no indications of current infectious disease or recent exposure to an infectious disease.

Past MEDICAL HISTORY: Rheumatoid arthritis, gout, HIV positive.

Surgical History:

*2 Cesarean Sections more than 30 years ago.

Allergies:

There are no known allergies.

Current Medical Diagnoses: "I left them at home am sorry."

Health & Behavior:

Diet:

*Describes eating a healthy and varied diet

Weight:

*At or near ideal weight

Exercise:

*A regular exercise regime is not present.

Alcohol:

*Reports drinking little or no alcohol.

M B

11/27/2017

8:29 AM

medicaid ID:

ID: 592

DOB: [REDACTED]

Progress Note

Caffeine:

*Drinks about two cups of coffee a day

Recreational drugs:

*Recreational drug use that is potentially injurious to health is noted. Please see HPI or PPH.

Sexual:

*Denies any non safe sexual practices.

Sleep:

*Reports that sleep is not a problem.

Stress:

She reports stress is a problem, caused by financial instability.

Tobacco was previously used but there is no current use. (Start Date and End Date are unknown)

Pain:

Ms. M [REDACTED] denies current pain.

Axis IV: Primary Support Group
Social Environment
Occupational

Axis V: 60

THERAPY CONTENT/CLINICAL SUMMARY:

This session the patient's focus was on feelings of hopelessness. The problem of low frustration tolerance was discussed in today's therapy session. The focus of today's session was improvement of problem solving skills. This session the therapeutic focus was on emotional support.

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Overall treatment plan was discussed with the patient. Patient voiced understanding. Risks benefits, side effects, and alternative treatments regarding prescribed medications were discussed with the patient. Patient expressed understanding and provided informed consent to be on aforementioned medications. Education was provided regarding the metabolic profile of patient's current psychotropic medications and the importance of monitoring for weight gain and glucose tolerance. Patient was educated on the deleterious effects of illicit substance and alcohol. Patient is strongly urged to maintain abstinence. Patient was advised to remove all firearms from home in order to decrease risk in the event of unforeseen future crisis. Patient denies having access to firearms. Patient has been counseled on the possibility of EPS, TD, NMS, paradoxical suicidality and hyperprolactinemia. Patient was advised to immediately return to office, call 911, or go to the nearest ER for worsening symptoms, side effects, thoughts of harm, thoughts of harming others, or any other concerns.

Continue Prozac 20 mg PO Daily # 30 (thirty) None refills (2 caps)
Order given by Festus Ebonka, Psych NP on 11/28/2016 10:06:45 AM
Continue Alprazolam 1 mg PO BID (pm anxiety)
Order given by Festus Ebonka, Psych NP on 5/2/2017 7:24:29 PM

Return 4-6 weeks, or earlier if needed.

99213 (Office Pt, Established)

90833 Psychotherapy 30 min. (16-37 min.) with EM services



11/27/2017

8:29 AM

medicaid ID:

ID: 592

DOB: [REDACTED]

Progress Note

Time spent with patient and family member on psychotherapy services only: 25 to 37 minutes

Festus Ebonka, Psych NP

Electronically Signed

By: Festus Ebonka, Psych NP

On: 11/29/2017 8:29:20 AM

Festus Ebonka, Psych NP

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

12/20/2017
11:16:50 PM

medicaid ID: 00001727065

ID: 592

DOB: [REDACTED]

Progress Note

INTERVAL HISTORY: Chief complaint: "Not getting better at all." Pt continues to feel depressed; pt reports depressive symptoms. Pt exhibits acting out behavior and describes anhedonia. Pt has difficulty concentrating/experiencing crying spells. Pt describes excessive worrying and reports irritability. Feelings of worthlessness are described.

MEDICAL HISTORY:

Infection or Disease:

None: There are no indications of current infectious disease or recent exposure to an infectious disease.

Past MEDICAL HISTORY: Rheumatoid arthritis, gout, HIV positive.

Surgical History:

*2 Cesarean Sections more than 30 years ago.

Allergies:

There are no known allergies.

Current Medical Diagnoses: "I left them at home am sorry."

Health & Behavior:

Diet:

*Describes eating a healthy and varied diet

Weight:

*At or near ideal weight

Exercise:

*A regular exercise regime is not present.

Alcohol:

*Reports drinking little or no alcohol.

Caffeine:

*Drinks about two cups of coffee a day

Recreational drugs:

*Recreational drug use that is potentially injurious to health is noted. Please see HPI or PPH.

Sexual:

*Denies any non safe sexual practices.

Sleep:

*Reports that sleep is not a problem.

Stress:

She reports stress is a problem, caused by financial instability.

Tobacco was previously used but there is no current use. (Start Date and End Date are unknown)

Pain:

Ms. M [REDACTED] denies current pain.



12/20/2017

11:16 PM

medicaid ID:

ID: 592

DOB: [REDACTED]

Progress Note

EXAM: Pt appears irritable, distracted, casually groomed, appears anxious/looks unhappy. Facial expression/general demeanor reveal depressed mood. Wishes to be dead have been occurring but suicidal intentions are denied. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical, and thought content appears appropriate. Suicidal ideas or intent are denied. Homicidal ideas or intentions are denied. Insight into problems appears fair. Judgment appears fair. Pt is restless. Sitting blood pressure is 107 / 64. Sitting pulse rate is 61. Respiratory rate is 15 per minute. Temperature is 98.4 degrees F. Height is 5' 2" (157.5 cm). Weight is 110 lbs. (49.9 Kg). BMI is 20.1.

DIAGNOSES: The following Diagnoses are based on currently available information and may change as additional information becomes available.

Major depressive disorder, recurrent, unspecified, F33.9 (ICD-10) (Active)
Other psychoactive substance abuse, uncomplicated, F19.10 (ICD-10) (Active)

Axis II: Diagnosis Deferred 799.9

Axis III: MEDICAL HISTORY:

Infection or Disease:

None: There are no indications of current infectious disease or recent exposure to an infectious disease.

Past MEDICAL HISTORY: Rheumatoid arthritis, gout, HIV positive.

Surgical History:

*2 Cesarean Sections more than 30 years ago.

Allergies:

There are no known allergies.

Current Medical Diagnoses: "I left them at home am sorry."

Health & Behavior:

Diet:

*Describes eating a healthy and varied diet

Weight:

*At or near ideal weight

Exercise:

*A regular exercise regime is not present.

Alcohol:

*Reports drinking little or no alcohol.

Caffeine:

*Drinks about two cups of coffee a day

Recreational drugs:

*Recreational drug use that is potentially injurious to health is noted. Please see HPI or PPH.

Sexual:

*Denies any non safe sexual practices.

Sleep:

*Reports that sleep is not a problem.

Stress:

She reports stress is a problem, caused by financial instability.



12/20/2017

11:16 PM

medicaid ID:

ID: 592

DOB: [REDACTED]

Progress Note

Tobacco was previously used but there is no current use. (Start Date and End Date are unknown)

Pain:

Ms. M [REDACTED] denies current pain.

Axis IV: Primary Support Group

Social Environment

Occupational

Axis V:

60

THERAPY CONTENT/CLINICAL SUMMARY:

This session the patient's focus was on feelings of hopelessness. Coping with low self esteem was also discussed. The focus of today's session was improvement of problem solving skills. The main therapeutic techniques used today were supportive.

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Overall treatment plan was discussed with the patient. Patient voiced understanding. Risks benefits, side effects, and alternative treatments regarding prescribed medications were discussed with the patient. Patient expressed understanding and provided informed consent to be on aforementioned medications. Education was provided regarding the metabolic profile of patient's current psychotropic medications and the importance of monitoring for weight gain and glucose tolerance. Patient was educated on the deleterious effects of illicit substance and alcohol. Patient is strongly urged to maintain abstinence. Patient was advised to remove all firearms from home in order to decrease risk in the event of unforeseen future crisis. Patient denies having access to firearms. Patient has been counseled on the possibility of EPS, TD, NMS, paradoxical suicidality and hyperprolactinemia. Patient was advised to immediately return to office, call 911, or go to the nearest ER for worsening symptoms, side effects, thoughts of harm, thoughts of harming others, or any other concerns.

Continue Prozac 20 mg PO Daily # 30 (thirty) None refills (2 caps)

Order given by Festus Ebonka, Psych NP on 12/20/2017 11:14:35 PM

Continue Alprazolam 1 mg PO BID (prn anxiety)

Order given by Festus Ebonka, Psych NP on 12/20/2017 11:14:35 PM

Return 4 weeks, or earlier if needed.

NOTES & RISK FACTORS:

History of substance abuse

99213 (Office Pt, Established)

90833 Psychotherapy 30 min. (16-37 min.) with EM services

Time spent with patient and family member on psychotherapy services only: 25 to 37 minutes

Festus Ebonka, Psych NP

Page 4 of 4

medical ID:

ID: 592

DOB: [REDACTED]

Progress Note

12/20/2017

11:16 PM

Electronically Signed

By: Festus Ebonka, Psych NP

On: 12/30/2017 11:17 PM

Festus Ebonka, Psych NP

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

11/2/2017
9:53 PM

page 1 of 9

Complete Evaluation / OutPatient APRN

medicaid ID: 00001919020

S [REDACTED] K [REDACTED]
ID: 2004688795 DOB: [REDACTED]

Alprazolam
12-27-17
6/17

HISTORY: Mr. S [REDACTED] is an African-American 27-year-old man. His chief complaint is, "I feel depressed..." Pt states he has been feeling anxious/depressed since 4 weeks; states he has history of anxiety/depression; denies any illicit drugs and alcohol abuse.

Anxiety Symptoms:

Mr. S [REDACTED] exhibits symptoms of anxiety. His anxiety symptoms have been present for 4 weeks.

Mr. S [REDACTED] describes the following anxiety symptoms:

- *Apprehensiveness
- *Difficulty concentrating occurs.
- *Fears of losing control
- *Irritability
- *Sensations of muscular tension

Mr. S [REDACTED] symptoms are occurring a few times a week. He reports previous episodes of anxiety symptoms.

Severity is estimated to be medium based on Mr. Scott's risk of morbidity without treatment and his description of interference with functioning.

Depression History:

Mr. S [REDACTED] describes symptoms of a depressive disorder.

- *Housing Problems
- *Primary Support Group Problems
- *Problems with Family Members

Speed of Onset and Course:

Mr. S [REDACTED] depressive symptoms began gradually over a period of 4 weeks. Depression is described as episodic. His depressive episodes are occurring daily and they last for days.

Prior Depressive/Manic Episodes: He has had multiple prior depressive episodes.

Current Symptoms:

Mr. S [REDACTED] reported depressive symptoms are as follows:

- *Describes Acting Out
- *Appetite has Decreased
- *Concentration Difficulties
- *Has "Crying Spells"
- *Fatigue
- *Feelings of Worthlessness are Present

Complete Evaluation: Continued

Suicidality:

Mr. S ■■■ expresses wishes to be dead but suicidal ideas or intentions are denied.

Severity/Complexity:

Mr. S ■■■ severity is estimated to be moderate based on the risk of morbidity without treatment and description of interference with functioning.

Detailed Review of Systems:

Review of all Mr. S ■■■ Systems reveals the following information:

Breast/Chest:

There is no recent history of lumps, pain, discharge or any other breast or chest abnormalities.

Cardiac:

There is no recent history of chest pain, skipped heart beats, elevated blood pressure, heart murmur, shortness of breath or any other cardiac abnormalities.

Constitutional:

There is no recent history of weight loss, fever, malaise, or other abnormal constitutional symptoms.

Ears:

There is no recent history of pain, dizziness, discharge, ringing, hearing loss or any other ear abnormalities.

Endocrine:

There is no recent history of diabetes, thirst, thyroid problems, excess urination or any other endocrine abnormalities.

Eyes:

There is no recent history of double or blurred vision, pain, redness or any other eye abnormalities.

G.I.: There is no recent history of nausea, vomiting, diarrhea, anorexia, bulimia, constipation, hepatitis, hernia, blood, difficulty swallowing, change in bowel movements or any other G.I. abnormalities.

Hematology:

There is no recent history of anemia, bleeding, blood transfusions, or any other hematological disorder

Male Genitals:

No discharge, sores or other indicators of STDs are reported. No masses or tenderness described.

Mouth/Throat:

No sores, bleeding or frequent sore throats reported.

Musculoskeletal:

No recent falls, stiffness, weakness, joint pain or other symptoms referable to the Musculoskeletal system are reported.

Neck:

No lumps or swellings or other abnormalities related to the neck are reported.

Neurological:

There is no history of loss of consciousness, seizure, weakness, dizziness, atypical headache or other neurological abnormality.

Nose/Sinus:

No symptoms of nasal congestion, bleeding, infection, frequent colds or other symptoms referable to the nose and sinus are described.

Pain:

No current or recent pain is reported.

Respiratory:

History is negative for cough, wheezing, asthma, hemoptysis, exudate or bronchitis or other symptoms referable to the respiratory system.

Skin:

No rash, lumps or other skin changes are reported.

Urinary:

There is no history of hematuria, signs of infection, stones or other symptoms referable to the urinary system.

Complete Evaluation: Continued

PAST PSYCHIATRIC HISTORY:

Information Received From:

*Mr. S ■■■■

Withdrawal History: Mr. S ■■■■ reports having one episode. Mr. S ■■■■ experienced withdrawal(s) after He stopped taking opiates. Mr. S ■■■■ withdrawal symptoms lasted longer than a week.

Provider: Dr. Victoria Edwards

Mr. S ■■■■ most recent episode of withdrawal occurred within the past 30 days.

Symptoms Included:

- *Irritability
- *Joint Pain
- *Muscle Spasms
- *Shaking/Tremors
- *Unable to Sleep
- *Agitation

Psychiatric Hospitalization:

Mr. S ■■■■ has been hospitalized on a number of occasions. Mtn. View -9.2017, St. Rose 6.2017, Summerlin 2016, UMC 2015 -Pancreatic Problems

Outpatient Treatment:

Has never received outpatient mental health treatment.

Suicidal/Self Injurious:

Mr. S ■■■■ has no history of suicidal or self injurious behavior.

Assault History:

Mr. S ■■■■ has been assaultive. He has been in fights but has never seriously injured anyone.

Addiction/Use History: Cannabis, Cocaine, Alcohol.

Acting Out:

Mr. S ■■■■ has acted out in the following way(s):

- *History of eloping from a treatment facility.

Medication Compliance:

There is no history of medication non compliance.

Psychotropic Medication History:

*Ativan: It was last taken weeks ago. September 2017

SOCIAL/DEVELOPMENTAL HISTORY:

Mr. S ■■■■ is a 27 year old man. He is African-American.

Childhood History:

Mr. S ■■■■ was born in Louisiana He was raised by his mother, as a single parent. He was raised by his Mother and Stepfather. He is the second child

Quality of childhood was:

- *Abusive

Complete Evaluation: Continued

Currently lives with:

*Mother

Primary family consists of:

*Mother

Stresses on family life have included the following:

*Financial Problems

*Illness In Family Members

Indicators of emotional problems include the following:

*Anger Management problems

*Social Isolation

*Sleep disturbance

Family History of Separation/Divorce:

*Family life has not involved separations or divorce.

Quality of primary relationships are as follows:

*Mother: Positive

*Brother: Positive

*Sister: Positive

*Brother: Positive

Placement outside the home:

*Mr. S ■■■ has never been placed outside the home.

The relationship between family stress and current illness is felt to be as follows: Lumbar Pain, Pancreatic Disease

Abuse/Neglect:

Mr. S ■■■ was physically abused.

Mr. S ■■■ was emotionally abused.

Activities of Daily Living:

Mr. S ■■■ describes no enjoyable recreational or leisure activities.

Assistive Devices:

Mr. S ■■■ uses no mechanical devices to assist walking.

Barriers to Treatment:

Emotional:

*Emotional or psychological problems are a barrier to treatment success: Emotional problems will be addressed via the treatment plan.

Case Management Needs:

*Financial

*Occupational

Children:

Mr. S ■■■ has one child. (from current relationship)

Community Providers: None

Coping Diversions:

When tempted to abuse a substance Mr. S ■■■ uses the following diversions to cope:

*Walking

Complete Evaluation: Continued

Criminal Justice History:

Mr. S ■■■ has never been arrested or incarcerated, has no history of violence, and is not currently under any kind of court supervision.

Cultural and Religious Issues: None

Educational History:

Mr. S ■■■ did not Graduate from High School- left school in 9th grade.

Employment History:

Mr. S ■■■ is an unemployed

Family of Choice:

Mr. S ■■■ family of choice centers around:

*Family of Origin

Family of Origin: Louisiana

Financial Status:

He needs a referral for financial aid.

*Does not have a steady income

Gender/Sexual Identity:

Sexual Orientation:

*Straight

Housing Status: with mother

Leisure Activities: none

Military History:

Mr. Scott never served in the military.

Personal Goal(s):

Mr. S ■■■ goal(s) are as follows:

"I just want to feel better."

"I want to continue to be stable."

Relationship/Marriage: Never married

Release of Information

*A release of information has not been obtained or requested for the following reason:

Residence Status: He lives with his mother.

SNAP:

Mr. S ■■■ was administered the SNAP scale.

STRENGTHS:

*Support from my family (parents, children, other)

NEEDS:

Complete Evaluation: Continued

*Anger management skills,

ABILITIES:

*I care about my own well being and the well being of others.

PREFERENCES:

*Mental Health Counseling

Specific Issues:

*Depression

*Anxiety

*Substance Abuse

Goals:

*Starting work

Desired Outcome:

*I will understand relapse prevention.

*I will be able to manage my anger.

*I will develop a system of support and recovery.

Gestational & Developmental Histories:

Mr. S [REDACTED] gestational and developmental histories were normal.

FAMILY HISTORY:

Father was bipolar and schizophrenia

Mother unknown

MEDICAL HISTORY:

Medical Screen:

Infection or Disease:

None: There are no indications of current infectious disease or recent exposure to an infectious disease.

Past MEDICAL HISTORY:

Renal: Pancreatic

Surgical History:

*None

Adverse Drug Reactions: Aspirin

Allergies:

Tree Nuts:

*Hives

Milk:

*Rash

*Hives

*Vomiting

Peanuts:

*Hives

Compliance:

Mr. S [REDACTED] reports good compliance with medical instructions including medication orders.

Current Medical Diagnoses:

medicaid ID: 00001919020

ID: 2004688795

DOB: ■■■■■

9:53 PM

Complete Evaluation: Continued

G.I.:

*Gastritis

*GERD

Musculoskeletal: Lower Lumber Pain**Dental and Oral:** Pain**Current Medications:** Tramadol, Pepcid, Promethazine, and Tizanidine**Medications Prescribed by:**

Ebonka Festus

Dr. Edwards, Victoria

Dental:

Mr. Scott has dental complaints. He needs dental work as follows: has dental pain.

Reproductive History:**Sexual Behavior:**

*No history of having had a sexually transmitted disease.

Health & Behavior:**Stress:**

He reports stress is a problem, caused by financial instability.

Sleep:

*Complains of sleep difficulties. Mr. S ■■ complains of difficulty falling asleep. He reports difficulty staying asleep. Early morning awakening with inability to return to sleep is described.

Caffeine:

*Drinks about two cups of coffee a day

Alcohol:

*An alcohol intake that was excessive.

Mr. Scott does not smoke daily but does use tobacco some days. (Started 2/10/0007)

Hearing/Vision:

Vision is impaired Mr. S ■■ does not have his glasses/contacts.

Pain:

Mr. S ■■ describes recent pain. A prn for pain will be dispensed.

Mr. S ■■ describes current pain. He describes pain in his lower back. He describes pain in his abdomen. He describes pain in his chest or breast. The pain is of severe intensity. It interferes with concentration and interferes with tasks except for basic self-care functions such as bathing and eating.

(no pain)-----I-----(unbearable)

Pain interferes with: (Sleep). (Physical Activity). The pain is described as intermittent. The pain is described as "sharp." The pain is described as "stabbing" in quality. It occurs several times a day. When the pain occurs it typically lasts for minutes. The pain is worsened by exertion or exercise. Analgesic medications have relieved his pain. His pain is not considered to be well controlled and a more comprehensive assessment will be obtained. Asked to rate his pain on a scale of 0-10 where 0 is no pain and 10 is the worst pain imaginable. Current pain is rated as 9.

Primary Care Provider:

Mr. S ■■ was last seen: 10.26.2017 Dr. Victoria Edwards

Recent Diagnostic Testing: None

medicaid ID: 00001919020

ID: 2004688795

DOB: [REDACTED]

9:53 PM

Complete Evaluation: Continued

EXAM: Pt appears irritable, distracted, casually groomed, appears anxious/looks unhappy. Facial expression/general demeanor reveal depressed mood. Wishes to be dead have been occurring but suicidal intentions are denied. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical, and thought content appears appropriate. Suicidal Ideas or Intent are denied. Homicidal ideas or intentions are denied. Insight into problems appears fair. Judgment appears fair. Pt is restless. Sitting blood pressure is 105 / 85. Sitting pulse rate is 83. Respiratory rate is 16 per minute. Temperature is 98.4 degrees F. Height is 5' 7" (170.2 cm). Weight is 131 lbs. (59.4 Kg). BMI is 20.5.

DIAGNOSES: The following Diagnoses are based on currently available information and may change as additional information becomes available.

Major depressive disorder, recurrent severe without psychotic features, F33.2 (ICD-10) (Active)
Generalized anxiety disorder, F41.1 (ICD-10) (Active)

THERAPY CONTENT/CLINICAL SUMMARY:

This session the patient's focus was on feelings of helplessness. The focus of today's session was on assessing the type and severity of the problem.

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Overall treatment plan was discussed with the patient. Patient voiced understanding. Risks benefits, side effects, and alternative treatments regarding prescribed medications were discussed with the patient. Patient expressed understanding and provided informed consent to be on aforementioned medications. Education was provided regarding the metabolic profile of patient's current psychotropic medications and the importance of monitoring for weight gain and glucose tolerance. Patient was educated on the deleterious effects of illicit substance and alcohol. Patient is strongly urged to maintain abstinence. Patient was advised to remove all firearms from home in order to decrease risk in the event of unforeseen future crisis. Patient denies having access to firearms. Patient has been counseled on the possibility of EPS, TD, NMS, paradoxical suicidality and hyperprolactinemia. Patient was advised to immediately return to office, call 911, or go to the nearest ER for worsening symptoms, side effects, thoughts of harm, thoughts of harming others, or any other concerns.

Start Alprazolam 0.5 mg PO BID (pm anxiety)

Order given by Festus Ebonka, Psych NP on 11/3/2017 4:22:32 PM

Start Remeron 15mg PO QHS (Depression)

Order given by Festus Ebonka, Psych NP on 11/3/2017 4:22:32 PM

Return 4-6 weeks, or earlier if needed.

NOTES & RISK FACTORS:

Has been assaultive

99204 OFFICE/OUTPAT. VISIT NEW

90833 Psychotherapy 30 min. (16-37 min.) with EM services

Time spent with patient and family member on psychotherapy services only: 60 plus minutes

page 9 of 9

S [REDACTED]

11/2/2017

medicaid ID: 00001919020

ID: 2004688795

DOB: [REDACTED]

9:53 PM

Complete Evaluation: Continued

Festus Ebonka, Psych NP

Electronically Signed

By: Festus Ebonka, Psych NP

On: 11/5/2017 9:53:49 PM

Festus Ebonka, Psych NP

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

11/17/2017

8:27:28 AM

medical ID: 00001919020

ID: 2004688795

DOB: [REDACTED]

Progress Note

INTERVAL HISTORY: Chief complaint: "I feel horrible and sick." Pt states she has increased anxiety, feelings of apprehension, trouble concentrating, feeling tense/jumpy, anticipating the worst, irritable/restless. She is constantly watching for signs of danger/feeling like her mind's gone blank. She has heart palpitations, muscle weakness, fatigue, nausea, stomach aches, or headaches. She feels as if her blood pressure/heart rate are increased/she is sweating/trembling more, easily startled.

MEDICAL HISTORY:

Medical Screen:

Infection or Disease:

None: There are no indications of current infectious disease or recent exposure to an infectious disease.

Past MEDICAL HISTORY:

Renal: Pancreatic

Surgical History:

*None

Adverse Drug Reactions: Aspirin

Allergies:

Tree Nuts:

*Hives

Milk:

*Rash

*Hives

*Vomiting

Peanuts:

*Hives

Compliance:

Mr. S [REDACTED] reports good compliance with medical instructions including medication orders.

Current Medical Diagnoses:

G.I.:

*Gastritis

*GERD

Musculoskeletal: Lower Lumber Pain

Dental and Oral: Pain

medicaid ID: 00001919020

ID: 2004688795

DOB:

Progress Note

Current Medications: Tramadol, Pepcid, Promethazine, and Tizanidine

Medications Prescribed by:

Ebonka Festus

Dr. Edwards, Victoria

Dental:

Mr. S has dental complaints. He needs dental work as follows: has dental pain.

Reproductive History:

Sexual Behavior:

*No history of having had a sexually transmitted disease.

Health & Behavior:

Stress:

He reports stress is a problem, caused by financial instability.

Sleep:

*Complains of sleep difficulties. Mr. S complains of difficulty falling asleep. He reports difficulty staying asleep. Early morning awakening with inability to return to sleep is described.

Caffeine:

*Drinks about two cups of coffee a day

Alcohol:

*An alcohol intake that was excessive.

Mr. S does not smoke daily but does use tobacco some days. (Started 2/10/0007)

Hearing/Vision:

Vision is impaired Mr. S does not have his glasses/contacts.

Pain:

Mr. S describes recent pain. A pm for pain will be dispensed.

Mr. S describes current pain. He describes pain in his lower back. He describes pain in his abdomen. He describes pain in his chest or breast. The pain is of severe intensity. It interferes with concentration and interferes with tasks except for basic self-care functions such as bathing and eating.

(no pain)-----|-----(unbearable)

Pain interferes with: (Sleep). (Physical Activity). The pain is described as intermittent. The pain is described as "sharp." The pain is described as "stabbing" in quality. It occurs several times a day. When the pain occurs it typically lasts for minutes. The pain is worsened by exertion or exercise. Analgesic medications have relieved his pain. His pain is not considered to be well controlled and a more comprehensive assessment will be obtained. Asked to rate his pain on a scale of 0-10 where 0 is no pain and 10 is the worst pain imaginable. Current pain is rated as 9.

Primary Care Provider:

Mr. S was last seen: 10.26.2017 Dr. Victoria Edwards

Recent Diagnostic Testing: None

EXAM: Pt presents as irritable, distracted, casually groomed, defensive; appears anxious. Mood lability has been observed. Pt is intrusive. Speech is rapid. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical; thought content appears appropriate.

medical ID: 00001919020

ID: 2004688795

DOB: [REDACTED]

Progress Note

Suicidal ideas or intent are denied. Homicidal ideas or intentions are denied. Insight into problems appears to be poor. Judgment appears to be poor. Pt is restless. Sitting blood pressure is 108 / 67. Sitting pulse rate is 64. Respiratory rate is 18 per minute. Temperature is 98.3 degrees F. Height is 5' 7" (170.2 cm). Weight is 131 lbs. (59.4 Kg). BMI is 20.5.

DIAGNOSES: The following Diagnoses are based on currently available information and may change as additional information becomes available.

Major depressive disorder, recurrent severe without psychotic features, F33.2 (ICD-10) (Active)
Generalized anxiety disorder, F41.1 (ICD-10) (Active)

THERAPY CONTENT/CLINICAL SUMMARY:

Feelings of hopelessness predominated this session. Becoming easily frustrated was also discussed in today's session. The focus of today's session was improvement of problem solving skills. This session the therapeutic focus was on emotional support.

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Overall treatment plan was discussed with the patient. Patient voiced understanding. Risks benefits, side effects, and alternative treatments regarding prescribed medications were discussed with the patient. Patient expressed understanding and provided informed consent to be on aforementioned medications. Education was provided regarding the metabolic profile of patient's current psychotropic medications and the importance of monitoring for weight gain and glucose tolerance. Patient was educated on the deleterious effects of illicit substance and alcohol. Patient is strongly urged to maintain abstinence. Patient was advised to remove all firearms from home in order to decrease risk in the event of unforeseen future crisis. Patient denies having access to firearms. Patient has been counseled on the possibility of EPS, TD, NMS, paradoxical suicidality and hyperprolactinemia. Patient was advised to immediately return to office, call 911, or go to the nearest ER for worsening symptoms, side effects, thoughts of harm, thoughts of harming others, or any other concerns.

Increase Alprazolam 1 mg PO BID (prn anxiety)

Order given by Festus Ebonka, Psych NP on 11/17/2017 3:40:12 PM

Continue Remeron 15 mg PO QHS (Depression)

Order given by Festus Ebonka, Psych NP on 11/17/2017 3:40:12 PM

Return 4 weeks, or earlier if needed.

NOTES & RISK FACTORS:

Has been assaultive

99213 (Office Pt, Established)

90833 Psychotherapy 30 min. (16-37 min.) with EM services

Time spent with patient and family member on psychotherapy services only: 25 to 37 minutes



11/17/2017

8:27 AM

medicaid ID: 00001919020

ID: 2004688795

DOB: [REDACTED]

Progress Note

Festus Ebonka, Psych NP

Electronically Signed

By: Festus Ebonka, Psych NP

On: 11/18/2017 8:27:37 AM

Fostus Ebonka, Psych NP

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

12/11/2017
12:22:34 PM

medicaid ID: 00001919020 ID: 2004688795 DOB: [REDACTED]

Progress Note

INTERVAL HISTORY: Chief complaint: "I got discharged from hospital 8 days ago." Pt states he was admitted to hospital for mood disorder and for 1 weeks and was discharged on 12/1/17. Pt still has anxiety/tension and feelings of apprehension and dread, trouble concentrating, feeling tense/jumpy, anticipating the worst, irritable/restless. Pt is constantly watching for signs of danger/feeling like pt's mind's gone blank. Pt has heart palpitations, muscle weakness/fatigue, nausea, chest pain, shortness of breath, stomach aches, or headaches. Pt feels as if pt's blood pressure/heart rate are increased/pt is sweating/trembling more, easily startled.

MEDICAL HISTORY:

Medical Screen:

Infection or Disease:

None: There are no indications of current infectious disease or recent exposure to an infectious disease.

Past MEDICAL HISTORY:

Renal: Pancreatic

Surgical History:

*None

Adverse Drug Reactions: Aspirin

Allergies:

Tree Nuts:

*Hives

Milk:

*Rash

*Hives

*Vomiting

Peanuts:

*Hives

Compliance:

Mr. Scott reports good compliance with medical instructions including medication orders.

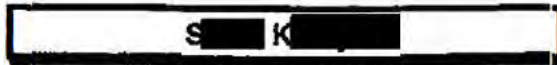
Current Medical Diagnoses:

G.I.:

*Gastritis

*GERD

Musculoskeletal: Lower Lumber Pain



12/11/2017

12:22 PM

medicaid ID:

ID: 2004688795

DOB: [REDACTED]

Progress Note

Dental and Oral: Pain

Current Medications: Tramadol, Pepcid, Promethazine, and Tizanidine

Medications Prescribed by:

Ebonka Festus

Dr. Edwards, Victoria

Dental:

Mr. S [REDACTED] has dental complaints. He needs dental work as follows: has dental pain.

Reproductive History:

Sexual Behavior:

*No history of having had a sexually transmitted disease.

Health & Behavior:

Stress:

He reports stress is a problem, caused by financial instability.

Sleep:

*Complains of sleep difficulties. Mr. S [REDACTED] complains of difficulty falling asleep. He reports difficulty staying asleep. Early morning awakening with inability to return to sleep is described.

Caffeine:

*Drinks about two cups of coffee a day

Alcohol:

*An alcohol intake that was excessive.

Mr. S [REDACTED] does not smoke daily but does use tobacco some days. (Started 2/10/0007)

Hearing/Vision:

Vision is impaired Mr. S [REDACTED] does not have his glasses/contacts.

Pain:

Mr. S [REDACTED] describes recent pain. A pm for pain will be dispensed.

Mr. S [REDACTED] describes current pain. He describes pain in his lower back. He describes pain in his abdomen. He describes pain in his chest or breast. The pain is of severe intensity. It interferes with concentration and interferes with tasks except for basic self-care functions such as bathing and eating.

(no pain)-----f----- (unbearable)

Pain interferes with: (Sleep). (Physical Activity). The pain is described as intermittent. The pain is described as "sharp." The pain is described as "stabbing" in quality. It occurs several times a day. When the pain occurs it typically lasts for minutes. The pain is worsened by exertion or exercise. Analgesic medications have relieved his pain. His pain is not considered to be well controlled and a more comprehensive assessment will be obtained. Asked to rate his pain on a scale of 0-10 where 0 is no pain and 10 is the worst pain imaginable. Current pain is rated as 9.

Primary Care Provider:

Mr. Scott was last seen: 10.28.2017 Dr. Victoria Edwards

Recent Diagnostic Testing: None

EXAM: Pt presents as irritable, distracted, casually groomed, defensive and anxious. Mood lability has been observed. He is over talkative. Speech is rapid. There are no apparent signs of hallucinations, delusions, bizarre behaviors or other



12/11/2017

12:22 PM

medicaid ID:

ID: 2004688795

DOB: [REDACTED]

Progress Note

indicators of psychotic process. Associations are intact, thinking is logical; thought content appears appropriate. Suicidal Ideas or Intent are denied. Homicidal Ideas or Intentions are denied. Insight into problems appears to be poor. Judgment appears to be poor. He is restless. Sitting blood pressure is 109 / 67. Sitting pulse rate is 63. Respiratory rate is 17 per minute. Temperature is 98+ degrees F. Height is 5' 7" (170.2 cm). Weight is 131 lbs. (59.4 Kg). BMI is 20.5.

DIAGNOSES: The following Diagnoses are based on currently available information and may change as additional information becomes available.

Major depressive disorder, recurrent severe without psychotic features, F33.2 (ICD-10) (Active)
Generalized anxiety disorder, F41.1 (ICD-10) (Active)

THERAPY CONTENT/CLINICAL SUMMARY:

The patient expressed many feelings of hopelessness this session. Becoming easily frustrated was also discussed in today's session. This session the therapeutic focus was on improving problem solving skills.

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Overall treatment plan was discussed with the patient. Patient voiced understanding. Risks benefits, side effects, and alternative treatments regarding prescribed medications were discussed with the patient. Patient expressed understanding and provided informed consent to be on aforementioned medications. Education was provided regarding the metabolic profile of patient's current psychotropic medications and the importance of monitoring for weight gain and glucose tolerance. Patient was educated on the deleterious effects of illicit substance and alcohol. Patient is strongly urged to maintain abstinence. Patient was advised to remove all firearms from home in order to decrease risk in the event of unforeseen future crisis. Patient denies having access to firearms. Patient has been counseled on the possibility of EPS, TD, NMS, paradoxical suicidality and hyperprolactinemia. Patient was advised to immediately return to office, call 911, or go to the nearest ER for worsening symptoms, side effects, thoughts of harm, thoughts of harming others, or any other concerns.

Hold Alprazolam 1 mg PO BID (pm anxiety)

Order given by Festus Ebonka, Psych NP on 12/11/2017 12:13:24 PM

Continue Remeron 15 mg PO QHS (Depression)

Order given by Festus Ebonka, Psych NP on 11/17/2017 3:40:12 PM

Continue Abilify 10 mg PO QHS (Mood Stabilization)

Order given by Festus Ebonka, Psych NP on 12/11/2017 12:20:20 PM

Continue Cogentin 1 mg PO Daily (EPS)

Order given by Festus Ebonka, Psych NP on 12/11/2017 12:20:20 PM

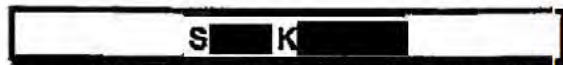
Return 4 weeks, or earlier if needed.

NOTES & RISK FACTORS:

Has been assaultive

99213 (Office Pt, Established)

90833 Psychotherapy 30 min. (16-37 min.) with EM services



12/11/2017

12:22 PM

medical ID:

ID: 2004688795

DOB: [REDACTED]

Progress Note

Time spent with patient and family member on psychotherapy services only: 25 to 37 minutes

Festus Ebonka, Psych NP

Electronically Signed

By: Festus Ebonka, Psych NP

On: 12/11/2017 12:23:15 PM

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

12/20/2017
11:19:57 PM

medical ID: 00001919020

ID: 2004688795

DOB: [REDACTED]

Progress Note

INTERVAL HISTORY: Chief complaint: "I still feel depressed." Pt continues to feel depressed; pt reports depressive symptoms. Pt exhibits acting out behavior and describes anhedonia. Pt has difficulty concentrating/experiencing crying spells. Pt describes excessive worrying and reports irritability. Feelings of worthlessness are described.

MEDICAL HISTORY:

Medical Screen:

Infection or Disease:

None: There are no indications of current infectious disease or recent exposure to an infectious disease.

Past MEDICAL HISTORY:

Renal: Pancreatic

Surgical History:

*None

Adverse Drug Reactions: Aspirin

Allergies:

Tree Nuts:

*Hives

Milk:

*Rash

*Hives

*Vomiting

Peanuts:

*Hives

Compliance:

Mr. S [REDACTED] reports good compliance with medical instructions including medication orders.

Current Medical Diagnoses:

G.I.:

*Gastritis

*GERD

Musculoskeletal: Lower Lumbar Pain

Dental and Oral: Pain

Current Medications: Tramadol, Pepcid, Promethazine, and Tizandine



12/20/2017

11:19 PM

medicaid ID:

ID: 2004688795

DOB: [REDACTED]

Progress Note

Medications Prescribed by:

Ebonka Festus
Dr. Edwards, Victoria

Dental:

Mr. S [REDACTED] has dental complaints. He needs dental work as follows: has dental pain.

Reproductive History:Sexual Behavior:

*No history of having had a sexually transmitted disease.

Health & Behavior:Stress:

He reports stress is a problem, caused by financial instability.

Sleep:

*Complains of sleep difficulties. Mr. Scott complains of difficulty falling asleep. He reports difficulty staying asleep. Early morning awakening with inability to return to sleep is described.

Caffeine:

*Drinks about two cups of coffee a day

Alcohol:

*An alcohol intake that was excessive.

Mr. S [REDACTED] does not smoke daily but does use tobacco some days. (Started 2/10/0007)

Hearing/Vision:

Vision is impaired Mr. S [REDACTED] does not have his glasses/contacts.

Pain:

Mr. Scott describes recent pain. A pm for pain will be dispensed.

Mr. Scott describes current pain. He describes pain in his lower back. He describes pain in his abdomen. He describes pain in his chest or breast. The pain is of severe intensity. It interferes with concentration and interferes with tasks except for basic self-care functions such as bathing and eating.

(no pain)-----1-----(unbearable)

Pain interferes with: (Sleep). (Physical Activity). The pain is described as intermittent. The pain is described as "sharp." The pain is described as "stabbing" in quality. It occurs several times a day. When the pain occurs it typically lasts for minutes. The pain is worsened by exertion or exercise. Analgesic medications have relieved his pain. His pain is not considered to be well controlled and a more comprehensive assessment will be obtained. Asked to rate his pain on a scale of 0-10 where 0 is no pain and 10 is the worst pain imaginable. Current pain is rated as 9.

Primary Care Provider:

Mr. Scott was last seen: 10.26.2017 Dr. Victoria Edwards

Recent Diagnostic Testing: None

EXAM: Pt appears irritable, distracted, casually groomed, appears anxious/looks unhappy. Facial expression/general demeanor reveal depressed mood. Wishes to be dead have been occurring but suicidal intentions are denied. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical, and thought content appears appropriate. Suicidal ideas or intent are denied. Homicidal ideas or intentions are denied. Insight into problems appears fair. Judgment appears fair. Pt is restless.



12/20/2017

11:19 PM

Medicaid ID:

ID: 2004688795

DOB: [REDACTED]

Progress Note

Sitting blood pressure is 107 / 65. Sitting pulse rate is 61. Respiratory rate is 14 per minute. Temperature is 98.3 degrees F. Height is 5' 7" (170.2 cm). Weight is 131 lbs. (59.4 Kg). BMI is 20.5.

DIAGNOSES: The following Diagnoses are based on currently available information and may change as additional information becomes available.

Major depressive disorder, recurrent severe without psychotic features, F33.2 (ICD-10) (Active)
Generalized anxiety disorder, F41.1 (ICD-10) (Active)

THERAPY CONTENT/CLINICAL SUMMARY:

This session the patient's focus was on feelings of hopelessness. The patient was today encouraged to explore the roots or sources of certain maladaptive behaviors.

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Overall treatment plan was discussed with the patient. Patient voiced understanding. Risks benefits, side effects, and alternative treatments regarding prescribed medications were discussed with the patient. Patient expressed understanding and provided informed consent to be on aforementioned medications. Education was provided regarding the metabolic profile of patient's current psychotropic medications and the importance of monitoring for weight gain and glucose tolerance. Patient was educated on the deleterious effects of illicit substance and alcohol. Patient is strongly urged to maintain abstinence. Patient was advised to remove all firearms from home in order to decrease risk in the event of unforeseen future crisis. Patient denies having access to firearms. Patient has been counseled on the possibility of EPS, TD, NMS, paradoxical suicidality and hyperprolactinemia. Patient was advised to immediately return to office, call 911, or go to the nearest ER for worsening symptoms, side effects, thoughts of harm, thoughts of harming others, or any other concerns.

12/11/2017 Held Alprazolam 1 mg PO BID (pm anxiety)

Order given by Festus Ebonka, Psych NP on 12/11/2017 12:13:24 PM

Continue Remeron 15 mg PO QHS (Depression)

Order given by Festus Ebonka, Psych NP on 11/17/2017 3:40:12 PM

Continue Abilify 10 mg PO QHS (Mood Stabilization)

Order given by Festus Ebonka, Psych NP on 12/11/2017 12:20:20 PM

Continue Cogenlin 1 mg PO Daily (EPS)

Order given by Festus Ebonka, Psych NP on 12/11/2017 12:20:20 PM

Return 4 weeks, or earlier if needed.

NOTES & RISK FACTORS:

Has been assaultive

99213 (Office Pt, Established)

90833 Psychotherapy 30 min. (16-37 min.) with EM services

Time spent with patient and family member on psychotherapy services only: 25 to 37 minutes



12/20/2017

11:19 PM

medical ID:

ID: 2004688795

DOB: [REDACTED]

Progress Note

Festus Ebonka, Psych NP

Electronically Signed

By: Festus Ebonka, Psych NP

On: 12/30/2017 11:20:09 PM

Festus Ebonka, Psych NP

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

*Alprazolam
11-13-18*

6/7/2018

2:10:28 PM

medicaid ID: 00000293020

H [REDACTED] R [REDACTED]
ID: 2004690627 DOB: [REDACTED]

Progress Note

INTERVAL HISTORY: Chief complaint: "I feel anxious." Pt states she has increased anxiety, feelings of apprehension, trouble concentrating, feeling tense/jumpy, anticipating the worst, irritable/restless. She is constantly watching for signs of danger/feeling like her mind's gone blank. She has heart palpitations, muscle weakness, fatigue, nausea, stomach aches, or headaches. She feels as if her blood pressure/heart rate are increased/she is sweating/trembling more, easily startled.

MEDICAL HISTORY:

Allergies:

There are no known allergies.

Compliance:

Ms. H [REDACTED] reports good compliance with medical instructions including medication orders.

Current Medical Diagnoses:

None

Health & Behavior:

Diet:

*Describes eating a healthy and varied diet

Weight:

*Moderately overweight

Exercise:

*A regular exercise regime is not present.

Alcohol:

*Reports drinking little or no alcohol.

Caffeine:

*Drinks about two cups of coffee a day

Recreational drugs:

*Recreational drug use that is potentially injurious to health is noted. Please see HPI or PPH.

Sexual:

*Denies any non safe sexual practices.

Sleep:

*Complains of sleep difficulties.

Stress:

She reports stress is a problem, caused by financial instability.

Infection or Disease:

None: There are no indications of current infectious disease or recent exposure to an infectious disease.

Past MEDICAL HISTORY:

Past Medical History is essentially negative.

medicaid ID:

ID: 2004690627

DOB: [REDACTED]

Progress Note

EXAM: Pt appears irritable, distracted, casually groomed, appears anxious/looks unhappy. Facial expression/general demeanor reveal depressed mood. Wishes to be dead have been occurring but suicidal intentions are denied. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical, and thought content appears appropriate. Suicidal ideas or intent are denied. Homicidal ideas or intentions are denied. Insight into problems appears fair. Judgment appears fair. Pt is restless. Sitting blood pressure is 106 / 66. Sitting pulse rate is 63. Respiratory rate is 17 per minute. Temperature is 98.2 degrees F. Height is 5' 6" (167.6 cm). Weight is 180 lbs. (81.6 Kg). BMI is 29.

DIAGNOSES: The following Diagnoses are based on currently available information and may change as additional information becomes available.

Bipolar disorder, current episode depressed, severe, without psychotic features, F31.4 (ICD-10) (Active)
Post-traumatic stress disorder, chronic, F43.12 (ICD-10) (Active)
Opioid dependence, uncomplicated, F11.20 (ICD-10) (Active)
Borderline personality disorder, F60.3 (ICD-10) (Active)

THERAPY CONTENT/CLINICAL SUMMARY:

Feelings of hopelessness predominated this session. Becoming easily frustrated was also discussed in today's session. The focus of today's session was improvement of problem solving skills. The patient was today given emotional support.

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Overall treatment plan was discussed with the patient. Patient voiced understanding. Risks benefits, side effects, and alternative treatments regarding prescribed medications were discussed with the patient. Patient expressed understanding and provided informed consent to be on aforementioned medications. Education was provided regarding the metabolic profile of patient's current psychotropic medications and the importance of monitoring for weight gain and glucose tolerance. Patient was educated on the deleterious effects of illicit substance and alcohol. Patient is strongly urged to maintain abstinence. Patient was advised to remove all firearms from home in order to decrease risk in the event of unforeseen future crisis. Patient denies having access to firearms. Patient has been counseled on the possibility of EPS, TD, NMS, paradoxical suicidality and hyperprolactinemia. Patient was advised to immediately return to office, call 911, or go to the nearest ER for worsening symptoms, side effects, thoughts of harm, thoughts of harming others, or any other concerns.

Continue Methadone Concentrate 90 mg PO Daily (Opioid Dependence)

Order given by Festus Ebonka, Psych NP on 5/12/2018 12:28:07 PM

Continue Latuda 20mg PO Daily (Mood Stabilization)

Order given by Festus Ebonka, Psych NP on 6/7/2018 1:49:31 PM

Start Alprazolam 1 mg PO BID (prn anxiety)

Order given by Festus Ebonka, Psych NP on 6/7/2018 1:49:31 PM

Return 4 weeks, or earlier if needed.

NOTES & RISK FACTORS:

History of substance abuse

History of medic. non compliance

H[REDACTED] R[REDACTED]

6/7/2018

2:10 PM

medical ID:

ID: 2004690627

DOB: [REDACTED]

Progress Note

99213 (Office Pt, Established)

90833 Psychotherapy 30 min. (16-37 min.) with EM services

Time spent with patient and family member on psychotherapy services only: 16 to 37 minutes

Festus Ebonka, Psych NP

Electronically Signed

By: Festus Ebonka, Psych NP

On: 6/8/2018 2:10:33 PM

Festus Ebonka, Psych NP

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

11/1/2018
10:14:05 AM

medical ID: 00000293020

ID: 2004690627

DOB: [REDACTED]

Progress Note

INTERVAL HISTORY: Pt has exhibited anger problems. Pt's anger manifests itself in aggressive but non violent ways. Pt uses harsh and angry words. Angry verbal outbursts have been reported. Pt's anger passes quickly, within minutes. Anger interferes with social functioning. Marital difficulties have been caused by anger.

Severity:

Severity is estimated to be high based on pt's risk of morbidity without treatment and description of interference with function.

MEDICAL HISTORY:

Allergies:

There are no known allergies.

Compliance:

Ms. H [REDACTED] reports good compliance with medical instructions including medication orders.

Current Medical Diagnoses:

None

Health & Behavior:

Diet:

*Describes eating a healthy and varied diet

Weight:

*Moderately overweight

Exercise:

*A regular exercise regime is not present.

Alcohol:

*Reports drinking little or no alcohol.

Caffeine:

*Drinks about two cups of coffee a day

Recreational drugs:

*Recreational drug use that is potentially injurious to health is noted. Please see HPI or PPH.

Sexual:

*Denies any non safe sexual practices.

Sleep:

*Complains of sleep difficulties.

Stress:

She reports stress is a problem, caused by financial instability.

Infection or Disease:

None: There are no indications of current infectious disease or recent exposure to an infectious disease.

medical ID:

ID: 2004690627

DOB: [REDACTED]

Progress Note

Past MEDICAL HISTORY:*Past Medical History is essentially negative.*

EXAM: Pt presents as irritable, distracted, casually groomed, defensive and anxious. Mood lability has been observed. He is over talkative. Speech is rapid. There are no apparent signs of hallucinations, delusions, bizarre behaviors or other indicators of psychotic process. Associations are intact, thinking is logical; thought content appears appropriate. Suicidal ideas or intent are denied. Homicidal ideas or intentions are denied. Insight into problems appears to be poor. Judgment appears to be poor. He is restless. Sitting blood pressure is 108 / 65. Sitting pulse rate is 61. Respiratory rate is 14 per minute. Temperature is 98.1 degrees F. Height is 5' 6" (167.6 cm). Weight is 180 lbs. (81.6 Kg). BMI is 29.

DIAGNOSES: The following Diagnoses are based on currently available information and may change as additional information becomes available.

Bipolar disorder, current episode depressed, severe, without psychotic features, F31.4 (ICD-10) (Active)
Post-traumatic stress disorder, chronic, F43.12 (ICD-10) (Active)
Opioid dependence, uncomplicated, F11.20 (ICD-10) (Active)
Borderline personality disorder, F60.3 (ICD-10) (Active)

THERAPY CONTENT/CLINICAL SUMMARY:

The patient expressed many feelings of hopelessness this session. The problem of low frustration tolerance was also discussed. The focus of today's session was improvement of problem solving skills. This session the therapeutic focus was on emotional support.

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Overall treatment plan was discussed with the patient. Patient voiced understanding. Risks benefits, side effects, and alternative treatments regarding prescribed medications were discussed with the patient. Patient expressed understanding and provided informed consent to be on aforementioned medications. Education was provided regarding the metabolic profile of patient's current psychotropic medications and the importance of monitoring for weight gain and glucose tolerance. Patient was educated on the deleterious effects of illicit substance and alcohol. Patient is strongly urged to maintain abstinence. Patient was advised to remove all firearms from home in order to decrease risk in the event of unforeseen future crisis. Patient denies having access to firearms. Patient has been counseled on the possibility of EPS, TD, NMS, paradoxical suicidality and hyperprolactinemia. Patient was advised to immediately return to office, call 911, or go to the nearest ER for worsening symptoms, side effects, thoughts of harm, thoughts of harming others, or any other concerns.

Continue Methadone Concentrate 90 mg PO Daily (Opioid Dependence)

Order given by Festus Ebonka, Psych NP on 5/12/2018 12:28:07 PM

Continue Latuda 40 mg PO Daily (Mood Stabilization)

Order given by Festus Ebonka, Psych NP on 11/1/2018 10:12:53 AM

Continue Alprazolam 1 mg PO BID (pm anxiety)

Order given by Festus Ebonka, Psych NP on 6/20/2018 9:29:01 AM

Return 3-4 weeks, or earlier if needed.

NOTES & RISK FACTORS:

medical ID:

H [REDACTED] R [REDACTED]

ID: 2004690627

DOB [REDACTED]

11/1/2018

10:14 AM

Progress Note

History of substance abuse

History of medic. non compliance

99213 (Office Pt, Established)

90833 Psychotherapy 30 min. (16-37 min.) with EM services

Time spent with patient and family member on psychotherapy services only: 16 to 37 minutes

Festus Ebonka, Psych NP

Electronically Signed

By: Festus Ebonka, Psych NP

On: 11/8/2018 10:14:11 AM

Festus Ebonka, Psych NP

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

10/16/2018

1:03:34 PM

medicaid ID: 00000293020

ID: 2004690627

DOB: [REDACTED]

Progress Note

INTERVAL HISTORY: Chief complaint: "I feel depressed and have mood swings." Pt walked into office; has crying spells and states she feels depressed; states she has "recent deaths in family" and "this is killing me." States latuda "stopped working." Pt exhibits acting out behavior; describes anhedonia. Pt has difficulty concentrating/experiencing crying spells. Pt describes excessive worrying and reports irritability. Feelings of worthlessness are described.

MEDICAL HISTORY:

Allergies:

There are no known allergies.

Compliance:

Ms. Hardin reports good compliance with medical instructions including medication orders.

Current Medical Diagnoses:

None

Health & Behavior:

Diet:

*Describes eating a healthy and varied diet

Weight:

*Moderately overweight

Exercise:

*A regular exercise regime is not present.

Alcohol:

*Reports drinking little or no alcohol.

Caffeine:

*Drinks about two cups of coffee a day

Recreational drugs:

*Recreational drug use that is potentially injurious to health is noted. Please see HPI or PPH.

Sexual:

*Denies any non safe sexual practices.

Sleep:

*Complains of sleep difficulties.

Stress:

She reports stress is a problem, caused by financial instability.

Infection or Disease:

None: There are no indications of current infectious disease or recent exposure to an infectious disease.

Past MEDICAL HISTORY:

Past Medical History is essentially negative.

medical ID:

ID: 2004690627

DOB: [REDACTED]

Progress Note

EXAM: Pt appears irritable, distracted, casually groomed, appears anxious/looks unhappy. Facial expression/general demeanor reveal depressed mood. Wishes to be dead have been occurring but suicidal intentions are denied. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical, and thought content appears appropriate. Suicidal ideas or intent are denied. Homicidal ideas or intentions are denied. Insight into problems appears fair. Judgment appears fair. Pt is restless. Sitting blood pressure is 106 / 66. Sitting pulse rate is 63. Respiratory rate is 15 per minute. Temperature is 98+ degrees F. Height is 5' 6" (167.6 cm). Weight is 180 lbs. (81.6 Kg). BMI is 29.

DIAGNOSES: The following Diagnoses are based on currently available information and may change as additional information becomes available.

Bipolar disorder, current episode depressed, severe, without psychotic features, F31.4 (ICD-10) (Active)
Post-traumatic stress disorder, chronic, F43.12 (ICD-10) (Active)
Opioid dependence, uncomplicated, F11.20 (ICD-10) (Active)
Borderline personality disorder, F60.3 (ICD-10) (Active)

THERAPY CONTENT/CLINICAL SUMMARY:

The patient expressed many feelings of hopelessness this session. Feelings of low self esteem were also discussed in today's session.

The focus of today's session was improvement of problem solving skills. The patient was today given emotional support.

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Overall treatment plan was discussed with the patient. Patient voiced understanding. Risks benefits, side effects, and alternative treatments regarding prescribed medications were discussed with the patient. Patient expressed understanding and provided informed consent to be on aforementioned medications. Education was provided regarding the metabolic profile of patient's current psychotropic medications and the importance of monitoring for weight gain and glucose tolerance. Patient was educated on the deleterious effects of illicit substance and alcohol. Patient is strongly urged to maintain abstinence. Patient was advised to remove all firearms from home in order to decrease risk in the event of unforeseen future crisis. Patient denies having access to firearms. Patient has been counseled on the possibility of EPS, TD, NMS, paradoxical suicidality and hyperprolactinemia. Patient was advised to immediately return to office, call 911, or go to the nearest ER for worsening symptoms, side effects, thoughts of harm, thoughts of harming others, or any other concerns.

Continue Methadone Concentrate 90 mg PO Daily (Opioid Dependence)

Order given by Festus Ebonka, Psych NP on 5/12/2018 12:28:07 PM

Increase Latuda 40 mg PO Daily (Mood Stabilization)

Order given by Festus Ebonka, Psych NP on 10/17/2018 1:00 PM

Continue Alprazolam 1 mg PO BID (prn anxiety)

Order given by Festus Ebonka, Psych NP on 6/20/2018 9:29:01 AM

Return 4-6 weeks, or earlier if needed.

NOTES & RISK FACTORS:

History of substance abuse

History of medic. non compliance

H [REDACTED] R [REDACTED]

10/16/2018

1:03 PM

medicaid ID:

ID: 2004690627

DOB: [REDACTED]

Progress Note

99214 (Office Pt, Established)

90833 Psychotherapy 30 min. (16-37 min.) with EM services

Time spent with patient and family member on psychotherapy services only: 16 to 37 minutes

Festus Ebonka, Psych NP

Electronically Signed

By: Festus Ebonka, Psych NP

On: 10/17/2018 1:03:39 PM

Festus Ebonka, Psych NP

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

9/18/2018
2:33:31 PM

medical ID: 00000293020

H [REDACTED] R [REDACTED]
ID: 2004690627

DOB: [REDACTED]

Progress Note

INTERVAL HISTORY: Chief complaint: "I feel depressed." Pt states she feels anxious/depressed because her mother died 2 days ago. states she feels hopeless/down because "she was my best friend." Pt exhibits acting out behavior; describes anhedonia. Pt has difficulty concentrating, experiencing crying spells. Pt describes excessive worrying and reports irritability. Feelings of worthlessness are described.

MEDICAL HISTORY:

Allergies:

There are no known allergies.

Compliance:

Ms. H [REDACTED] reports good compliance with medical instructions including medication orders.

Current Medical Diagnoses:

None

Health & Behavior:

Diet:

*Describes eating a healthy and varied diet

Weight:

*Moderately overweight

Exercise:

*A regular exercise regime is not present.

Alcohol:

*Reports drinking little or no alcohol.

Caffeine:

*Drinks about two cups of coffee a day

Recreational drugs:

*Recreational drug use that is potentially injurious to health is noted. Please see HPI or PPH.

Sexual:

*Denies any non safe sexual practices.

Sleep:

*Complains of sleep difficulties.

Stress:

She reports stress is a problem, caused by financial instability.

Infection or Disease:

None: There are no indications of current infectious disease or recent exposure to an infectious disease.

Past MEDICAL HISTORY:

Past Medical History is essentially negative.

medicaid ID:

ID: 2004690627

DOB: [REDACTED]

Progress Note

EXAM: Pt appears irritable, distracted, casually groomed, appears anxious/looks unhappy. Facial expression/general demeanor reveal depressed mood. Wishes to be dead have been occurring but suicidal intentions are denied. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical, and thought content appears appropriate. Suicidal ideas or intent are denied. Homicidal ideas or intentions are denied. Insight into problems appears fair. Judgment appears fair. Pt is restless. Sitting blood pressure is 108 / 67. Sitting pulse rate is 64. Respiratory rate is 15 per minute. Temperature is 98+ degrees F. Height is 5' 6" (167.6 cm). Weight is 180 lbs. (81.6 Kg). BMI is 29.

DIAGNOSES: The following Diagnoses are based on currently available information and may change as additional information becomes available.

Bipolar disorder, current episode depressed, severe, without psychotic features, F31.4 (ICD-10) (Active)
Post-traumatic stress disorder, chronic, F43.12 (ICD-10) (Active)
Opioid dependence, uncomplicated, F11.20 (ICD-10) (Active)
Borderline personality disorder, F60.3 (ICD-10) (Active)

THERAPY CONTENT/CLINICAL SUMMARY:

The patient expressed many feelings of helplessness this session. The problem of low frustration tolerance was discussed in today's therapy session. The focus of today's session was improvement of problem solving skills. The patient was today given emotional support.

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Overall treatment plan was discussed with the patient. Patient voiced understanding. Risks benefits, side effects, and alternative treatments regarding prescribed medications were discussed with the patient. Patient expressed understanding and provided informed consent to be on aforementioned medications. Education was provided regarding the metabolic profile of patients current psychotropic medications and the importance of monitoring for weight gain and glucose tolerance. Patient was educated on the deleterious effects of illicit substance and alcohol. Patient is strongly urged to maintain abstinence. Patient was advised to remove all firearms from home in order to decrease risk in the event of unforeseen future crisis. Patient denies having access to firearms. Patient has been counseled on the possibility of EPS, TD, NMS, paradoxical suicidality and hyperprolactinemia. Patient was advised to immediately return to office, call 911, or go to the nearest ER for worsening symptoms, side effects, thoughts of harm, thoughts of harming others, or any other concerns.

Continue Methadone Concentrate 90 mg PO Daily (Opioid Dependence)

Order given by Festus Ebonka, Psych NP on 5/12/2018 12:28:07 PM

Continue Latuda 20mg PO Daily (Mood Stabilization)

Order given by Festus Ebonka, Psych NP on 6/7/2018 1:49:31 PM

Continue Alprazolam 1 mg PO BID (prn anxiety)

Order given by Festus Ebonka, Psych NP on 6/20/2018 9:29:01 AM

Return 4 weeks, or earlier if needed.

NOTES & RISK FACTORS:

History of substance abuse

History of medic. non compliance



9/18/2018

2:33 PM

medicaid ID:

ID: 2004690627

DOB: [REDACTED]

Progress Note

99214 (Office Pt, Established)

90833 Psychotherapy 30 min. (16-37 min.) with EM services

Time spent with patient and family member on psychotherapy services only: 16 to 37 minutes

Festus Ebonka, Psych NP

Electronically Signed

By: Festus Ebonka, Psych NP

On: 9/19/2018 2:33:37 PM

Patient Details		Encounter Details
Name: J. S. (Female)	Visit Date: 10/12/2018	Encounter Type: Follow Up
DOB: [REDACTED] Age: [REDACTED] Year(s)	Referring Provider: Festus Ebonka, APRN	
MRN: 0000000137 e-RIN:		

- "I feel better." Pt states pain symptoms have improved. pt feels less pain and able to perform ADLs/IADLs with less discomfort.
 - Onset
 - chronic
 - Location
 - lower, referred to both legs
 - Quality
 - dull
 - Severity
 - moderate, 5 on scale of 1-10
 - Timing
 - Intermittent, activity
 - Context
 - unknown
 - Modifying Factors
 - pain at rest (-), unrelieved by rest (-)
 - Associated Signs & Symptoms
 - anxiety

*tramadol
11-13-18*

History

- **Social History**
 - Marital Status: Divorced
 - Employment/Occupation: Not employed
 - Level Of Education: Grade school
 - Sexual Orientation: Not sexually active
 - Sexual Abuse: Denies
 - Sharing an apartment with a friend.
 - Denies drinking alcohol
 - History of drug abuse (heroin, cocaine, meth)
- **Consumption**
 - Smoking: Cigarettes, about a pack, per day, Current everyday smoker, Cigarette smoker (finding)
- **Medical History**
 - Hypertension - 110 / 401.9
 - Copd (chronic Obstructive Pulmonary Disease) - 144.9 / 496
 - Arthritis
 - Lung Disease
 - Copd (chronic Obstructive Pulmonary Disease)
 - Osteoporosis
- **Psychiatric History**
 - Anxiety - F41.9 / 300.00
 - Depression - F32.9 / 311
- **Family History**
 - Family History Of: Kidney Disease, Cancer, Liver Disease.
- **Surgical History**
 - Uterus Removed.

- **Psychiatric:** Anxiety (Positive), Depression (Positive)
- **Constitutional:** Fatigue (Positive), Fever (Negative), Weight Gain (Negative), Weight Loss (Negative)
- **HEENT:** Eye Problem (Negative), Ear Pain (Negative), Nasal Congestion (Negative), Swollen Glands (Negative), Sore Throat (Negative)
- **Respiratory:** Cough (Negative), Shortness of Breath (Negative), Wheezing (Negative)
- **Cardiovascular:** Chest Pain (Negative), Palpitations (Negative)
- **Gastroenterology:** Constipation (Negative), Abdominal Pain (Negative), Vomiting (Negative), Nausea (Negative), Diarrhea (Negative)
- **Urinary System:** Painful Urination (Negative), Frequency (Negative)
- **Genitourinary:** Abnormal Bleeding (Negative), Excessive Menstrual Bleeding (Negative), Painful Menstruation (Negative), Vaginal discharge (Negative)
- **Musculoskeletal:** Joint Pain (Negative), Back Pain (Negative), Shoulder Pain (Negative)
- **Neurology:** Dizziness (Negative), Headache (Negative), Lightheadedness (Negative)
- **Endocrinology:** Excessive Thirst (Negative)
- **Skin:** Rash (Negative)

• Our opioid treatment agreement with the patient was again reviewed. The side effects and risks of the prescribed medications were reviewed in details and the patient accepts the risk. The patient understands that death may result from abuse/overdose of such medications or combination with other narcotics or sedating medications or alcohol. I have discussed the risks of the medications to include but not limited to drowsiness, addiction, impaired judgement, loss of appetite, nausea, vomiting, constipation. The patient was warned against driving or operating a machinery or any activities requiring full alertness while taking the medications. The patient was advised not to share medications, to use one pharmacy, read the insert for each medications and not to receive any narcotics from any other physician including the emergency room or hospital physician. Patient was also advised not to use any street drugs/substances while under our care and receiving prescription opiates.

• **Extremities:**

- **Shoulder(s):** limited rom: bilateral
- **Elbow(s):** the elbows show no swelling, no tenderness, no crepitations and a full ROM
- **Ankle / Foot:** there is no ankle swelling, no pitting edema and no foot deformity. full ROM without pain
- **Hip(s):** crepitations: bilateral; point tenderness: bilateral; limited rom: flexion, extension, internal rotation, external rotation, adduction, abduction
- **Knees:** crepitations: bilateral; point tenderness: bilateral; limited rom: flexion, extension
 - Patient has weakness on bilateral lower extremities
- **Hand(s) / Wrist(s):** there is full ROM of the hands/ fingers without swelling or joint deformities
 - bilateral upper extremity weakness

• **Neurologic:**

- **Gait:** unsteady
 - Patient uses a motorized wheelchair. Able to walk on short distances.
- **Cranial Nerves:** cranial nerves II -XII grossly intact, no facial asymmetry
- **Reflexes:** hyporeflexia: left knee, right knee

• **Back:**

- **Scoliosis:** no scoliosis
- **CVA Tenderness:** none
- **Cervical Spine:** the c spine shows no abnormal curvatures, is non-tender and has a full rom
- **Thoracic Spine:** the t spine shows no abnormal curvatures and no point tenderness
- **Lumbar Spine:** point tenderness; limited flexion; limited extension
- **Sacrum:** the sacrum shows no deformities and no point tenderness
- **Coccyx:** the coccyx is non-tender

• **Mental Status Exam:**

- **Attitude:** cooperative
- **Mood / Affect:** angry; anxious; depressed

• **General:**

- **Appearance:** alert and oriented x 3, mood and affect appropriate for age

• **Head & Neck:**

- **Head Adult:** normocephalic, atraumatic
- **Neck:** the neck is supple without enlargement
- **Thyroid:** there is no palpable thyromegaly nor thyroid nodule

• **ENT:**

- Ear Canals: the ear canals are free of abnormal discharges and Impactions
- Tympanic Membranes: the tympanic membranes are intact without bulging, retraction or injections
- Nasal Mucosa: there are no erosions of the nasal mucosa
- Sinus(es): the frontal, ethmoid and maxillary sinuses are clear and non-tender
- Tonsils: the tonsils are normal in size and free of exudates
- Pharynx: the pharynx is not hyperemic or injected
- Skin:
 - General: no rashes, ecchymosis, petechiae, or lesions noted
 - Rash: no rash
 - Texture: the skin is soft, moist and warm
- Respiratory:
 - Inspection: breathing easily, symmetrical expansion, normal ap diameter, no deformities
 - Rate/Pattern: with a normal respiration rate and pattern
 - Breath Sounds: there are normal vesicular breath sounds present, no rales, rhonchi, or wheezing
- Cardiovascular:
 - Inspection: normal
 - Heart Rate: a normal heart rate
 - Heart Sounds: a normal S1 and S2
 - Murmur: no murmurs
- Abdomen:
 - Distention: there is no abdominal distention
 - Tenderness: soft, nontender without guarding/rebound
 - Patient states that she's going to have a gallbladder removal surgery with Dr Chock as soon as she completes her clearance. No abdominal pain, no tenderness noted during examination of abdomen, Negative Murphy's sign.
 - Mass(es): no palpable abdominal masses are noted
 - Bowel Sounds: there are normal bowel sounds in all four quadrants
- Lymphatic:
 - Tonsillar: no lymphadenopathy
 - Facial: no palpable submandibular, submental, pre- or post- auricular nodes
 - Cervical: no palpable cervical nodes

• Temperature: 97.7 F. BP-Systolic/Diastolic: 140/80 mmHg. Left Upper Extremity. O2-Saturation: 95% Room air. Respiration: 18/min. Pulse: 104/min. Height: 5' 2". Weight: 120 lbs. BMI: 21.9. BSA: 1.54. Position: Sitting.

- I10 / 401.9 - Essential hypertension
- J44.9 / 496 - Chronic obstructive pulmonary disease, unspecified COPD type
- F41.9 / 300.00 - Anxiety and depression
- M17.0 / 715.16 - Primary osteoarthritis of both knees
- M54.42 / 724.2 - Chronic midline low back pain with left-sided sciatica
- M25.551 / 719.45 - Pain of both hip joints
- M47.896 / 721.3 - Other osteoarthritis of spine, lumbar region

- Sulfa (Sulfonamide Antibiotics)
- Tetnus Shot (Not Checked)

- tramadol 50 mg tablet: 1-tablet/by mouth / TID as needed (PRN) (Entered on: 10/12/2018 06:38 PM, Original start date: 10/12/2018) - Dispense: 90 Tablet
- Xanax 1 mg tablet: 1-tablet/by mouth / BID as needed (PRN) (Entered on: 10/12/2018 06:38 PM, Original start date: 10/12/2018) - Dispense: 60 Tablet
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- tramadol tablet Strength Unknown: (Entered on: 02/20/2017 05:03 PM, Original start date: 02/20/2017) - Additional Sig: for pain, Dispense: 60 Tablet
- temazepam 15 mg capsule: (Entered on: 02/20/2017 05:03 PM, Original start date: 02/20/2017)
- diazepam 5 mg tablet: (Entered on: 02/20/2017 05:03 PM, Original start date: 02/20/2017)
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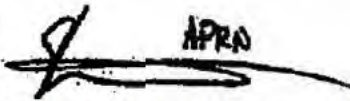
- Clinician provided the following teaching:
 - Home Exercise Program
 - Protect the joint with a brace or wrap.
 - Rest the joint, avoiding any activities that cause you pain.
 - Ice the joint for about 15 minutes, several times each day.
 - Compress the joint using an elastic wrap.
 - Elevate the joint above the level of your heart
- Medication(s)
 - Renewed drug(s):
 - tramadol 50 mg tablet 1-tablet/by mouth / TID as needed (PRN)
 - Dispense: 90 Tablet
 - Xanax 1 mg tablet 1-tablet/by mouth / BID as needed (PRN)
 - Dispense: 60 Tablet
- Recommendations
 - Alcohol /drug use counseling
 - Smoking cessation advised/counseling provided
 - Medications and side effects discussed
 - Risk of anti inflammatory drugs discussed in detail
 - Back strengthening exercises advised and recommended
- Diet
 - 1500 cal ada diet advised and recommended
 - Avoid caffeine and carbonated drinks
 - Encouraged to follow low fat low na diet
 - Calcium and vit d recommended
 - Decrease carbohydrates

Patient: J ■ S ■

DOB: ■ Visit Date: 10/12/2018

• **Visit & Procedure Codes**

- 99214 - Established patient visit 25 minutes, Unit(s): 1.00

 APRN

Electronically Signed by Festus Ebonka, APRN on
10/12/2018 03:55 PM

Patient Details		Encounter Details
Name: J [redacted] S [redacted] (Female) DOB: [redacted] Age: [redacted] Year(s) MRN: 0000000137 e-RIN:	Visit Date: 09/14/2018 Referring Provider: Festus Ebonka, APRN	Encounter Type: Follow Up

- **"I feel better." Pt states pain symptoms have improved. pt feels less pain and able to perform ADLs/IADLs with less discomfort.**
 - Onset
 - chronic
 - Location
 - lower, referred to both legs
 - Quality
 - dull
 - Severity
 - moderate, 5 on scale of 1-10
 - Timing
 - Intermittent, activity
 - Context
 - unknown
 - Modifying Factors
 - pain at rest (-), unrelieved by rest (-)
 - Associated Signs & Symptoms
 - anxiety

• **Social History**

- Marital Status: Divorced
- Employment/Occupation: Not employed
- Level Of Education: Grade school
- Sexual Orientation: Not sexually active
- Sexual Abuse: Denies
- Sharing an apartment with a friend.
- Denies drinking alcohol
- History of drug abuse (heroin, cocaine, meth)

• **Consumption**

- Smoking: Cigarettes, about a pack, per day, Current everyday smoker, Cigarette smoker (finding)

• **Medical History**

- Hypertension - I10 / 401.9
- Copd (chronic Obstructive Pulmonary Disease) - J44.9 / 496
- Arthritis
- Lung Disease
- Copd (chronic Obstructive Pulmonary Disease)
- Osteoporosis

• **Psychiatric History**

- Anxiety - F41.9 / 300.00
- Depression - F32.9 / 311

• **Family History**

- Family History Of: Kidney Disease, Cancer, Liver Disease.

• **Surgical History**

- Uterus Removed.

- **Psychiatric:** Anxiety (Positive), Depression (Positive)
- **Constitutional:** Fatigue (Positive), Fever (Negative), Weight Gain (Negative), Weight Loss (Negative)
- **HEENT:** Eye Problem (Negative), Ear Pain (Negative), Nasal Congestion (Negative), Swollen Glands (Negative), Sore Throat (Negative)
- **Respiratory:** Cough (Negative), Shortness of Breath (Negative), Wheezing (Negative)
- **Cardiovascular:** Chest Pain (Negative), Palpitations (Negative)
- **Gastroenterology:** Constipation (Negative), Abdominal Pain (Negative), Vomiting (Negative), Nausea (Negative), Diarrhea (Negative)
- **Urinary System:** Painful Urination (Negative), Frequency (Negative)
- **Genitourinary:** Abnormal Bleeding (Negative), Excessive Menstrual Bleeding (Negative), Painful Menstruation (Negative), Vaginal discharge (Negative)
- **Musculoskeletal:** Joint Pain (Negative), Back Pain (Negative), Shoulder Pain (Negative)
- **Neurology:** Dizziness (Negative), Headache (Negative), Lightheadedness (Negative)
- **Endocrinology:** Excessive Thirst (Negative)
- **Skin:** Rash (Negative)

• Our opioid treatment agreement with the patient was again reviewed. The side effects and risks of the prescribed medications were reviewed in details and the patient accepts the risk. The patient understands that death may result from abuse/overdose of such medications or combination with other narcotics or sedating medications or alcohol. I have discussed the risks of the medications to include but not limited to drowsiness, addiction, impaired judgement, loss of appetite, nausea, vomiting, constipation. The patient was warned against driving or operating a machinery or any activities requiring full alertness while taking the medications. The patient was advised not to share medications, to use one pharmacy, read the insert for each medications and not to receive any narcotics from any other physician including the emergency room or hospital physician. Patient was also advised not to use any street drugs/substances while under our care and receiving prescription opiates.

• **General**

- **Appearance**
 - alert and oriented x 3, mood and affect appropriate for age

• **Head & Neck**

- **Head Adult**
 - normocephalic, atraumatic
- **Neck**
 - the neck is supple without enlargement
- **Thyroid**
 - there is no palpable thyromegaly nor thyroid nodule

• **ENT**

- **Ear Canals**
 - the ear canals are free of abnormal discharges and impactions
- **Tympanic Membranes**
 - the tympanic membranes are intact without bulging, retraction or injections
- **Nasal Mucosa**
 - there are no erosions of the nasal mucosa
- **Sinus(es)**
 - the frontal, ethmoid and maxillary sinuses are clear and non-tender
- **Tonsils**
 - the tonsils are normal in size and free of exudates
- **Pharynx**
 - the pharynx is not hyperemic or injected

• **Skin**

- **General**
 - no rashes, ecchymosis, petechiae, or lesions noted
- **Rash**
 - no rash
- **Texture**
 - the skin is soft, moist and warm

• **Respiratory**

- Inspection
 - breathing easily, symmetrical expansion, normal ap diameter, no deformities
- Rate/Pattern
 - with a normal respiration rate and pattern
- Breath Sounds
 - there are normal vesicular breath sounds present, no rales, rhonchi, or wheezing
- Cardiovascular
 - Inspection
 - normal
 - Heart Rate
 - a normal heart rate
 - Heart Sounds
 - a normal S1 and S2
 - Murmur
 - no murmurs
- Abdomen
 - Distention
 - there is no abdominal distention
 - Tenderness
 - soft, nontender without guarding/rebound
 - Patient states that she's going to have a gallbladder removal surgery with Dr Chock as soon as she completes her clearance. No abdominal pain, no tenderness noted during examination of abdomen, Negative Murphy's sign.
 - Mass(es)
 - no palpable abdominal masses are noted
 - Bowel Sounds
 - there are normal bowel sounds in all four quadrants
- Lymphatic
 - Tonsillar
 - no lymphadenopathy
 - Facial
 - no palpable submandibular, submental, pre- or post- auricular nodes
 - Cervical
 - no palpable cervical nodes
- Extremities
 - Shoulder(s)
 - limited rom
 - bilateral
 - Elbow(s)
 - the elbows show no swelling, no tenderness, no crepitations and a full ROM
 - Ankle / Foot
 - there is no ankle swelling, no pitting edema and no foot deformity. full ROM without pain
 - Hip(s)
 - crepitations
 - bilateral
 - point tenderness
 - bilateral
 - limited rom
 - flexion extension Internal rotation external rotation adduction abduction
 - Knees
 - crepitations
 - bilateral
 - point tenderness

- bilateral
- limited rom
 - flexion extension
- Patient has weakness on bilateral lower extremities
- Hand(s) / Wrist(s)
 - there is full ROM of the hands/ fingers without swelling or joint deformities
 - bilateral upper extremity weakness
- Back
 - Scoliosis
 - no scoliosis
 - CVA Tenderness
 - none
 - Cervical Spine
 - the c spine shows no abnormal curvatures, is non-tender and has a full rom
 - Thoracic Spine
 - the t spine shows no abnormal curvatures and no point tenderness
 - Lumbar Spine
 - point tenderness
 - limited flexion
 - limited extension
 - Sacrum
 - the sacrum shows no deformities and no point tenderness
 - Coccyx
 - the coccyx is non-tender
- Neurologic
 - Gait
 - unsteady
 - Patient uses a motorized wheelchair. Able to walk on short distances.
 - Cranial Nerves
 - cranial nerves II -XII grossly intact, no facial asymmetry
 - Reflexes
 - hyporeflexia
 - left knee right knee
- Mental Status Exam
 - Attitude
 - cooperative
 - Mood / Affect
 - angry
 - anxious
 - depressed

• **Temperature:** 97 F. **BP-Systolic/Diastolic:** 122/66 mmHg. **Left Upper Extremity. O2-Saturation:** 98% Room air. **Respiration:** 14/min. **Pulse:** 66/min. **Height:** 5' 2". **Weight:** 122 lbs. **BMI:** 22.3. **BSA:** 1.56. **Position:** Sitting.

- I10 / 401.9 - Essential hypertension
- J44.9 / 496 - Chronic obstructive pulmonary disease, unspecified COPD type
- F41.9 / 300.00 - Anxiety and depression
- M17.0 / 715.16 - Primary osteoarthritis of both knees
- M54.42 / 724.2 - Chronic midline low back pain with left-sided sciatica
- M25.551 / 719.45 - Pain of both hip joints
- M47.896 / 721.3 - Other osteoarthritis of spine, lumbar region

- Sulfa (Sulfonamide Antibiotics)
- Tetnus Shot (Not Checked)

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 - Dispense: 60 Tablet
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- Dispense: 1 Tablet
- tramadol tablet Strength Unknown: (Entered on: 02/20/2017 05:03 PM, Original start date: 02/20/2017)
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- Clinician provided the following teaching:
Home Exercise Program
Protect the joint with a brace or wrap.
Rest the joint, avoiding any activities that cause you pain.
Ice the joint for about 15 minutes, several times each day.
Compress the joint using an elastic wrap.
Elevate the joint above the level of your heart
- Medication(s)
Renewed drug(s):
 - Xanax 1 mg tablet 1-tablet/by mouth / BID as needed (PRN)
 - Dispense: 60 Tablet
 - tramadol 50 mg tablet 1-tablet/by mouth / TID as needed (PRN)
 - Dispense: 90 Tablet
- Recommendations
 - Alcohol /drug use counseling
 - Smoking cessation advised/counseling provided
 - Medications and side effects discussed
 - Risk of anti inflammatory drugs discussed in detail
 - Back strengthening exercises advised and recommended
- Diet
 - 1500 cal ada diet advised and recommended
 - Avoid caffeine and carbonated drinks
 - Encouraged to follow low fat low na diet
 - Calcium and vit d recommended
 - Decrease carbohydrates
- Visit & Procedure Codes
 - 99214 - Established patient visit 25 minutes, Unit(s): 1.00



Electronically Signed by Festus Ebonka, APRN on
09/15/2018 07:56 PM

Nevada Integrated Behavioral Services, Inc.

1721 E. Charleston Blvd.
Las Vegas, NV 89104-1902
Phone: 702-685-0620 Fax: 702-685-9674

Festus Ebonka, APRN

Patient Details

Patient Name: J [REDACTED] S [REDACTED]
Age: [REDACTED] Year(s)
DOB: [REDACTED]
Sex: Female
MRN: 0000000137 e-RIN:

Visit Details

Visit Date: 11/07/2017
Referring Provider: Festus Ebonka,
APRN

Encounter Details

Encounter Type: Follow Up

Presenting Problem

- "I hurt everywhere." Pt reports persistent low back pain, shoulder, hips pain and bilateral knees pain. The pain radiates to buttocks/anterior thigh and lower legs. Pt states pt is incapacitated by pain; pt is unable to perform ADLs and has difficulty sleeping due to pain. Pt has unsteady gait upon ambulation and uses wheelchair. Pt's pain has been managed by meds, surgery, injections and physical therapy with limited help.
 - Onset
 - chronic
 - Location
 - lower, referred to both legs, referred to buttocks, referred to groin
 - Quality
 - dull
 - Severity
 - severe, 9 on scale of 1-10
 - Timing
 - intermittent, activity
 - Modifying Factors
 - pain at rest (+), unrelieved by rest (+)
 - Associated Signs & Symptoms
 - anxiety

History

• **Social History**

- Marital Status: Divorced
- Employment/Occupation: Not employed
- Level Of Education: Grade school
- Sexual Orientation: Not sexually active
- Sexual Abuse: Denies
- Sharing an apartment with a friend.

Denies drinking alcohol

History of drug abuse (heroin, cocaine, meth)

• **Consumption**

- Smoking: Cigarettes, about a pack, per day, Current everyday smoker, Cigarette smoker (finding)

• **Medical History**

- Hypertension - I10 / 401.9
- Copd (chronic Obstructive Pulmonary Disease) - J44.9 / 496
- Arthritis
- Lung Disease
- Copd (chronic Obstructive Pulmonary Disease)
- Osteoporosis

• **Psychiatric History**

- Anxiety - F41.9 / 300.00
- Depression - F32.9 / 311

• **Family History**

- Family History Of: Kidney Disease, Cancer, Liver Disease.

• **Surgical History**

- Uterus Removed.

• **Gynecological History**

- Gynecological History Notes: Pregnancies: 5
Miscarriage: 2
Abortion: 1
Natural Birth: 2
Still Birth: 0

Patient: J [REDACTED] S [REDACTED]

DOB: [REDACTED] Visit Date: 11/07/2017

Page 1/5

Review of Systems (ROS)

- **Psychiatric:** Anxiety (+), Depression (+)
- **Constitutional:** Weight Loss (-), Weight Gain (-), Fever (-), Fatigue (+)
- **HEENT:** Eye Problem (-), Ear Pain (-), Nasal Congestion (-), Swollen Glands (-), Sore Throat (-)
- **Respiratory:** Cough (-), Shortness of Breath (-), Wheezing (-)
- **Cardiovascular:** Chest Pain (-), Palpitations (-)
- **Gastroenterology:** Constipation (-), Abdominal Pain (-), Vomiting (-), Nausea (-), Diarrhea (-)
- **Urinary System:** Painful Urination (-), Frequency (-)
- **Genitourinary:** Abnormal Bleeding (-), Excessive Menstrual Bleeding (-), Painful Menstruation (-), Vaginal discharge (-)
- **Musculoskeletal:** Joint Pain (-), Back Pain (-), Shoulder Pain (-)
- **Neurology:** Dizziness (-), Headache (-), Lightheadedness (-)
- **Endocrinology:** Excessive Thirst (-)
- **Skin:** Rash (-)

Exams

- **General**
 - Appearance
 - alert and oriented x 3, mood and affect appropriate for age
- **Head & Neck**
 - Head/Adult
 - normocephalic, atraumatic
 - Neck
 - the neck is supple without enlargement
 - Thyroid
 - there is no palpable thyromegaly nor thyroid nodule
- **ENT**
 - Ear Canals
 - the ear canals are free of abnormal discharges and impactions
 - Tympanic Membranes
 - the tympanic membranes are intact without bulging, retraction or injections
 - Nasal Mucosa
 - there are no erosions of the nasal mucosa
 - Sinus(es)
 - the frontal, ethmoid and maxillary sinuses are clear and non-tender
 - Tonsils
 - the tonsils are normal in size and free of exudates
 - Pharynx
 - the pharynx is not hyperemic or injected
- **Skin**
 - General
 - no rashes, ecchymosis, petechiae, or lesions noted
 - Rash
 - no rash
 - Texture
 - the skin is soft, moist and warm
- **Respiratory**
 - Inspection
 - breathing easily, symmetrical expansion, normal ap diameter, no deformities
 - Rate/Pattern
 - with a normal respiration rate and pattern
 - Breath Sounds
 - there are normal vesicular breath sounds present, no rales, rhonchi, or wheezing
- **Cardiovascular**
 - Inspection
 - normal
 - Heart Rate
 - a normal heart rate
 - Heart Sounds
 - a normal S1 and S2
 - Murmur
 - no murmurs
- **Abdomen**
 - Distention
 - there is no abdominal distention
 - Tenderness

- soft, nontender without guarding/rebound
- Patient states that she's going to have a gallbladder removal surgery with Dr Chock as soon as she completes her clearance. No abdominal pain, no tenderness noted during examination of abdomen, Negative Murphy's sign.
- Mass(es)
 - no palpable abdominal masses are noted
- Bowel Sounds
 - there are normal bowel sounds in all four quadrants
- Lymphatic
 - Tonsillar
 - no lymphadenopathy
 - Facial
 - no palpable submandibular, submental, pre- or post- auricular nodes
 - Cervical
 - no palpable cervical nodes
- Extremities
 - Shoulder(s)
 - limited rom
 - bilateral
 - Elbow(s)
 - the elbows show no swelling, no tenderness, no crepitations and a full ROM
 - Ankle / Foot
 - there is no ankle swelling, no pitting edema and no foot deformity. full ROM without pain
 - Hip(s)
 - crepitations
 - bilateral
 - point tenderness
 - bilateral
 - limited rom
 - flexion extension internal rotation external rotation adduction abduction
 - Knees
 - crepitations
 - bilateral
 - point tenderness
 - bilateral
 - limited rom
 - flexion extension
 - Patient has weakness on bilateral lower extremities
 - Hand(s) / Wrist(s)
 - there is full ROM of the hands/ fingers without swelling or joint deformities
 - bilateral upper extremity weakness
- Back
 - Scoliosis
 - no scoliosis
 - CVA Tenderness
 - none
 - Cervical Spine
 - the c spine shows no abnormal curvatures, is non-tender and has a full rom
 - Thoracic Spine
 - the t spine shows no abnormal curvatures and no point tenderness
 - Lumbar Spine
 - point tenderness
 - limited flexion
 - limited extension
 - Sacrum
 - the sacrum shows no deformities and no point tenderness
 - Coccyx
 - the coccyx is non-tender
- Neurologic
 - Gait
 - unsteady
 - Patient uses a motorized wheelchair. Able to walk on short distances.
 - Cranial Nerves
 - cranial nerves ii -xi grossly intact, no facial asymmetry
 - Reflexes
 - hyporeflexia

- left knee right knee
- **Mental Status Exam**
 - Attitude
 - cooperative
 - Mood / Affect
 - angry
 - anxious
 - depressed

Vitals

- Temperature: 98.1 F. BP-Systolic/Diastolic: 138/66 mmHg. Left Upper Extremity. O2-Saturation: 89% Room air. Respiration: 16/min. Pulse: 70/min. Height: 5' 2". Weight: 109 lbs. BMI: 19.9. BSA: 1.47. Position: Sitting.

Diagnosis

- I10 / 401.9 - Essential hypertension
- J44.9 / 496 - Chronic obstructive pulmonary disease, unspecified COPD type
- F41.9 / 300.00 - Anxiety and depression
- M17.0 / 715.16 - Primary osteoarthritis of both knees
- M54.42 / 724.2 - Chronic midline low back pain with left-sided sciatica
- M25.551 / 719.45 - Pain of both hip joints

Allergies

- Sulfa (Sulfonamide Antibiotics)
- Tetanus Shot (Not Checked)

Current Medication(s)

- Xanax 1 mg tablet: 1-tablet/by mouth / BID as needed (PRN) (Entered on: 11/07/2017 07:27 PM, Original start date: 11/07/2017)
 - Dispense: 60 Tablet
- tramadol 50 mg tablet: 1-tablet/by mouth / TID as needed (PRN) (Entered on: 11/07/2017 07:27 PM, Original start date: 11/07/2017)
 - Dispense: 90 Tablet
- omeprazole 20 mg capsule, delayed release: (Entered on: 02/20/2017 05:03 PM, Original start date: 02/20/2017)
- Singulair 10 mg tablet: (Entered on: 02/20/2017 05:03 PM, Original start date: 02/20/2017)
 - Dispense: 1 Tablet
- tramadol tablet Strength Unknown: (Entered on: 02/20/2017 05:03 PM, Original start date: 02/20/2017)
 - Additional Sig: for pain, Dispense: 60 Tablet
- temazepam 15 mg capsule: (Entered on: 02/20/2017 05:03 PM, Original start date: 02/20/2017)
- diazepam 5 mg tablet: (Entered on: 02/20/2017 05:03 PM, Original start date: 02/20/2017)
- simvastatin 10 mg tablet: (Entered on: 02/20/2017 05:03 PM, Original start date: 02/20/2017)
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- lisinopril 10 mg tablet: (Entered on: 02/20/2017 05:03 PM, Original start date: 02/20/2017)

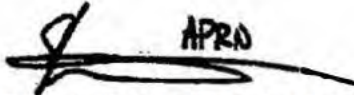
Plan of Care

- Clinician explained to pt about stimax stimulation device and risks/benefits. Pt verbalized understanding and signed consent for the device to be implanted. Using aseptic technique, pt's ears and large area of the shoulder was cleaned with alcohol swabs and was pat dry; the LED light was turned on at the back of pt's ear to identify nerve endings; then area marked with black marker to identify application area; the needle array removed from the pack and connected to the stimulator device to activate the battery permanently to about 360 hours circle. Then the needles were gently applied over the marked area and secured properly with plaster and reinforced with tagaderm to prevent the device from falling off. Then Pt tolerated procedure well. Pt instructed on risks/benefits of the device; also education RE:contraindication to stimax such as pregnancy, anticoagulant therapy, heart conditions,/pace makers, seizures, hemophilia psoriasis vulgaris provided. Pt verbalized understanding. Pt also denies any history of above mentioned illnesses. will follow up in 1 week. consequences of noncompliance with opioids reinforced. pt verbalized understanding.
- **Recommendations**
 - Medications and side effects discussed
 - Alcohol /drug use counseling
 - Smoking cessation advised/counseling provided
 - Back strengthening exercises advised and recommended
 - Risk of anti inflammatory drugs discussed in detail
- **Diet**
 - Encouraged to follow low fat low na diet
 - 1500 cal ada diet advised and recommended
 - Avoid caffeine and carbonated drinks
 - Calcium and vit d recommended
 - Decrease carbohydrates
- **Radiology**
 - X-Ray - Knee X - Ray ap/lat, Unit(s): 1.00
 - X-Ray - L-s spine X - Ray ap & lat, Unit(s): 1.00

- X-Ray - Hip X - Ray, Unit(s): 1.00
- **Visit & Procedure Codes**
 - 99213 - Office out patient visit established 15 min, Unit(s): 1.00
 - 95970 - Analyze neurostimulator no programming, Unit(s): 1.00
 - 95971 - Analyze neurostimulator simple, Unit(s): 1.00

Orders

- **Radiology:**
 - Knee X - Ray ap/lat
 - L-s spine X - Ray ap & lat
 - Hip X - Ray

 APRN

Electronically Signed by Festus Ebonka, APRN on 11/07/2017 04:28 PM

Nevada Treatment Center
1721 E. Charleston Blvd.
Las Vegas, NV 89104-1902
Phone: 702-685-0620 Fax: 702-685-9674

Festus Ebonka, APRN

Visit Details
Visit Date: 08/16/2018
Referring Provider: Festus Ebonka, APRN

Encounter Details
Encounter Type: Follow Up

Patient Details
Patient Name: J [REDACTED]
Age: [REDACTED] Year(s)
DOB: [REDACTED]
Sex: Female
MRN: 0000000137 e-RIN:

Presenting Problem

- "I feel better." Pt states pain symptoms have improved. pt feels less pain and able to perform ADLs/IADLs with less discomfort.
 - Onset
 - chronic
 - Location
 - lower, referred to both legs
 - Quality
 - dull
 - Severity
 - moderate, 5 on scale of 1-10
 - Timing
 - Intermittent, activity
 - Context
 - unknown
 - Modifying Factors
 - pain at rest (-), unrelieved by rest (-)
 - Associated Signs & Symptoms
 - anxiety

History

- **Social History**
 - Marital Status: Divorced
 - Employment/Occupation: Not employed
 - Level Of Education: Grade school
 - Sexual Orientation: Not sexually active
 - Sexual Abuse: Denies
 - Sharing an apartment with a friend.

Denies drinking alcohol

History of drug abuse (heroin, cocaine, meth)
- **Consumption**
 - Smoking: Cigarettes, about a pack, per day, Current everyday smoker, Cigarette smoker (finding)
- **Medical History**
 - Hypertension - I10 / 401.9
 - Copd (chronic Obstructive Pulmonary Disease) - J44.9 / 496
 - Arthritis
 - Lung Disease
 - Copd (chronic Obstructive Pulmonary Disease)
 - Osteoporosis
- **Psychiatric History**
 - Anxiety - F41.9 / 300.00
 - Depression - F32.9 / 311
- **Family History**
 - Family History Of: Kidney Disease, Cancer, Liver Disease.
- **Surgical History**
 - Uterus Removed.

Review of Systems (ROS)

- **Psychiatric:** Anxiety (Positive), Depression (Positive)
- **Constitutional:** Fatigue (Positive), Fever (Negative), Weight Gain (Negative), Weight Loss (Negative)
- **HEENT:** Eye Problem (Negative), Ear Pain (Negative), Nasal Congestion (Negative), Swollen Glands (Negative), Sore Throat (Negative)
- **Respiratory:** Cough (Negative), Shortness of Breath (Negative), Wheezing (Negative)

- **Cardiovascular:** Chest Pain (Negative), Palpitations (Negative)
- **Gastroenterology:** Constipation (Negative), Abdominal Pain (Negative), Vomiting (Negative), Nausea (Negative), Diarrhea (Negative)
- **Urinary System:** Painful Urination (Negative), Frequency (Negative)
- **Genitourinary:** Abnormal Bleeding (Negative), Excessive Menstrual Bleeding (Negative), Painful Menstruation (Negative), Vaginal discharge (Negative)
- **Musculoskeletal:** Joint Pain (Negative), Back Pain (Negative), Shoulder Pain (Negative)
- **Neurology:** Dizziness (Negative), Headache (Negative), Lightheadedness (Negative)
- **Endocrinology:** Excessive Thirst (Negative)
- **Skin:** Rash (Negative)

Exams

- Our opioid treatment agreement with the patient was again reviewed. The side effects and risks of the prescribed medications were reviewed in details and the patient accepts the risk. The patient understands that death may result from abuse/overdose of such medications or combination with other narcotics or sedating medications or alcohol. I have discussed the risks of the medications to include but not limited to drowsiness, addiction, impaired judgement, loss of appetite, nausea, vomiting, constipation. The patient was warned against driving or operating a machinery or any activities requiring full alertness while taking the medications. The patient was advised not to share medications, to use one pharmacy, read the insert for each medications and not to receive any narcotics from any other physician including the emergency room or hospital physician. Patient was also advised not to use any street drugs/substances while under our care and receiving prescription opiates.
- **General**
 - Appearance
 - alert and oriented x 3, mood and affect appropriate for age
- **Head & Neck**
 - Head/Adult
 - normocephalic, atraumatic
 - Neck
 - the neck is supple without enlargement
 - Thyroid
 - there is no palpable thyromegaly nor thyroid nodule
- **ENT**
 - Ear Canals
 - the ear canals are free of abnormal discharges and impactions
 - Tympanic Membranes
 - the tympanic membranes are intact without bulging, retraction or injections
 - Nasal Mucosa
 - there are no erosions of the nasal mucosa
 - Sinus(es)
 - the frontal, ethmoid and maxillary sinuses are clear and non-tender
 - Tonsils
 - the tonsils are normal in size and free of exudates
 - Pharynx
 - the pharynx is not hyperemic or injected
- **Skin**
 - General
 - no rashes, ecchymosis, petechiae, or lesions noted
 - Rash
 - no rash
 - Texture
 - the skin is soft, moist and warm
- **Respiratory**
 - Inspection
 - breathing easily, symmetrical expansion, normal ap diameter, no deformities
 - Rate/Pattern
 - with a normal respiration rate and pattern
 - Breath Sounds
 - there are normal vesicular breath sounds present, no rales, rhonchi, or wheezing
- **Cardiovascular**
 - Inspection
 - normal
 - Heart Rate
 - a normal heart rate
 - Heart Sounds
 - a normal S1 and S2
 - Murmur

- no murmurs
- Abdomen
 - Distention
 - there is no abdominal distention
 - Tenderness
 - soft, nontender without guarding/rebound
 - Patient states that she's going to have a gallbladder removal surgery with Dr Chock as soon as she completes her clearance. No abdominal pain, no tenderness noted during examination of abdomen, Negative Murphy's sign.
 - Mass(es)
 - no palpable abdominal masses are noted
 - Bowel Sounds
 - there are normal bowel sounds in all four quadrants
- Lymphatic
 - Tonsillar
 - no lymphadenopathy
 - Facial
 - no palpable submandibular, submental, pre- or post-auricular nodes
 - Cervical
 - no palpable cervical nodes
- Extremities
 - Shoulder(s)
 - limited rom
 - bilateral
 - Elbow(s)
 - the elbows show no swelling, no tenderness, no crepitations and a full ROM
 - Ankle / Foot
 - there is no ankle swelling, no pitting edema and no foot deformity. full ROM without pain
 - Hip(s)
 - crepitations
 - bilateral
 - point tenderness
 - bilateral
 - limited rom
 - flexion extension internal rotation external rotation adduction abduction
 - Knees
 - crepitations
 - bilateral
 - point tenderness
 - bilateral
 - limited rom
 - flexion extension
 - Patient has weakness on bilateral lower extremities
 - Hand(s) / Wrist(s)
 - there is full ROM of the hands/ fingers without swelling or joint deformities
 - bilateral upper extremity weakness
- Back
 - Scoliosis
 - no scoliosis
 - CVA Tenderness
 - none
 - Cervical Spine
 - the c spine shows no abnormal curvatures, is non-tender and has a full rom
 - Thoracic Spine
 - the t spine shows no abnormal curvatures and no point tenderness
 - Lumbar Spine
 - point tenderness
 - limited flexion
 - limited extension
 - Sacrum
 - the sacrum shows no deformities and no point tenderness
 - Coccyx
 - the coccyx is non-tender
- Neurologic
 - Gait
 - unsteady

- Patient uses a motorized wheelchair. Able to walk on short distances.
- Cranial Nerves
 - cranial nerves II-XII grossly intact, no facial asymmetry
- Reflexes
 - hyporeflexia
 - left knee right knee
- Mental Status Exam
 - Attitude
 - cooperative
 - Mood / Affect
 - angry
 - anxious
 - depressed

Vitals

- Temperature: 97.7 F. BP-Systolic/Diastolic: 133/88 mmHg. Right Upper Extremity. O2-Saturation: 98% Room air. Respiration: 17/min. Pulse: 77/min. Height: 5' 2". Weight: 122 lbs. BMI: 22.3. BSA: 1.56. Position: Sitting.

Diagnosis

- I10 / 401.9 - Essential hypertension
- J44.9 / 496 - Chronic obstructive pulmonary disease, unspecified COPD type
- F41.9 / 300.00 - Anxiety and depression
- M17.0 / 715.16 - Primary osteoarthritis of both knees
- M54.42 / 724.2 - Chronic midline low back pain with left-sided sciatica
- M25.551 / 719.45 - Pain of both hip joints
- M47.896 / 721.3 - Other osteoarthritis of spine, lumbar region

Allergies

- Sulfa (Sulfonamide Antibiotics)
- Tetnus Shot (Not Checked)

Current Medication(s)

- Xanax 1 mg tablet: 1-tablet/by mouth / BID as needed (PRN) (Entered on: 08/16/2018 05:30 PM, Original start date: 08/16/2018)
 - Dispense: 60 Tablet
- tramadol 50 mg tablet: 1-tablet/by mouth / TID as needed (PRN) (Entered on: 08/16/2018 05:30 PM, Original start date: 08/16/2018)
 - Dispense: 90 Tablet
- Xanax 1 mg tablet: 1-tablet/by mouth / BID as needed (PRN) (Entered on: 07/16/2018 04:49 PM, Original start date: 07/16/2018)
 - Dispense: 60 Tablet
- tramadol 50 mg tablet: 1-tablet/by mouth / TID as needed (PRN) (Entered on: 07/16/2018 04:49 PM, Original start date: 07/16/2018)
 - Dispense: 90 Tablet
- Xanax 1 mg tablet: 1-tablet/by mouth / BID as needed (PRN) (Entered on: 06/14/2018 06:26 PM, Original start date: 06/14/2018)
 - Dispense: 60 Tablet
- tramadol 50 mg tablet: 1-tablet/by mouth / TID as needed (PRN) (Entered on: 06/14/2018 06:26 PM, Original start date: 06/14/2018)
 - Dispense: 90 Tablet
- Xanax 1 mg tablet: 1-tablet/by mouth / BID as needed (PRN) (Entered on: 05/17/2018 06:09 PM, Original start date: 05/17/2018)
 - Dispense: 60 Tablet
- tramadol 50 mg tablet: 1-tablet/by mouth / TID as needed (PRN) (Entered on: 05/17/2018 06:09 PM, Original start date: 05/17/2018)
 - Dispense: 90 Tablet
- tramadol 50 mg tablet: 1-tablet/by mouth / TID as needed (PRN) (Entered on: 04/20/2018 06:12 PM, Original start date: 04/20/2018)
 - Dispense: 90 Tablet
- Xanax 1 mg tablet: 1-tablet/by mouth / BID as needed (PRN) (Entered on: 04/20/2018 06:12 PM, Original start date: 04/20/2018)
 - Dispense: 60 Tablet
- Xanax 1 mg tablet: 1-tablet/by mouth / BID as needed (PRN) (Entered on: 02/16/2018 12:07 AM, Original start date: 02/16/2018)
 - Dispense: 60 Tablet
- tramadol 50 mg tablet: 1-tablet/by mouth / TID as needed (PRN) (Entered on: 02/16/2018 12:07 AM, Original start date: 02/16/2018)
 - Dispense: 90 Tablet
- tramadol 50 mg tablet: 1-tablet/by mouth / TID as needed (PRN) (Entered on: 01/13/2018 12:38 PM, Original start date: 01/13/2018)
 - Dispense: 90 Tablet
- Xanax 1 mg tablet: 1-tablet/by mouth / BID as needed (PRN) (Entered on: 01/13/2018 12:38 PM, Original start date: 01/13/2018)
 - Dispense: 60 Tablet

- Xanax 1 mg tablet: 1-tablet/by mouth / BID as needed (PRN) (Entered on: 11/07/2017 07:27 PM, Original start date: 11/07/2017)
 - Dispense: 60 Tablet
- tramadol 50 mg tablet: 1-tablet/by mouth / TID as needed (PRN) (Entered on: 11/07/2017 07:27 PM, Original start date: 11/07/2017)
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- omeprazole 20 mg capsule, delayed release: (Entered on: 02/20/2017 05:03 PM, Original start date: 02/20/2017)
- Singulair 10 mg tablet: (Entered on: 02/20/2017 05:03 PM, Original start date: 02/20/2017)
 - Dispense: 1 Tablet
- tramadol tablet Strength Unknown: (Entered on: 02/20/2017 05:03 PM, Original start date: 02/20/2017)
 - Additional Sig: for pain, Dispense: 60 Tablet
- temazepam 15 mg capsule: (Entered on: 02/20/2017 05:03 PM, Original start date: 02/20/2017)
- diazepam 5 mg tablet: (Entered on: 02/20/2017 05:03 PM, Original start date: 02/20/2017)
- simvastatin 10 mg tablet: (Entered on: 02/20/2017 05:03 PM, Original start date: 02/20/2017)
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- lisinopril 10 mg tablet: (Entered on: 02/20/2017 05:03 PM, Original start date: 02/20/2017)

Plan of Care

- Clinician provided the following teaching:
Home Exercise Program
Protect the joint with a brace or wrap.
Rest the joint, avoiding any activities that cause you pain.
Ice the joint for about 15 minutes, several times each day.
Compress the joint using an elastic wrap.
Elevate the joint above the level of your heart
- Medication(s)
Renewed drug(s):
 - Xanax 1 mg tablet 1-tablet/by mouth / BID as needed (PRN)
 - Dispense: 60 Tablet
 - tramadol 50 mg tablet 1-tablet/by mouth / TID as needed (PRN)
 - Dispense: 90 Tablet
- Recommendations
 - Alcohol /drug use counseling
 - Smoking cessation advised/counseling provided
 - Medications and side effects discussed
 - Risk of anti inflammatory drugs discussed in detail
 - Back strengthening exercises advised and recommended
- Diet
 - 1500 cal ada diet advised and recommended
 - Avoid caffeine and carbonated drinks
 - Encouraged to follow low fat low na diet
 - Calcium and vit d recommended
 - Decrease carbohydrates
- Visit & Procedure Codes
 - 99214 - Established patient visit 25 minutes, Unit(s): 1.00



Electronically Signed by Festus Ebonka, APRN on 08/16/2018 02:32 PM

Festus Ebonka, Psych NP

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

6/29/2018
8:43 PM

page 1 of 5

**Complete Evaluation / OutPatient
APRN**

T [REDACTED] S [REDACTED]
ID: 2004691108 DOB: [REDACTED]

Suboxone
11-19-18

HISTORY: Ms. T [REDACTED] is a Caucasian 40-year-old woman. Her chief complaint is, "I want to get off opioids..." Pt states she was addicted to opioids but never took heroin; states she was taking suboxone for opioid withdrawal and wants to continue with treatment in this clinic. denies other illicit drugs/alcohol abuse. states suboxone is very helpful. also admits to history of bipolar, anxiety disorder.

Drug Used:

Opioids

Pattern of Use:

*There is a persistent desire or unsuccessful efforts to cut down or control Opioids use.

*Opioids are often taken in larger amounts or over a longer period than was intended.

Precipitating Events:

*Unable to identify a relapse trigger for the current relapse.

*Current relapse began with exposure to a small amount of the substance.

Amount Used:

When Ms. Thomas uses, the quantity used is about 50 mgs per day.

Route of Administration:

Orally

Frequency of Use: Daily

Longest Period of Abstinence:

4 Months

Length of Use:

For 4 Years; exact time started is not remembered.

Last Used:

6 Months Ago, exact day or month is uncertain.

PAST PSYCHIATRIC HISTORY:

Withdrawal History:

*Agitation

T [REDACTED] S [REDACTED]
ID: 2004691108 DOB: [REDACTED]
Complete Evaluation: Continued

6/29/2018
8:43 PM

- *Hallucinations
- *Irritability
- *Joint Pain
- *Muscle Spasms
- *Unable to Sleep

Psychiatric Hospitalization:

Ms. T [REDACTED] has never been psychiatrically hospitalized.

Outpatient Treatment:

Ms. T [REDACTED] received outpatient mental health treatment for anxiety problems, for depression, for a manic episode.

Suicidal/Self Injurious:

Ms. T [REDACTED] has a history of suicidal thoughts but has never made an attempt.

Assault History:

Ms. T [REDACTED] has no history of assaultive behavior.

Addiction/Use History:

Ms. T [REDACTED] has a history of opioids use.

Ms. T [REDACTED] has a history of marijuana use.

Acting Out:

Denies any history of typical acting out behavior.

Medication Compliance:

There is no history of medication non compliance.

Prior Psychiatric Disorder:

She has a history of anxiety symptoms.

Ms. T [REDACTED] has a history of a bipolar disorder.

SOCIAL/DEVELOPMENTAL HISTORY:

Ms. T [REDACTED] is a 40 year old woman. She is Caucasian.

Gestational & Developmental Histories:

Ms. T [REDACTED] gestational and developmental histories were normal.

Childhood History: She was raised by her Mother and Stepfather. she has 2 brothers; she has good relationship with them.

Quality of childhood was:

- *Emotionally and economically supportive and maritaly intact.

Activities of Daily Living:

Ms. T [REDACTED] describes no enjoyable recreational or leisure activities.

Barriers to Treatment:

Emotional:

*Emotional or psychological problems are a barrier to treatment success; Emotional problems will be addressed via the treatment plan.

Motivation:

T [REDACTED] S [REDACTED]
ID: 2004691108 DOB: [REDACTED]
Complete Evaluation: Continued

6/29/2018
8:43 PM

*Lack of motivation for treatment is a barrier and an obstacle to progress; Therapy will focus on motivational problems first.

Children:

Ms. T [REDACTED] has two children. (from current relationship)

Coping Diversions:

When tempted to abuse a substance Ms. Thomas uses the following diversions to cope:

- *Plays with a Pet
- *Talking to a Friend or Family Member
- *Creative Art

Coping Strengths:

Hopeful for Recovery
Motivated for Treatment

Educational History:

Ms. T [REDACTED] attended college, but did not graduate.

Employment History:

Ms. T [REDACTED] is an unemployed

Financial Status:

*Does not have a steady income

Housing Status: She lives with her significant other.

Relationship/Marriage:

Ms. T [REDACTED] is not married or in a relationship at this time.

FAMILY HISTORY:

Father carries diagnosis of bipolar disorder, schizophrenia.
Mother unknown

MEDICAL HISTORY:

Allergies:

There are no known allergies.

Compliance:

Ms. T [REDACTED] reports good compliance with medical instructions including medication orders.

Current Medical Diagnoses:

None

Current Medications:

*None

Health & Behavior:

Diet:

*Describes eating a healthy and varied diet

T [REDACTED] S [REDACTED]
 ID: 2004691108 DOB: [REDACTED]
 Complete Evaluation: Continued

6/29/2018
 8:43 PM

Weight:

*A few extra pounds

Exercise:

*Work seems to provide adequate exercise.

Alcohol:

*Reports drinking little or no alcohol.

Caffeine:

*Drinks about two cups of coffee a day

Recreational drugs:

*Recreational drug use that is potentially injurious to health is noted. Please see HPI or PPH.

Sexual:

*Denies any non safe sexual practices.

Sleep:

*Complains of sleep difficulties.

Stress:

She reports stress is a problem, caused by financial instability.

Infection or Disease:

None: There are no indications of current infectious disease or recent exposure to an infectious disease.

Past MEDICAL HISTORY:

Musculoskeletal:

*Back Problems and hip pain

*Arthritis

EXAM: Sitting blood pressure is 102 / 69. Sitting pulse rate is 69. Respiratory rate is 20 per minute. Oxygen saturation is 97% (normal). Temperature is 97.8 degrees F. Height is 5' 2" (157 cm). Weight is 142 lbs. (64.4 Kg). BMI is 26. Pt casually groomed, exhibits signs of withdrawal from a chemical. Agitation, seemingly secondary to withdrawal, is present. GI disturbance, attributable to withdrawal, is noted. Signs of anxiety which appear to be secondary to withdrawal are present. Facial expression/general demeanor reveal depressed mood. Slowness of physical movement helps reveal depressed mood. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are loose, thinking is illogical; thought content appears inappropriate. Suicidal ideas or intent are denied. Homicidal ideas are denied. Insight into problems poor. Judgment poor.

DIAGNOSES: The following Diagnoses are based on currently available information and may change as additional information becomes available.

Bipolar disorder, current episode mixed, unspecified, F31.60 (ICD-10) (Active)

Generalized anxiety disorder, F41.1 (ICD-10) (Active)

Opioid dependence, uncomplicated, F11.20 (ICD-10) (Active)

THERAPY CONTENT/CLINICAL SUMMARY:

The patient expressed many feelings of helplessness this session. The problem of low frustration tolerance was discussed in today's therapy session. The focus of today's session was on assessing the type and severity of the problem. The patient was today given emotional support.

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Overall treatment plan was discussed with the patient. Patient voiced understanding. Risks benefits, side effects, and alternative treatments regarding prescribed medications were discussed with the patient. Patient expressed

Complete Evaluation: Continued

understanding and provided informed consent to be on aforementioned medications. Education was provided regarding the metabolic profile of patients current psychotropic medications and the importance of monitoring for weight gain and glucose tolerance. Patient was educated on the deleterious effects of illicit substance and alcohol. Patient is strongly urged to maintain abstinence. Patient was advised to remove all firearms from home in order to decrease risk in the event of unforeseen future crisis. Patient denies having access to firearms. Patient has been counseled on the possibility of EPS, TD, NMS, paradoxical suicidality and hyperprolactinemia. Patient was advised to immediately return to office, call 911, or go to the nearest ER for worsening symptoms, side effects, thoughts of harm, thoughts of harming others, or any other concerns.

Continue Suboxone 8/2 mg PO BID (Opioid Dependence)

Order given by Festus Ebonka, Psych NP on 6/29/2018 3:08:35 PM

Continue Paxil 30 mg PO Daily (Depression)

Order given by Festus Ebonka, Psych NP on 6/29/2018 3:08:35 PM

Continue Hydroxyzine 50 mg PO BID (prn anxiety)

Order given by Festus Ebonka, Psych NP on 6/29/2018 3:08:35 PM

Return 4 weeks, or earlier if needed.

90791 Psych Diagnostic Interview

Time spent face to face with patient and/or family and coordination of care: 60 plus minutes

Festus Ebonka, Psych NP

Electronically Signed

By: Festus Ebonka, Psych NP

On: 7/1/2018 8:44:04 PM

Festus Ebonka, Psych NP

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

T S
ID: 2004691108 DOB: [REDACTED]

10/3/2018
4:19:25 PM

Progress Note

INTERVAL HISTORY: Chief complaint: "I feel better; need my refills." Pt denies any sl/hi, voices or delusions. Behavior has been stable/uneventful. No side effects are reported or in evidence. Pt reports no psychotic, depressive, or anxiety symptoms.

MEDICAL HISTORY:

Allergies:

There are no known allergies.

Compliance:

Ms. Thomas reports good compliance with medical instructions including medication orders.

Current Medical Diagnoses:

None

Current Medications:

*None

Health & Behavior:

Diet:

*Describes eating a healthy and varied diet

Weight:

*A few extra pounds

Exercise:

*Work seems to provide adequate exercise.

Alcohol:

*Reports drinking little or no alcohol.

Caffeine:

*Drinks about two cups of coffee a day

Recreational drugs:

*Recreational drug use that is potentially injurious to health is noted. Please see HPI or PPH.

Sexual:

*Denies any non safe sexual practices.

Sleep:

*Complains of sleep difficulties.

Stress:

She reports stress is a problem, caused by financial instability.

Infection or Disease:

None: There are no indications of current infectious disease or recent exposure to an infectious disease.

Past MEDICAL HISTORY:



10/3/2018

4:19 PM

ID: 2004691108

DOB: [REDACTED]

Progress Note**Musculoskeletal:**

- *Back Problems and hip pain
- *Arthritis

EXAM: Mood is labile; speech reveals no abnormalities of rate, volume, or articulation; no homicidal intention; behavior is not bizarre; there are no indications that hallucinations, delusions are present. There are no signs of thought disorder. Associations are intact, thinking is logical; thought content appropriate. Orientation, memory, and general cognitive abilities present as normal and intact. No signs of anxiety are present. There are no signs of hyperactive or attentional difficulties. Insight and judgment are intact. Sitting blood pressure is 109 / 65. Sitting pulse rate is 63. Respiratory rate is 14 per minute. Temperature is 98.1 degrees F. Height is 5' 2" (157.5 cm). Weight is 142 lbs. (64.4 Kg). BMI is 26.

DIAGNOSES: The following Diagnoses are based on currently available information and may change as additional information becomes available.

Bipolar disorder, current episode mixed, unspecified, F31.60 (ICD-10) (Active)

Generalized anxiety disorder, F41.1 (ICD-10) (Active)

Opioid dependence, uncomplicated, F11.20 (ICD-10) (Active)

THERAPY CONTENT/CLINICAL SUMMARY:

The patient expressed many feelings of hopelessness this session. The problem of low frustration tolerance was discussed in today's therapy session. This session the therapeutic focus was on helping the patient improve ability to cope. The patient was today given emotional support.

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Overall treatment plan was discussed with the patient. Patient voiced understanding. Risks benefits, side effects, and alternative treatments regarding prescribed medications were discussed with the patient. Patient expressed understanding and provided informed consent to be on aforementioned medications. Education was provided regarding the metabolic profile of patient's current psychotropic medications and the importance of monitoring for weight gain and glucose tolerance. Patient was educated on the deleterious effects of illicit substance and alcohol. Patient is strongly urged to maintain abstinence. Patient was advised to remove all firearms from home in order to decrease risk in the event of unforeseen future crisis. Patient denies having access to firearms. Patient has been counseled on the possibility of EPS, TD, NMS, paradoxical suicidality and hyperprolactinemia. Patient was advised to immediately return to office, call 911, or go to the nearest ER for worsening symptoms, side effects, thoughts of harm, thoughts of harming others, or any other concerns.

Continue Suboxone 8/2 mg PO BID (Opioid Dependence)

Order given by Festus Ebonka, Psych NP on 6/29/2018 3:08:35 PM

Continue Paxil 30 mg PO Daily (Depression)

Order given by Festus Ebonka, Psych NP on 6/29/2018 3:08:35 PM

Continue Hydroxyzine 50 mg PO BID (pm anxiety)

Order given by Festus Ebonka, Psych NP on 6/29/2018 3:08:35 PM

Return 4-6 weeks, or earlier if needed.

NOTES & RISK FACTORS:

History of substance abuse



10/3/2018
4:18 PM

ID: 2004691108

DOB: [REDACTED]

Progress Note

History of Subst. Abuse

History of Subst. Abuse

99214 (Office Pt, Established)

90833 Psychotherapy 30 min. (16-37 min.) with EM services

Time spent with patient and family member on psychotherapy services only: 16 to 37 minutes

Festus Ebonka, Psych NP

Electronically Signed

By: Festus Ebonka, Psych NP

On: 10/4/2018 4:19:30 PM

Festus Ebonka, Psych NP

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

9/4/2018
4:56:46 PM

T S
ID: 2004691108 DOB: [REDACTED]

Progress Note

INTERVAL HISTORY: Chief complaint: "I feel less restless and anxious." Pt states she has less anxiety and less apprehension/trouble concentrating; pt also feels less tense and less irritable/restless.

MEDICAL HISTORY:

Allergies:

There are no known allergies.

Compliance:

Ms. T [REDACTED] reports good compliance with medical instructions including medication orders.

Current Medical Diagnoses:

None

Current Medications:

*None

Health & Behavior:

Diet:

*Describes eating a healthy and varied diet

Weight:

*A few extra pounds

Exercise:

*Work seems to provide adequate exercise.

Alcohol:

*Reports drinking little or no alcohol.

Caffeine:

*Drinks about two cups of coffee a day

Recreational drugs:

*Recreational drug use that is potentially injurious to health is noted. Please see HPI or PPH.

Sexual:

*Denies any non safe sexual practices.

Sleep:

*Complains of sleep difficulties.

Stress:

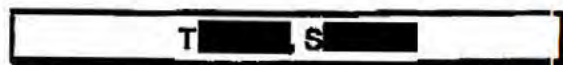
She reports stress is a problem, caused by financial instability.

Infection or Disease:

None: There are no indications of current infectious disease or recent exposure to an infectious disease.

Past MEDICAL HISTORY:

Musculoskeletal:



9/4/2018

4:56 PM

ID: 2004691108

DOB: [REDACTED]

Progress Note

*Back Problems and hip pain
*Arthritis

EXAM: Pt presents less irritable/less distracted, casually groomed, less anxious. Mood lability has been observed. Pt is less intrusive. Speech is normal. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical; thought content appears appropriate. Suicidal ideas/intent are denied. Homicidal Ideas/intentions are denied. Insight into problems appears to be poor. Judgment appears to be poor. Sitting blood pressure is 108 / 67. Sitting pulse rate is 64. Respiratory rate is 16 per minute. Temperature is 98.1 degrees F. Height is 5' 2" (157.5 cm). Weight is 142 lbs. (64.4 Kg). BMI is 26.

DIAGNOSES: The following Diagnoses are based on currently available information and may change as additional information becomes available.

Bipolar disorder, current episode mixed, unspecified, F31.60 (ICD-10) (Active)
Generalized anxiety disorder, F41.1 (ICD-10) (Active)
Opioid dependence, uncomplicated, F11.20 (ICD-10) (Active)

THERAPY CONTENT/CLINICAL SUMMARY:

The patient expressed many feelings of hopelessness this session. Feelings of low self esteem were also discussed in today's session. This session the therapeutic focus was on improving problem solving skills. The patient was today given emotional support.

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Overall treatment plan was discussed with the patient. Patient voiced understanding. Risks benefits, side effects, and alternative treatments regarding prescribed medications were discussed with the patient. Patient expressed understanding and provided informed consent to be on aforementioned medications. Education was provided regarding the metabolic profile of patient's current psychotropic medications and the importance of monitoring for weight gain and glucose tolerance. Patient was educated on the deleterious effects of illicit substance and alcohol. Patient is strongly urged to maintain abstinence. Patient was advised to remove all firearms from home in order to decrease risk in the event of unforeseen future crisis. Patient denies having access to firearms. Patient has been counseled on the possibility of EPS, TD, NMS, paradoxical suicidality and hyperprolactinemia. Patient was advised to immediately return to office, call 911, or go to the nearest ER for worsening symptoms, side effects, thoughts of harm, thoughts of harming others, or any other concerns.

Continue Suboxone 8/2 mg PO BID (Opioid Dependence)

Order given by Festus Ebonka, Psych NP on 6/29/2018 3:08:35 PM

Continue Paxil 30 mg PO Daily (Depression)

Order given by Festus Ebonka, Psych NP on 6/29/2018 3:08:35 PM

Continue Hydroxyzine 50 mg PO BID (pm anxiety)

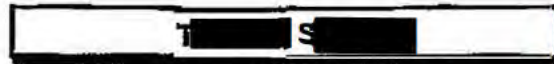
Order given by Festus Ebonka, Psych NP on 6/29/2018 3:08:35 PM

Return 4 weeks, or earlier if needed.

NOTES & RISK FACTORS:

History of substance abuse

History of Subst. Abuse



ID: 2004691108

DOB: [REDACTED]

9/4/2018

4:56 PM

Progress Note

History of Subst. Abuse

99214 (Office PI, Established)

90833 Psychotherapy 30 min. (16-37 min.) with EM services

Time spent with patient and family member on psychotherapy services only: 16 to 37 minutes

Festus Ebonka, Psych NP

Electronically Signed

By: Festus Ebonka, Psych NP

On: 10/4/2018 4:56:51 PM

Exhibit 6

19-012-CS-S

Festus Ebonka

205061

Nevada Care Center

1721 East Charleston Blvd.

Las Vegas, NV 89104

Ph. (702) 685-0620 Fax (702) 685-9674

Patient Name

Address

Date

2/28/17

(Copy of Photo ID required on all narcotic medications)

Rx

Vyvanse 30 mg PO QD #15

Refills 3

Signature

Refills

Dr. Matthew Orsini, M.D. DEA# 104173415

Dr. Foster Ebonka, APRN, DEA# ME1443643

Festus Ebonka, Psych NP

8/26/2016

7:33 AM

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

page 1 of 5

**Complete Evaluation / OutPatient
APRN**

medical ID:

J [REDACTED] J [REDACTED]
ID: 942 DOB: [REDACTED]

HISTORY: J [REDACTED] is a Caucasian 6-year-old boy. This evaluation was requested because as per mother, "he has ADHD and always in trouble." Pt's mother states pt has been irritable, restless and has difficulty concentrating. He is in IEP due to behavior problems. He lives with his mother. His father is not in his life. Mother states pt does not respect her; requires redirection and "discipline."

Behavior Described In:

J [REDACTED] exhibits hyperactive and attentional difficulties both in school and at home.

ADHD Symptoms:

J [REDACTED] exhibits symptoms of inattention. He does not listen. He reports difficulty sustaining attention. J [REDACTED] is easily distracted. He describes being inattentive. He has a short attention span. He is always "on the go" or acts as if "driven by a motor." He is easily bored. J [REDACTED] excessive movement has been noted. J [REDACTED] describes feelings of inner restlessness.

J [REDACTED] exhibits signs of impulsive behavior. He frequently interrupts others. He has difficulty accepting limits.

Anxiety Symptoms:

J [REDACTED] exhibits symptoms of anxiety. His anxiety symptoms have been present for 4 weeks.

J [REDACTED] describes the following anxiety symptoms:

- *Apprehensiveness
- *Difficulty concentrating occurs.
- *Fears of losing control
- *Feels embarrassment
- *Irritability

J [REDACTED] symptoms are occurring daily. He reports previous episodes of anxiety symptoms.

Severity is estimated to be medium based on J [REDACTED] risk of morbidity without treatment and his description of interference with functioning.

Detailed Review of Systems:

Review of all Jordan's Systems reveals the following information:

Breast/Chest:

There is no recent history of lumps, pain, discharge or any other breast or chest abnormalities.

Cardiac:

There is no recent history of chest pain, skipped heart beats, elevated blood pressure, heart murmur, shortness of breath or any other cardiac abnormalities.

Constitutional:

There is no recent history of weight loss, fever, malaise, or other abnormal constitutional symptoms.

Ears:

There is no recent history of pain, dizziness, discharge, ringing, hearing loss or any other ear abnormalities.

Endocrine:

medical ID:

ID: 942

DOB: [REDACTED]

7:33 AM

Complete Evaluation: Continued

There is no recent history of diabetes, thirst, thyroid problems, excess urination or any other endocrine abnormalities.

Eyes:

There is no recent history of double or blurred vision, pain, redness or any other eye abnormalities.

G.I.: There is no recent history of nausea, vomiting, diarrhea, anorexia, bulimia, constipation, hepatitis, hemia, blood, difficulty swallowing, change in bowel movements or any other G.I. abnormalities.

Hematology:

There is no recent history of anemia, bleeding, blood transfusions, or any other hematological disorder

Male Genitals:

No discharge, sores or other indicators of STDs are reported. No masses or tenderness described.

Mouth/Throat:

No sores, bleeding or frequent sore throats reported.

Musculoskeletal:

No recent falls, stiffness, weakness, joint pain or other symptoms referable to the Musculoskeletal system are reported.

Neck:

No lumps or swellings or other abnormalities related to the neck are reported.

Neurological:

There is no history of loss of consciousness, seizure, weakness, dizziness, atypical headache or other neurological abnormality.

Nose/Sinus:

No symptoms of nasal congestion, bleeding, infection, frequent colds or other symptoms referable to the nose and sinus are described.

Pain:

No current or recent pain is reported.

Respiratory:

History is negative for cough, wheezing, asthma, hemoptysis, exudate or bronchitis or other symptoms referable to the respiratory system.

Skin:

No rash, lumps or other skin changes are reported.

Urinary:

There is no history of hematuria, signs of infection, stones or other symptoms referable to the urinary system.

PAST PSYCHIATRIC HISTORY:

Psychiatric Hospitalization:

J [REDACTED] was hospitalized on one occasion.

Outpatient Treatment:

J [REDACTED] received outpatient mental health treatment for ADHD.

Suicidal/Self Injurious:

J [REDACTED] has no history of suicidal or self injurious behavior.

Assault History:

J [REDACTED] has no history of assaultive behavior.

Acting Out:

Denies any history of typical acting out behavior.

Medication Compliance:

There is no history of medication non compliance.

medicaid ID:

ID: 942

DOB:

7:33 AM

Complete Evaluation: Continued

Psychotropic Medication History: clonidine

Prior Psychiatric Disorder:

J. was diagnosed with ADHD.

SOCIAL/DEVELOPMENTAL HISTORY:

Gestational & Developmental Histories:

J. gestational and developmental histories were normal.

Childhood History: He was raised by his mother, as a single parent. Pt's father is not in his life. Pt has no sibling.

Quality of childhood was: Mother is

*emotionally and economically supportive.

Activities of Daily Living:

Current Leisure Activities:

*Movies

*Music

*Internet Activities

*Outdoor Activities

Barriers to Treatment:

Emotional:

*Emotional or psychological problems are a barrier to treatment success: Emotional problems will be addressed via the treatment plan.

Motivation:

*Lack of motivation for treatment is a barrier and an obstacle to progress: Therapy will focus on motivational problems first.

Coping Strengths:

Family:

*Supportive mother.

Educational History: Pt is going to be in 1st grade.

Housing Status: He lives with his mother.

FAMILY HISTORY:

Mother carries diagnosis of depression, anxiety, substance abuse problems.

Father unknown

MEDICAL HISTORY:

Infection or Disease:

None: There are no indications of current infectious disease or recent exposure to an infectious disease.

Past MEDICAL HISTORY:

Past Medical History is essentially negative.

Surgical History:

*None

Allergies:

There are no known allergies.

medical ID:

ID: 942

DOB: [REDACTED]

7:33 AM

Complete Evaluation: Continued

Current Medical Diagnoses:

None

Current Medications:

*None

Health & Behavior:**Diet:**

*Describes eating a healthy and varied diet

Weight:

*A few extra pounds

Exercise:

*Work seems to provide adequate exercise.

Alcohol:

*Reports drinking no alcohol.

Caffeine:

*No caffeine intake

Recreational drugs:

*Recreational drug use is either denied or used in moderation and felt to not be a health risk.

Sexual:

J [REDACTED] is not sexually active.

Sleep:

*Reports that sleep is not a problem.

Tobacco has never been used.

Pain:

Jordan denies current pain.

EXAM: J [REDACTED] presents as irritable, distracted, casually groomed, over weight, and appears anxious. He is intrusive. Mood lability has been observed. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical, and thought content appears appropriate. Suicidal ideas or intentions are denied. Homicidal ideas or intentions are denied. Insight into problems appears to be poor. Judgment appears to be poor. Sitting blood pressure is 108 / 64. Sitting pulse rate is 62. Respiratory rate is 14 per minute. Temperature is 98.2 degrees F. Sitting blood pressure is 108 / 64. Sitting pulse rate is 62. Respiratory rate is 14 per minute. Temperature is 98.2 degrees F. Height is 4' 0" (122 cm). Weight is 73 lbs. (33.1 Kg). BMI is 22.3.

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Overall treatment plan was discussed with the patient. Patient voiced understanding. Risks benefits, side effects, and alternative treatments regarding prescribed medications were discussed with the patient. Patient expressed understanding and provided informed consent to be on aforementioned medications. Education was provided regarding the metabolic profile of patients current psychotropic medications and the importance of monitoring for weight gain and glucose tolerance. Patient was educated on the deleterious effects of illicit substance and alcohol. Patient is strongly urged to maintain abstinence. Patient was advised to remove all firearms from home in order to decrease risk in the event of unforeseen future crisis. Patient denies having access to firearms. Patient has been counseled on the possibility of EPS, TD, NMS, paradoxical suicidality and hyperprolactinemia. Patient was advised to immediately return to office, call 911, or go to the nearest ER for worsening symptoms, side effects, thoughts of harm, thoughts of harming others, or any other concerns.

page 5 of 5

J [REDACTED], J [REDACTED]

8/26/2016

medical ID:

ID: 942

DOB: [REDACTED]

7:33 AM

Complete Evaluation: Continued

Return 2-3 weeks, or earlier if needed.

H0031 - MH HEALTH ASSESS BY NON-MD

Time spent face to face with patient and/or family and coordination of care: 60 plus minutes

Festus Ebonka, Psych NP

Electronically Signed

By: Festus Ebonka, Psych NP

On: 8/27/2016 7:33:17 AM

Festus Ebonka, Psych NP

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

12/1/2016
9:27:49 AM

medicaid ID: 00001189216

ID: 942

DOB: [REDACTED]

Progress Note

Chief complaint: As per mother, "J [REDACTED] is getting too much difficult." Pt's mother states he continues to have difficulty focusing; remains restless/agitated. he is easily distracted; does not pay attention to details, forgets things; he frequently switches from one activity to another. he becomes bored with a task after only a few minutes, unless doing something enjoyable. he has difficulty focusing attention on organizing and completing a task and trouble completing assignments. he does not seem to listen when spoken to directly as if he is daydreaming. he becomes easily confused, and moves slowly. he has difficulty processing information as quickly and accurately as others and so his grades are poor and does not do as well as he is capable.

EXAM: Pt remains irritable, distracted, casually groomed, defensive; appears anxious. Mood lability has been observed. Pt is intrusive. Speech is rapid. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical; thought content appears appropriate. Suicidal ideas/intent are denied. Homicidal ideas/intentions are denied. Insight into problems appears to be poor. Judgment appears to be poor. Pt is restless. Sitting blood pressure is 124/69. Sitting pulse rate is 65. Respiratory rate is 17 per minute. Temperature is 98.5 degrees F. Height is 4' 0" (121.9 cm). Weight is 73 lbs. (33.1 Kg). BMI is 22.3.

THERAPY CONTENT/CLINICAL SUMMARY:

The patient expressed many feelings of anxiety this session. Financial problems were also discussed by the patient. This session the therapeutic focus was on improving problem solving skills. The patient was today given instructions regarding stress reduction techniques.

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Overall treatment plan was discussed with the patient. Patient voiced understanding. Risks benefits, side effects, and alternative treatments regarding prescribed medications were discussed with the patient. Patient expressed understanding and provided informed consent to be on aforementioned medications. Education was provided regarding the metabolic profile of patients current psychotropic medications and the importance of monitoring for weight gain and glucose tolerance. Patient was educated on the deleterious effects of illicit substance and alcohol. Patient is strongly urged to maintain abstinence. Patient was advised to remove all firearms from home in order to decrease risk in the event of unforeseen future crisis. Patient denies having access to firearms. Patient has been counseled on the possibility of EPS, TD, NMS, paradoxical suicidality and hyperprolactinemia. Patient was advised to immediately return to office, call 911, or go to the nearest ER for worsening symptoms, side effects, thoughts of harm, thoughts of harming others, or any other concerns.

Continue Vyvansa 30 mg PO Daily (ADHD)

Order given by Festus Ebonka, Psych NP on 9/8/2016 3:48:17 PM

Continue Trazodone 50 mg PO QHS (pm sleep)

Order given by Festus Ebonka, Psych NP on 11/3/2016 6:40:38 PM

Return 3-4 weeks, or earlier if needed.

medicaid ID: 00001189216

ID: 942

DOB: [REDACTED]

12/1/2016

9:27 AM

Progress Note

99214 (Office Pt, Established)

90833 Psychotherapy 30 min. with EM services

Time spent face to face with patient and/or family and coordination of care: 25-37 minutes

Festus Ebonka, Psych NP

Electronically Signed

By: Festus Ebonka, Psych NP

On: 12/30/2016 9:27:55 AM

Festus Ebonka, Psych NP

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

12/29/2016
11:18:43 AM

medical ID: 00001189216

ID: 942

DOB: [REDACTED]

Progress Note

Chief complaint: As per mother, "J [REDACTED] is still the same." Pt's mother states pt remains defiant and argumentative. He exhibits a hot temper; he is frequently argumentative. Active defiance or refusal to comply with adult's rules is a significant part of his behavior. People often complain that pt is annoying them. He often blames others for his mistakes or misbehaviors.

EXAM: Pt presents as irritable, distracted, casually groomed, defensive; appears anxious. Mood lability has been observed. Pt is intrusive. Speech is rapid. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical; thought content appears appropriate. Suicidal ideas or intent are denied. Homicidal ideas or intentions are denied. Insight into problems appears to be poor. Judgment appears to be poor. Pt is restless. Sitting blood pressure is 109 / 68. Sitting pulse rate is 66. Respiratory rate is 18 per minute. Temperature is 98.3 degrees F. Height is 4' 0" (121.9 cm). Weight is 73 lbs. (33.1 Kg). BMI is 22.3.

THERAPY CONTENT/CLINICAL SUMMARY:

This session the patient's focus was on feelings of anxiety. The main therapeutic techniques used today involved instruction in stress reduction techniques. Therapeutic efforts also included confrontation and reflection of irrational beliefs and ideas.

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Overall treatment plan was discussed with the patient. Patient voiced understanding. Risks benefits, side effects, and alternative treatments regarding prescribed medications were discussed with the patient. Patient expressed understanding and provided informed consent to be on aforementioned medications. Education was provided regarding the metabolic profile of patient's current psychotropic medications and the importance of monitoring for weight gain and glucose tolerance. Patient was educated on the deleterious effects of illicit substance and alcohol. Patient is strongly urged to maintain abstinence. Patient was advised to remove all firearms from home in order to decrease risk in the event of unforeseen future crisis. Patient denies having access to firearms. Patient has been counseled on the possibility of EPS, TD, NMS, paradoxical suicidality and hyperprolactinemia. Patient was advised to immediately return to office, call 911, or go to the nearest ER for worsening symptoms, side effects, thoughts of harm, thoughts of harming others, or any other concerns.

Continue Vyvanse 30 mg PO Daily (ADHD)

Order given by Festus Ebonka, Psych NP on 9/8/2016 3:48:17 PM

Continue Trazodone 50 mg PO QHS (pm sleep)

Order given by Festus Ebonka, Psych NP on 11/3/2016 6:40:38 PM

Return 3-4 weeks, or earlier if needed.

99214 (Office Pt, Established)

90833 Psychotherapy 30 min. with EM services

medical ID: 00001189216

ID: 942

DOB: [REDACTED]

12/29/2016

11:18 AM

Progress Note

Time spent face to face with patient and/or family and coordination of care: 25-37 minutes

Festus Ebonka, Psych NP

Electronically Signed

By: Festus Ebonka, Psych NP

On: 1/24/2017 11:18:55 AM

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

2/27/2017

7:22:42 AM

medical ID: 00001189216

ID: 942

DOB: [REDACTED]

Group Therapy Note

Session Remarks:

Group Type:

Focus Group: Focus groups are assigned specific topics or problem areas to discuss. The ways the group members react to each other is part of the focus of clinical attention. The focus of today's group was on the subject of self esteem. The purpose was to explore with group members the concept of self esteem, including how it effects behavior and relationships and how to improve self esteem. The confrontation and challenging of irrational ideas and negative self appraisals was explored.

Group Leader Interventions:

Therapist assigned a directed art or activity project toward a goal of helping to clarify areas of difficulty, identify coping skills and manage stress. Assigned worksheet/activity with topic of social skills. Group Leader facilitated discussion about clarifying areas of difficulty and identifying coping skills.

Expressed Positive Emotions : Yes

Showed Empathy: Yes

Ability to Focus on Tasks: Yes

Impulse Control: Mild

Participated : Yes

Was Helpful to others: Yes

Able to talk about feelings: Yes

Healthy words: No Incidents

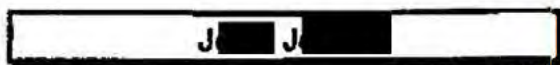
Plan:

Continue group for Jordan.

1 Unit for 59480 - IOP

Time spent face to face with patient and/or family and coordination of care: 160-180 min

Priscilla Otoo-Davis, MSW, LSW, LCI



2/27/2017
7:22 AM

medicaid ID: 00001189216

ID: 942

DOB: [REDACTED]

Group Therapy Note

(Note Compiled by: Priscilla Oloo-Davis, MSW, LSW, LCI)

Electronically Signed
By: Festus Ebonka, Psych NP
On: 3/10/2017 7:37:45 AM

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

2/28/2017

3:06:47 PM

medicaid ID: 00001189216

ID: 942

DOB: [REDACTED]

Clinical Message

MESSAGE:

Refill

2/28/2017 Refill Vyvanse PO 30 mg Daily 14 pills 0 refills
2/28/2017 Refill Trazodone PO 50 mg QHS 14 pills 0 refills
2 weeks supply

Refill called in by: Tabitha J. Daniel, MA
Calling was approved by NP.
Providence @ 702-778-3072

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

3/1/2017
6:36:10 AM

medicaid ID: 00001189216

ID: 942

DOB: [REDACTED]

Group Therapy Note

Session Remarks:

Group Type:

Activity Therapy: Activity Therapy includes a variety of activities designed to help the group members learn more about themselves, problem solve, express feelings in appropriate ways, reduce stress and improve relationships with others. They may participate in art, music, exercise, sports, games and other activities. Games were played as part of today's activities.

Group Leader Interventions:

Therapist assigned a directed art or activity project toward a goal of facilitating communication of feelings. Processed sand tray themes with patient. Therapist provided psycho-education regarding facilitating increased awareness and communication of feelings. Group Leader facilitated discussion about clarifying areas of difficulty and identifying coping skills.

Expressed Positive Emotions : Yes

Showed Empathy: Yes

Ability to Focus on Tasks: Yes

Impulse Control: Mild

Participated : Yes

Was Helpful to others: Yes

Able to talk about feelings: Yes

Healthy words: No Incidents

Plan:

Continue group.

1 Unit for \$9480 - IOP

Time spent face to face with patient and/or family and coordination of care: 160-180 min

Priscilla Otoo-Davis, MSW, LSW, LCI
(Note Compiled by: Festus Ebonka, Psych NP)

Page 2 of 2

medicaid ID: 00001189216

ID: 942

DOB: [REDACTED]

Group Therapy Note

3/1/2017

6:36 AM

Electronically Signed

By: Festus Ebonka, Psych NP

On: 3/13/2017 6:38:18 AM

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

medicaid ID: 00001189216

ID: 942

DOB: [REDACTED]

3/3/2017
5:38:56 PM

Group Therapy Note

Session Remarks:

Group Type:

Focus Group: Focus groups are assigned specific topics or problem areas to discuss. The ways the group members react to each other is part of the focus of clinical attention. The focus of today's group was the concept of social skills. The purpose was to familiarize the group members with certain techniques and skills needed to establish and maintain healthy relationships. Group members were encouraged to share life experiences that illustrated the use of those skills both at home and in school with their peer.

Group Leader Interventions:

Therapist assigned a directed art or activity project toward a goal of helping to clarify areas of difficulty, identify coping skills and manage stress.

Therapist allowed client to direct art or activity toward goal of facilitating communication of feelings. Facilitated Group Process by engaging patient in an open discussion regarding expressing one's emotions.

Expressed Positive Emotions : Yes
Showed Empathy: Yes
Ability to Focus on Tasks: Yes
Impulse Control: Mild
Participated : Yes
Was Helpful to others: Yes
Able to talk about feelings: Yes
Expressed Anger with: Healthy words: No Incidents

Plan:

Continue group.

1 Unit for 99480 - IOP

Priscilla Otoo-Davis, MSW, LSW, LCI

Page 2 of 2

medical ID: 00001189218

ID: 942

DOB: [REDACTED]

3/3/2017

5:38 PM

Group Therapy Note

(Note Compiled by: Festus Ebonka, Psych NP)

Electronically Signed

By: Festus Ebonka, Psych NP

On: 3/10/2017 5:39:02 PM

Exhibit 7

19-012-CS-S

Festus Ebonka

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

3/6/2017
6:14:38 AM

medicaid ID: 00001189216

ID: 942

DOB: [REDACTED]

Group Therapy Note

Session Remarks:

Group Type:

Focus Group: Focus groups are assigned specific topics or problem areas to discuss. The ways the group members react to each other is part of the focus of clinical attention. The focus of today's session was on the subject of anger management and its impact on the family.

Group Leader Interventions:

Therapist assigned a directed art or activity project toward a goal of facilitating communication of feelings. Processed the ice berg effect of anger. Discussion facilitated core emotions that give rise to anger. Assigned worksheet/activity with topic of clarifying areas of difficulty and identifying coping skills.

Expressed Positive Emotions : Yes

Showed Empathy: Yes

Ability to Focus on Tasks: Yes

Impulse Control: Mild

Participated : Yes

Was Helpful to others: Yes

Able to talk about feelings: Yes

Healthy words: No Incidents

Plan:

Continue group.

1 Unit for S9480 - IOP

Time spent face to face with patient and/or family and coordination of care: 160-180 min

Priscilla Otoo-Davis, MSW, LSW, LCI
(Note Compiled by: Festus Ebonka, Psych NP)

Page 2 of 2

medical ID: 00001189216

ID: 942

DOB: [REDACTED]

3/6/2017

6:14 AM

Group Therapy Note

Electronically Signed

By: Festus Ebonka, Psych NP

On: 3/23/2017 6:14:45 AM

Nevada Care Center
1721 East Charleston Blvd.
Las Vegas, NV 89104
Ph. (702) 685-0620 Fax (702) 685-9674

205076

Patient Name

Date 3/2/17

Address

(Copy of Photo is required for all controlled medications)

Rx

Orderall 20 mg PO BID #28

Refills 234

Signature

Refills

J. Matthew Okeke, M.D. DEA# PD4123845
C. Festus Ebonka, APRN DEA# ME1443643

Festus Ebonka, Psych NP

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104

5/24/2016

2:15 PM

702-685-0620

702-685-9674

page 1 of 5

Complete Evaluation / OutPatient APRN

medicaid ID: 00002054655

R [REDACTED] D [REDACTED]	
ID: 733	DOB: [REDACTED]

HISTORY: Ms. R [REDACTED] is a Caucasian 32-year-old woman. Her chief complaint is, "I am some trouble with anxiety." Pt states she has been feeling anxious/depressed since 2 weeks but has worsened since 2 days. She states her work may be overwhelming. She states she lacks focus/concentration and has difficulty sleeping. She states she has history of ADHD, anxiety/depression. She moved to Vegas about 1 month ago. She admits to abusing marijuana but last used was about 2 months ago.

Behavior Described In:

Ms. R [REDACTED] hyperactive and attentional difficulties have been exhibited both at work and at home. ADHD symptoms are described.

Ms. R [REDACTED] exhibits symptoms of inattention. Careless mistakes are typical. She reports difficulty sustaining attention. She does not listen. She describes being inattentive. She exhibits restlessness or fidgety behavior. Ms. R [REDACTED] excessive movement has been noted.

Anxiety Symptoms:

Ms. R [REDACTED] exhibits symptoms of anxiety. Her anxiety symptoms have been present for 5 weeks.

Ms. R [REDACTED] describes the following anxiety symptoms:

- *Apprehensiveness
- *Feelings of restlessness
- *Fears of losing control
- *Difficulty concentrating occurs.

Ms. R [REDACTED] symptoms are occurring daily. She reports previous episodes of anxiety symptoms.

Severity is estimated to be high based on Ms. R [REDACTED] risk of morbidity without treatment and her description of interference with functioning.

Breast/Chest:

There is no recent history of lumps, pain, discharge or any other breast or chest abnormalities.

Cardiac:

There is no recent history of chest pain, skipped heart beats, elevated blood pressure, heart murmur, shortness of breath or any other cardiac abnormalities.

Constitutional:

There is no recent history of weight loss, fever, malaise, or other abnormal constitutional symptoms.

Ears:

There is no recent history of pain, dizziness, discharge, ringing, hearing loss or any other ear abnormalities.

Endocrine:

There is no recent history of diabetes, thirst, thyroid problems, excess urination or any other endocrine abnormalities.

Eyes:

There is no recent history of double or blurred vision, pain, redness or any other eye abnormalities.

Complete Evaluation: Continued

G.I.:

There is no recent history of nausea, vomiting, diarrhea, anorexia, bulimia, constipation, hepatitis, hemia, blood, difficulty swallowing, change in bowel movements or any other G.I. abnormalities.

Gyn:

There is no recent history of STDs, vaginal sores or discharge, unprotected sex, risk of HIV, pap smear, menstrual period irregularity or any other female abnormalities.

Head:

There is no recent history of headaches, tenderness or any other head abnormalities.

Hematology:

There is no recent history of anemia, bleeding, blood transfusions, or any other hematological disorder

Mouth/Throat:

No sores, bleeding or frequent sore throats reported.

Musculoskeletal:

No recent falls, stiffness, weakness, joint pain or other symptoms referable to the Musculoskeletal system are reported.

Neck:

No lumps or swellings or other abnormalities related to the neck are reported.

Neurological:

There is no history of loss of consciousness, seizure, weakness, dizziness, atypical headache or other neurological abnormality.

Nose/Sinus:

No symptoms of nasal congestion, bleeding, infection, frequent colds or other symptoms referable to the nose and sinus are described.

Pain:

No current or recent pain is reported.

Respiratory:

History is negative for cough, wheezing, asthma, hemoptysis, exudate or bronchitis or other symptoms referable to the respiratory system.

Skin:

No rash, lumps or other skin changes are reported.

Urinary:

There is no history of hematuria, signs of infection, stones or other symptoms referable to the urinary system.

PAST PSYCHIATRIC HISTORY:

Psychiatric Hospitalization:

Ms. R ■■■ has never been psychiatrically hospitalized.

Outpatient Treatment:

Ms. R ■■■ received outpatient mental health treatment for anxiety problems. for depression. for ADHD.

Suicidal/Self Injurious:

Ms. R ■■■ has no history of suicidal or self injurious behavior.

Assault History:

Ms. R ■■■ has no history of assaultive behavior.

Addiction/Use History:

Ms. R ■■■ has a history of marijuana use.

Acting Out:

medical ID: 00002054655 ID: 733

DOB: ■■■■

2:15 PM

Complete Evaluation: Continued

Denies any history of typical acting out behavior.

Psychotropic Medication History: zoloft, wellbutrin, ativan, adderall, klonopin.

Prior Psychiatric Disorder:

Ms. R ■■■ was diagnosed with ADHD.

She has a history of anxiety symptoms.

SOCIAL/DEVELOPMENTAL HISTORY:

Ms. R ■■■ is a 32 year old woman. She is Caucasian.

Childhood History: She was raised by her parents, as part of an intact family. Pt has 1 brother.

Quality of childhood was:

*Emotionally and economically supportive and marital intact.

Activities of Daily Living:

Ms. R ■■■ describes no enjoyable recreational or leisure activities.

Barriers to Treatment:

Emotional:

*Emotional or psychological problems are a barrier to treatment success: Emotional problems will be addressed via the treatment plan.

Motivation:

*Lack of motivation for treatment is a barrier and an obstacle to progress: Therapy will focus on motivational problems first.

Children:

Ms. R ■■■ has no children.

Coping Diversions:

When tempted to abuse a substance Ms. R ■■■ uses the following diversions to cope:

*Listening to Music

*Talking to a Friend or Family Member

*Watches a Movie

Coping Strengths:

Hopeful for Recovery

Motivated for Treatment

Educational History:

Ms. R ■■■ graduated from college.

Employment History: employed fulltime

Housing Status: She lives with her partner.

Relationship/Marriage:

Ms. R ■■■ is not married or in a relationship at this time.

Pregnancy and Developmental Histories:

Ms. R ■■■ pregnancy and developmental histories were normal.

Complete Evaluation: Continued

FAMILY HISTORY:

Ms. R ■■■ family psychiatric history is negative. There is no history of psychiatric disorders, psychiatric treatment or hospitalization, suicidal behaviors or substance abuse in closely related family members.

MEDICAL HISTORY:

Infection or Disease:

None: There are no indications of current infectious disease or recent exposure to an infectious disease.

Past MEDICAL HISTORY:

Past Medical History is essentially negative.

Surgical History:

*None

Allergies: PCNHealth & Behavior:Diet:

*Describes eating a healthy and varied diet

Weight:

*At or near ideal weight

Exercise:

*A regular exercise regime is not present

Alcohol:

*Reports drinking little or no alcohol.

Caffeine:

*Drinks about two cups of coffee a day

Recreational drugs:

*Recreational drug use that is potentially injurious to health is noted. Please see HPI or PPH.

Sexual:

*Denies any non safe sexual practices.

Sleep:

*Complains of sleep difficulties.

Stress:

She reports stress is a problem, caused by financial instability.

Ms. R ■■■ smokes lightly. (Start Date and End Date are unknown)

Pain:

Ms. R ■■■ denies current pain.

EXAM: Ms. R ■■■ presents as flat. Ms. R ■■■ presents as irritable, distracted, casually groomed, normal weight, and appears anxious. Facial expression and general demeanor reveal depressed mood. Speech and thinking appear slowed by depressed mood. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical, and thought content appears appropriate. Suicidal ideas or intentions are denied. Homicidal ideas or intentions are denied. Insight into problems appears fair. Judgment appears fair. Ms. Reed is restless. Sitting blood pressure is 122 / 67. Sitting pulse rate is 64. Respiratory rate is 18 per minute. Temperature is 98.4 degrees F. Height is 5' 3" (160 cm). Weight is 162 lbs. (73.5 Kg). BMI is 28.7.

THERAPY CONTENT/CLINICAL SUMMARY:

This session the patient's focus was on feelings of anxiety. A pattern of self defeating behavior was also discussed.

Complete Evaluation: Continued

This session the therapeutic focus was on assessing the type and severity of the problem. This session the therapeutic focus was on stress reduction techniques.

INSTRUCTIONS / RECOMMENDATIONS / PLAN: Pt to start therapy sessions.

Return 2-3 weeks, or earlier if needed.

H0031 - MH HEALTH ASSESS BY NON-MD

Time spent face to face with patient and/or family and coordination of care: 60 plus minutes

Festus Ebonka, Psych NP

Electronically Signed

By: Festus Ebonka, Psych NP

On: 5/24/2016 2:15:37 PM

Festus Ebonka, Psych NP

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

R	D
medicaid ID: 00002054655 ID: 733 DOB:	

11/1/2016
5:12:32 PM

Progress Note

INTERVAL HISTORY: Chief complaint: "I still can't focus and can't sleep." Pt states she continues to have difficulty focusing and remains restless/agitated. She is easily distracted; does not pay attention to details, forgets things and frequently switches from one activity to another. She becomes bored with a task after only a few minutes, unless doing something enjoyable. She has difficulty focusing attention on organizing and completing a task and trouble completing assignments. She does not seem to listen when spoken to directly as if she is daydreaming. She becomes easily confused. She has difficulty processing information as quickly and accurately as others and so her grades are poor and does not do as well as she is capable.

EXAM: Sitting blood pressure is 120/70. Sitting pulse rate is 104. Respiratory rate is 17 per minute. Temperature is 98.6 degrees F. Height is 5' 3" (160 cm). Weight is 128 lbs. (58.1 Kg). BMI is 22.7. Pt presents as irritable, distracted, casually groomed, defensive; appears anxious. Mood lability has been observed. Pt is intrusive. Speech is rapid. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical; thought content appears appropriate. Suicidal ideas or intent are denied. Homicidal ideas or intentions are denied. Insight into problems appears to be poor. Judgment appears to be poor. Pt is restless.

THERAPY CONTENT/CLINICAL SUMMARY:

This session the patient's focus was on the problem of coping with impulsivity. The main therapeutic techniques used today involved the confrontation and reflection of certain irrational beliefs.

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Overall treatment plan was discussed with the patient. Patient voiced understanding. Risks benefits, side effects, and alternative treatments regarding prescribed medications were discussed with the patient. Patient expressed understanding and provided informed consent to be on aforementioned medications. Education was provided regarding the metabolic profile of patient's current psychotropic medications and the importance of monitoring for weight gain and glucose tolerance. Patient was educated on the deleterious effects of illicit substance and alcohol. Patient is strongly urged to maintain abstinence. Patient was advised to remove all firearms from home in order to decrease risk in the event of unforeseen future crisis. Patient denies having access to firearms. Patient has been counseled on the possibility of EPS, TD, NMS, paradoxical suicidality and hyperprolactinemia. Patient was advised to immediately return to office, call 911, or go to the nearest ER for worsening symptoms, side effects, thoughts of harm, thoughts of harming others, or any other concerns.

Continue Adderall 20 mg PO BID (ADHD)

Order given by Festus Ebonka, Psych NP on 6/2/2016 11:18:05 AM

Continue Klonopin 1 mg PO BID (pm anxiety)

Order given by Festus Ebonka, Psych NP on 9/19/2016 10:09:20 AM

Return 4 weeks, or earlier if needed.

R D

11/1/2016

5:12 PM

medicaid ID: 00002054655

ID: 733

DOB:

Progress Note

99214 (Office Pt, Established)

90833 Psychotherapy 30 min. with EM services

Time spent face to face with patient and/or family and coordination of care: 25 to 37 minutes

Festus Ebonka, Psych NP

Electronically Signed

By: Festus Ebonka, Psych NP

On: 11/21/2016 5:12:38 PM

Festus Ebonka, Psych NP

Nevada Integrated Behavioral Services
1721 E Charleston Blvd.
Las Vegas, NV 89104
702-685-0620
702-685-9674

1/30/2017
7:28:30 PM

medicaid ID: 00002054655

ID: 733

DOB: [REDACTED]

Progress Note

INTERVAL HISTORY: Chief complaint: "I can't focus; feel restless and agitated." Pt states she continues to have difficulty focusing and remains restless/agitated. She is easily distracted; does not pay attention to details, forget things, and frequently switch from one activity to another. She becomes bored with a task after only a few minutes, unless doing something enjoyable. She has difficulty focusing attention on organizing and completing a task and trouble completing assignments. She does not seem to listen when spoken to directly as if she is daydreaming. She becomes easily confused, and moves slowly. She has difficulty processing information as quickly and accurately as others and so her grades are poor and does not do as well as she is capable.

EXAM: Pt presents as irritable, distracted, casually groomed, defensive; appears anxious. Mood lability has been observed. PI is intrusive. Speech is rapid. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical; thought content appears appropriate. Suicidal ideas or intent are denied. Homicidal ideas or intentions are denied. Insight into problems appears to be poor. Judgment appears to be poor. PI is restless. Sitting blood pressure is 109 / 69. Sitting pulse rate is 64. Respiratory rate is 20 per minute. Temperature is 98.4 degrees F. Height is 5' 3" (160 cm). Weight is 128 lbs. (58.1 Kg). BMI is 22.7.

THERAPY CONTENT/CLINICAL SUMMARY:

Pt's focus was on feelings of helplessness/coping with impulsivity.

The therapeutic focus was on improving problem solving skills. Pt was given instructions regarding stress reduction techniques.

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Overall treatment plan was discussed with the patient. Patient voiced understanding. Risks benefits, side effects, and alternative treatments regarding prescribed medications were discussed with the patient. Patient expressed understanding and provided informed consent to be on aforementioned medications. Education was provided regarding the metabolic profile of patients current psychotropic medications and the importance of monitoring for weight gain and glucose tolerance. Patient was educated on the deleterious effects of illicit substance and alcohol. Patient is strongly urged to maintain abstinence. Patient was advised to remove all firearms from home in order to decrease risk in the event of unforeseen future crisis. Patient denies having access to firearms. Patient has been counseled on the possibility of EPS, TD, NMS, paradoxical suicidality and hyperprolactinemia. Patient was advised to immediately return to office, call 911, or go to the nearest ER for worsening symptoms, side effects, thoughts of harm, thoughts of harming others, or any other concerns.

Continue Adderall 20 mg PO BID (ADHD)

Order given by Festus Ebonka, Psych NP on 6/2/2016 11:18:05 AM

Continue Klonopin 1 mg PO BID (pm anxiety)

Order given by Festus Ebonka, Psych NP on 9/19/2016 10:09:20 AM

Return 2-3 weeks, or earlier if needed.

medicaid ID: 00002054655

ID: 733

DOB: [REDACTED]

1/30/2017

7:28 PM

R [REDACTED] D [REDACTED]

Progress Note

99214 (Office Pt, Established)

90833 Psychotherapy 30 min. with EM services

Time spent face to face with patient and/or family and coordination of care: 25 to 37 minutes

Festus Ebonka, Psych NP

Electronically Signed

By: Festus Ebonka, Psych NP

On: 2/8/2017 7:28:51 PM

Exhibit 8

19-012-CS-S
Festus Ebonka

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**FESTUS EBONKA, APRN,
Certificate of Registration No. CS23430,**

Respondent.

Case No. 19-012-CS-S

**MEMORANDUM OF
ATTORNEY'S FEES AND COSTS
RECOVERABLE PURSUANT TO NRS
622.400**

TIMESHEET FOR BRETT KANDT –

DATE	TIME
-------------	-------------

1/8/2024	7.50
----------	------

Confer with staff and review investigative case file; research and draft Notice of Intended Action and Accusation.

1/25/2024	1.00
-----------	------

Confer with staff and finalize and file Notice of Intended Action and Accusation.

2/21/2024	1.50
-----------	------

Confer with staff; review Answer and Notice of Defense.

2/22/2024	0.25
-----------	------

Confer with opposing counsel on filing of Answer and Notice of Defense.

2/26/2024	0.25
-----------	------

Confer with opposing counsel regarding pending action and proposed resolution.

3/1/2024	0.25
----------	------

Confer with opposing counsel on discovery request; confer with staff on response to discovery request.

3/4/2024	1.50
----------	------

Confer with client and counsel for respondent regarding pending action and proposed resolution; confer with staff on response to discovery request.

3/5/2024	0.25
----------	------

Confer with opposing counsel on discovery request and proposed resolution.

3/7/2024 3.25

Review discovery production and confer with staff and opposing counsel on discovery request and proposed resolution.

3/11/2024 0.25

Confer with opposing counsel on discovery request and proposed resolution.

4/4/2024 0.25

Confer with opposing counsel on discovery request and proposed resolution.

4/24/2024 0.25

Confer with opposing counsel on discovery request and proposed resolution.

5/13/2024 0.50

Confer with staff on hearing preparation.

5/20/2024 1.25

Confer with opposing counsel on continuance of hearing to permit Respondent additional time to present evidence in his defense and negotiate a potential resolution; correspondence confirming continuance.

8/1/2024 0.25

Inquire of opposing counsel regarding defense of pending action and proposed resolution.

8/8/2024 2.50

Prepare for hearing; confer with staff on proposed exhibits.

8/13/2024 2.25

Prepare for hearing; confer with staff and prepare proposed exhibits; confer with opposing counsel on stipulation to admit certain evidence.

8/27/2024 3.75

Prepare for hearing; prepare documentation of fees and costs.

8/30/2024 4.50

Prepare for hearing; notify Respondent of documentation of fees and costs.

9/4/2024 2.00

Hearing in Case 19-012-CS-S.

TOTAL 33.5 hours x \$86.50/hour = \$2,897.75

INVESTIGATION HOURS

CASE NUMBER

19-012

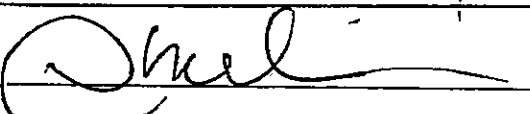
EBONKA

STAFF NAME

D McClisly

DATE	ACTIVITY	TOTAL HRS
2/14/19	met w/ DEA, nursing	2
Feb + march	obtain, examine, report Rx's	6
3/25/19	met w/ DEA, NR	1.5
4/17/19	prepare memo to DEA	
4/17/19	review pt. charts, email RON	.5
4/22/19	alleg letter	1
7/2/19	review response	1
7/2/19	" " + 2nd alleg letter	2.25
8/8	- read essay	.5
8/20	rol, reviewing	2
8/21	" " email ESS	2
10/1	rol, sort Rx	2
10/7	alleg letter 3, Rx sort	3
11/6	email, corr w/ atty.	.25
12/3	rol + records review	3.5
12/4	rol	1
12/5	copy, run	.5
29* 46.41 = 291345.89		
TOTAL TIME		29

Staff Signature



Date

12/15/19

19-012-CS-SEbonka004

Timesheet for Erin Miller –

FESTUS EBONKA - CASE NO. 19-012-CS-S

DATE	TIME
------	------

Mailed 21-day letter	0.5
----------------------	-----

TOTAL 0.50 hours x \$30/hour = \$15

Total Mailing Cost: \$10.33

OVERALL TOTAL: \$25.33

5B

FILED

FEB 21 2024

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**SMITH'S PHARMACY #350,
Pharmacy License No. PH00758,**

Respondent.

CASE NO. 19-247-PH-S

**ANSWER AND NOTICE
OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

None

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

With respect to Counts One and Two, in the Notice of Intended Action and Accusation ("Notice"), Respondent Smith's Pharmacy #350 admits that employee Kalai discarded prescription records as described in paragraph 3 of the Notice, and that employee Respondent Caoile was the managing pharmacist, and as a result Respondent Smith's Pharmacy #350 is responsible for any violation caused by such employees' conduct. Respondent Smith's Pharmacy #350 is not in a position to admit to any counts and/or allegations that relate specifically to pharmacist, Caoile.

Respondent Smith's Pharmacy #350 policies require our pharmacies and pharmacy personnel to comply with all applicable federal and state laws, including the HIPAA privacy rule and similar state laws, defining protected health information (PHI) and regulating destruction of records containing PHI. Specifically relevant to this incident, our HIPAA Policies and Procedures clearly instruct that "large volumes of materials containing PHI (for example, hard copy prescriptions or medical record files) will be destroyed by a bonded shredder or burn facility." All pharmacy associates are required to complete a general HIPAA training course, as well as a HIPAA Security course and an annual HIPAA refresher course.

In late August 2019, Dan Heller, Pharmacy Practice Coordinator ("PPC"), conducted a routine internal assessment, which included auditing record storage to ensure proper storage and record destruction, at Smith's Pharmacy #350. During the assessment, it was discovered that records were potentially destroyed in a manner not compliant with internal policies and procedures, as well as state and federal law. An internal investigation was opened, during which Mary Kay Kalai, pharmacy technician at Smith's Pharmacy #350, admitted to improper destruction of approximately 58,000 prescription records that had been stored in the pharmacy's secured storage cage, located in the back of the store. Kalai stated the improper record destruction occurred without the knowledge or involvement of Lolita Simon Caoile, pharmacy manager at Smith's Pharmacy #350 during the time of the incident. Kalai also stated she was unaware that the way she destroyed the prescription records was out of compliance with company policy, as well as state and federal laws. When Caoile was interviewed as part of the internal investigation, she indicated that she was unaware of the improper record destruction prior to discovery during the PPC's August 2019 assessment. At the conclusion of the investigation, both Kalai and Caoile were appropriately disciplined based on the findings of the incident. Retraining was provided to Caoile and remaining staff.

Thank you for the opportunity to respond as it relates to Case No: 19-247-PH-S. If there are any questions, please feel free to contact Jaime Montuoro at jaime.montuoro@sfdc.com.

Jaime Montuoro, PharmD

TYPE OR PRINT NAME



**AUTHORIZED REPRESENTATIVE FOR
SMITH'S PHARMACY #350**

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**SMITH'S PHARMACY #350,
Pharmacy License No. PH00758, and**

**LOLITA SIMON CAOILE, RPH,
Certificate of Registration No. 12687,**

Respondents.

**CASE NOS. 19-247-PH-S
19-247-RPH-S**

**STIPULATION AND ORDER
[SMITH'S PHARMACY #350 ONLY]**

J. David Wuest, in his capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Smith's Pharmacy #350, Pharmacy License No. PH00758, **HEREBY STIPULATE AND AGREE THAT:**

1. On or about January 25, 2024, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

2. On or about February 21, 2024, Respondent filed an Answer and Notice of Defense to the Accusation.

3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby knowingly and voluntarily waives the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent does not admit the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*, that:

A. On or about July 16, 2019, pharmaceutical technician Mary Kay Kalai, PT, Certificate of Registration No. PT02753, an employee of Smith's Pharmacy #350, discarded approximately 58,000 prescription records constituting Protected Health Information (PHI) as defined in 45 C.F.R. 160.103, in a trash compactor in violation of Smith's company policies for secure records destruction, and in violation of the Health Insurance Portability and Accountability Act of 1996. 45 C.F.R. Part 160 and Part 164, Subparts A and E (HIPAA Privacy Rule), NRS 639.238 and/or NRS 603A.200 requiring covered entities to reasonably safeguard PHI during the destruction process; and

B. As the pharmacy/pharmacy owner at which the violations of federal and State law occurred, Smith's Pharmacy #350 is responsible for those violations, including all errors and omissions of Kalai, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3) The Board does not allege that PHI was misused, only that the prescription records were not destroyed in a secure manner consistent with federal and state law.

7. Those violations are pled with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Smith's Pharmacy #350, Pharmacy License No. PH00758, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Five Thousand Dollars (\$5,000.00) for Count One of the Accusation and Five Thousand Dollars (\$5,000.00) for Count Two of the Accusation, for a total of Ten Thousand Dollars (\$10,000.00) for the violations, by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2024; and

B. Pursuant to NRS 622.400, Respondent shall pay Two Thousand Five Hundred Dollars (\$2,500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2024.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on September 4, 2024. Respondent will appear in person at the meeting to answer questions from the Board Members

and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r-2 and 45 CFR Part 60.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 30th day of August 2024

Signed this ____ day of _____ 2024



SMITH'S PHARMACY #350
Pharmacy License No. PH00758

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Smith's Pharmacy #350, Pharmacy License No. PH00758, in Case No. 19-247-PH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of September 2024.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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August 21, 2024

Mr. Brett Kandt
General counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, Nevada 89521

Dear Mr. Brett Kandt,

In response to your Email on case number 19-247-RPH-S, I would like to make a statement regarding the patient records that were thrown out by my pharmacy technician, Ms. Mary Kay Kalai.

I want to confirm that I did not explicitly give instruction or advise through verbal or written means to Ms. Kalai to dispose private health information in the manner she did. That day, Ms. Kalai said that she moved and cleared all the old boxes to make room for the new ones. I found out a few weeks later from Mr. Dan Heller, Smith's Pharmacy Coordinator what really transpired. Had I known what happened on that day, I would have told Ms. Kalai to retrieve all the boxes and dispose of it properly.

I have always followed Standard Operating Procedures of disposing sensitive information/documents through the use of shredding services or to be shipped to approved holding sites as company dictates.

Mr. Kandt, I'm sorry to let you know that I cannot attend this hearing on Sept. 4, 2024. I'm 71 yrs. old. And have not worked for more than 4 years, yet I still keep my license active because I love this profession. I spent all my entire career caring and helping people improve their quality of life.

Whatever the Board of Pharmacy decides, I will respect and accept.

Sincerely,

A handwritten signature in blue ink that reads "Lolita Simon Caoile".

Lolita Simon Caoile RPh.
Lic. NV 12687
9626 Kirkland Ranch Ct
Las Vegas, NV 89139

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**WALGREENS PHARMACY #05479,
Pharmacy License No. PH01938,**

**WALGREENS PHARMACY #02445,
Pharmacy License No. PH01964, and**

**GRACE OPULENCIA, RPH,
Certificate of Registration No. 15190,**

Respondents.

**CASE NOS. 21-169-PH-S
21-169-PH-O
21-169-RPH-S**

STIPULATION AND ORDER

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through Brett Kandt, General Counsel, and Respondent Walgreens Pharmacy #05479, Pharmacy License No. PH01938, Respondent Walgreens Pharmacy #02445, Pharmacy License No. PH01964, and Respondent Grace Opulencia, RPh (Opulencia), Certificate of Registration No. 15190, jointly by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT:**

1. On or about December 8, 2023, Board Staff served Respondents with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing. Respondents are entering this Stipulation in lieu of filing an Answer and Notice of Defense to the Accusation.

2. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

3. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

5. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*, that:

A. Respondent Oplencia engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she and/or her staff erroneously dispensed prescription nos. 1930061-2 and 1930061-5, resulting in patient harm, and is therefore subject to discipline pursuant to NAC 639.252, NAC 639.702, NRS 639.210(4) and/or (12); and

B. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens Pharmacy #05479 and Walgreens Pharmacy #02445 are responsible for those violations pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

6. Those violations are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

7. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Grace Opulencia, RPh, Certificate of Registration No. 15190, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Opulencia shall pay a fine of One Thousand Dollars (\$1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Opulencia shall pay Five Hundred Dollars (\$500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens Pharmacy #05479, Pharmacy License No. PH01938, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Walgreens Pharmacy #05479 shall pay a fine of One Thousand Dollars (\$1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Walgreens Pharmacy #05479 shall pay Five Hundred Dollars (\$500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens Pharmacy #02445, Pharmacy License No. PH01964, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Walgreens Pharmacy #02445 shall pay a fine of One Thousand Dollars (\$1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Walgreens Pharmacy #02445 shall pay Five Hundred Dollars (\$500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

10. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on September 4, 2024. Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r-2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at

985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2024.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2024.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of _____ 2024

WALGREENS PHARMACY #05479
Pharmacy License No. PH01938

Signed this ____ day of _____ 2024

Signed this ____ day of _____ 2024

WALGREENS PHARMACY #02445
Pharmacy License No. PH01964

GRACE OPULENCIA, RPH
Certificate of Registration No. 15190

**APPROVED AS TO FORM AND
CONTENT**
this ____ day of _____ 2024

Signed this ____ day of _____ 2024

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #05479, Pharmacy License No. PH01938, Respondent Walgreens Pharmacy #02445, Pharmacy License No. PH01964, and Respondent Grace Opulencia, RPh, Certificate of Registration No. 15190, in Case Nos. 21-169-PH-S, 21-169-PH-O and 21-169-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of September 2024.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**WALGREENS PHARMACY #03845,
Pharmacy License No. PH01064, and**

**YOOJIN JEONG, RPH,
Certificate of Registration No. 18030,**

Respondents.

**CASE NOS. 22-366-PH-S
22-366-RPH-S**

STIPULATION AND ORDER

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through Brett Kandt, General Counsel, and Respondent Walgreens Pharmacy #03845, Pharmacy License No. PH01064, and Respondent Yoojin Jeong, RPh (Jeong), Certificate of Registration No. 18030, jointly by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT:**

1. On or about February 27, 2024, Board Staff served Respondents with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing. Respondents are entering this Stipulation in lieu of filing an Answer and Notice of Defense to the Accusation.

2. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

3. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS

Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

5. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*, that:

A. Respondent Jeong engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when he erroneously dispensed prescription no. 4147239 to P.C., resulting in patient harm, and is therefore subject to discipline pursuant to NRS 639.210(4); and

B. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Walgreens Pharmacy #03845 is responsible for those violations, including all errors and omissions of Jeong, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

7. Those violations are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Yoojin Jeong, RPh, Certificate of Registration No. 18030, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Jeong shall pay a fine of One Thousand Dollars (\$1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Jeong shall pay Five Hundred Dollars (\$500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens Pharmacy #03845, Pharmacy License No. PH01064, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Walgreens Pharmacy #03845 shall pay a fine of Two Thousand Dollars (\$2,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Walgreens Pharmacy #03845 shall pay One Thousand Dollars (\$1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

10. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on September 4, 2024. Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r-2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2024.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2024.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of _____ 2024

Signed this ____ day of _____ 2024

WALGREENS PHARMACY #03845
Pharmacy License No. PH01064

YOOJIN JEONG, RPH
Certificate of Registration No. 18030

**APPROVED AS TO FORM AND
CONTENT**
this ____ day of _____ 2024

Signed this ____ day of _____ 2024

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #03845, Pharmacy License No. PH01064, and Respondent Yoojin Jeong, RPh, Certificate of Registration No. 18030, in Case Nos. 22-366-PH-S and 22-366-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of September 2024.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**AMERICAN WELLNESS PHARMACY,
Pharmacy License No. PH02705, and**

**THOMAS SCHOTIK, RPH,
Certificate of Registration No. 08312,**

Respondents.

**CASE NOS. 23-063-PH-N
23-063-RPH-N**

**STIPULATION AND ORDER
[American Wellness Pharmacy ONLY]**

J. David Wuest, in his capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent American Wellness Pharmacy, Pharmacy License No. PH02705, by and through counsel, Trevor R. Waite, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. On or about June 18, 2024, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.
2. On or about July 19, 2024, Respondent filed an Answer and Notice of Defense to the Accusation.
3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.
4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby knowingly and voluntarily waives the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*, that:

A. American Wellness Pharmacy compounded and sold drug products using active ingredients that (1) do not have a United States Pharmacopoeia-National Formulary monograph; (2) are not a part of an FDA approved drug product, or (3) are not authorized to be used in pharmacy compounding pursuant to 21 USC § 353a(b)(1) or the regulations adopted pursuant thereto;

B. American Wellness Pharmacy compounded and sold high-risk sterile products with beyond use dates (BUD's) listed on the product label in excess of USP-797 guidelines based on storage conditions without documentation to support the extended BUD;

C. American Wellness Pharmacy's personnel violated NAC 639.67019, NAC 639.67067, NAC 639.67071 and/or NAC 639.757 and related provisions of 21 U.S.C. § 353a;

D. As the pharmacy/pharmacy owner at which the violations alleged herein occurred, American Wellness Pharmacy is responsible for those violations, including all errors and omissions of the pharmacy personnel, and subject to discipline pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3); and

E. Personnel of American Wellness Pharmacy engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and American Wellness Pharmacy is therefore subject to discipline pursuant to NAC 639.945(3) and 639.210(4).

7. Those violations are pled with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties. The pharmacy license of American Wellness Pharmacy, Pharmacy License No. PH02705, is suspended for a period of one (1) year pursuant to NRS 639.255(1)(c). The suspension is stayed, and Respondent is placed on probation subject to the following conditions:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Five Thousand Dollars (\$5,000.00) for the violations by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2024;

B. Pursuant to NRS 622.400, Respondent shall pay Two Thousand Dollars (\$2,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2024;

C. Respondent shall not compound sterile drug products during the probation period;

D. Board inspectors shall conduct quarterly inspections of American Wellness Pharmacy for the probation period, and Respondent shall bear and reimburse the Board for inspection costs in an amount not to exceed \$500 per quarterly inspection;

E. Respondent shall establish and put into practice all necessary policies and procedures for compounding and dispensing drug products in conformance with federal and state law; and

F. Respondent shall have no new charges filed against American Wellness Pharmacy while on probation.

Upon successful completion of probation, Respondent's License No. PH02705 will be fully restored.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may lift the stay of suspension and immediately suspend Respondent's License No. PH02705 and may impose additional discipline upon that Respondent not inconsistent with the provisions of NRS Chapter 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on September 4, 2024. Respondent will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r-2 and 45 CFR Part 60.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

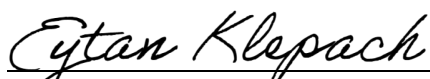
13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 26 day of August 2024

Signed this ____ day of _____ 2024



AMERICAN WELLNESS PHARMACY,
Pharmacy License No. PH02705

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this 26 day of August 2024



TREVOR R. WAITE, ESQ.
Counsel for Respondent

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent American Wellness Pharmacy, Pharmacy License No. PH02705, in Case No. 23-063-PH-N, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of September 2024.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**DAVID LANZKOWSKY, MD,
Certificate of Registration No. CS06509, and**

**WILLIAM BAUMGARTL, MD,
Certificate of Registration No. CS19427,**

Respondents.

**Case Nos. 23-106-CS-A-S
23-106-CS-B-S**

**FIRST AMENDED
NOTICE OF INTENDED ACTION
AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent David Lanzkowsky, MD (Lanzkowsky), held a controlled substance registration, Certificate of Registration No. CS06509, and Respondent William Baumgartl, MD (Baumgartl), held a controlled substance registration, Certificate of Registration No. CS19427, both issued by the Board.

FACTUAL ALLEGATIONS

2. Lanzkowsky and Baumgartl are engaged in practice at Centennial Medical Group, located at 4454 N. Decatur Blvd. in Las Vegas, Nevada.

3. From December 27, 2022, to April 4, 2023, Lanzkowsky regularly permitted medical assistant Laura Barraza (Barraza) to use Lanzkowsky's credentials to issue electronic prescriptions for controlled substances.

4. From February 27, 2023, to April 4, 2023, Lanzkowsky and Baumgartl regularly permitted Barraza to use Lanzkowsky's credentials to issue electronic prescriptions for controlled substances for patients of Baumgartl, with whom Lanzkowsky had not established a bona fide therapeutic relationship, before Lanzkowsky had examined the patients, and for whom Lanzkowsky had neither diagnosed nor determined that a controlled substance was medically necessary.

APPLICABLE LAW

5. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession, to a patient with whom the practitioner has established a bona fide therapeutic relationship. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a); 21 CFR § 1306.04(a); NRS 453.381(1); NRS 639.235(1); NRS 639.23911(1)(a); NRS 639.2813(1).

6. An electronic prescription for a controlled substance must be issued in compliance with 21 CFR § 1311.100, NRS 453.385, NRS 639.23535 and NAC 639.7105(2), and a practitioner must retain sole possession of the hard token, where applicable, and must not share the password or other knowledge factor, or biometric information, with any other person, and must not allow any other person to use the token or enter the knowledge factor or other identification means to sign prescriptions for controlled substances. 21 CFR § 1311.102.

7. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(1)(a).

8. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

9. Performing any duties as the holder of a registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

10. Prescribing a drug to any patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n)(2) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

11. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

12. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

13. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 upon a finding that the registrant has committed an act that renders registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

COUNT ONE

Violations of Federal Controlled Substances Act – Unlawfully Issuing Electronic Prescriptions for Controlled Substances (Respondent Lanzkowsky ONLY)

14. By permitting Barraza to use his credentials and act under his authority to issue electronic prescriptions for controlled substances, as alleged in Paragraphs 3-4 herein, Lanzkowsky violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 846, 21 CFR § 1306.03(a), 21 CFR § 1306.04(a), 21 CFR § 1311.100 and/or 21 CFR § 1311.102, and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1) and/or NRS 639.210(11).

COUNT TWO

Violations of State Law – Unlawfully Issuing Electronic Prescriptions for Controlled Substances

(Respondent Lanzkowsky ONLY)

15. By permitting Barraza to use his credentials and act under his authority to issue electronic prescriptions for controlled substances, as alleged in Paragraphs 3-4 herein, Lanzkowsky violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.381(1), NRS 453.385, NRS 453.401(1)(a), NRS 639.235(1), NRS 639.23535, NRS 639.23911(1)(a), NRS 639.2813(1) and/or NAC 639.7105, and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b).

COUNT THREE

Violations of Federal Controlled Substances Act – Unlawfully Issuing Electronic Prescriptions for Controlled Substances

(Respondent Baumgartl ONLY)

16. By using Lanzkowsky's credentials and acting under his authority to issue electronic prescriptions for controlled substances, as alleged in Paragraph 4 herein, Baumgartl violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, or knowingly permitted, allowed, condoned or failed to report a violation of 21 CFR § 1311.100 and/or 21 CFR § 1311.102, and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1) and/or NRS 639.210(11).

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COUNT FOUR

**Violations of State Law – Unlawfully Issuing Electronic Prescriptions for Controlled Substances
(Respondent Baumgartl ONLY)**

17. By using Lanzkowsky's credentials and acting under his authority to issue electronic prescriptions for controlled substances, as alleged in Paragraph 4 herein, Baumgartl violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, or knowingly permitted, allowed, condoned or failed to report a violation of NRS 453.385, NRS 639.23535, NRS 639.2813(1) and/or NAC 639.7105, and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b).

COUNT FIVE

Unprofessional Conduct – Party to Fraudulent or Deceitful Practice or Transaction

18. By engaging in the unauthorized use of Lanzkowsky's credentials and authority to issue electronic prescriptions for controlled substances, as alleged in Paragraphs 3-4 herein, Lanzkowsky and Baumgartl were party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and each is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT SIX

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

19. By engaging in the unauthorized use of Lanzkowsky's credentials and authority to issue electronic prescriptions for controlled substances, as alleged in Paragraphs 3-4 herein, Lanzkowsky and Baumgartl have each performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and each is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and NRS 639.210(4).

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COUNT SEVEN

**Unprofessional Conduct – Prescribing Without Bona Fide Therapeutic Relationship
(Respondent Lanzkowsky ONLY)**

20. By permitting the use of his credentials to issue electronic prescriptions for controlled substances to patients with whom he did not have a bona fide therapeutic relationship as alleged in Paragraph 4 herein, Lanzkowsky engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(n)(2), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT EIGHT

Commission of Acts that Render Registration Inconsistent with the Public Interest

21. By their actions as alleged herein, Lanzkowsky and Baumgartl have each committed acts that render his registration inconsistent with the public interest, and each is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

DATED this 15th day of July 2024.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway -- Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**DAVID LANZKOWSKY, MD,
Certificate of Registration No. CS06509,**

Respondent.

Case No. 23-106-CS-A-S

**STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a First Amended Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 4, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South
7830 Las Vegas Blvd
Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov

and

bkandt@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 15th day of JULY 2024.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**DAVID LANZKOWSKY, MD,
Certificate of Registration No. CS06509,**

Respondent.

Case No. 23-106-CS-A-S

**ANSWER AND NOTICE
OF DEFENSE**

Respondent above named, in answer to the First Amended Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the First Amended Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the First Amended Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2024.

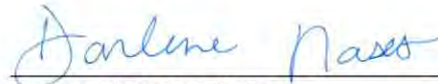
DAVID LANZKOWSKY, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 15th day of July 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Lyn E. Beggs, Esq.
Law Office of Lyn E. Beggs, PLC
316 California, No. 863
Reno, NV 89509

Harry J. Nelson, Esq.
Tara A. Davidoff, Esq.
Nelson Hardiman LLP
1100 Glendon Avenue, 14th Floor
Los Angeles, CA 90024



DARLENE NASES
BOARD COORDINATOR

Lyn E. Beggs (SBN 6248)
LAW OFFICES OF LYN E. BEGGS, PLLC
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Telephone: (775) 432-1918
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lyn@lbeggslaw.com

Harry J. Nelson (SBN 219269)
Tara A. Davidoff (SBN 192845)
NELSON HARDIMAN LLP
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Los Angeles, CA 90024
Telephone: (310) 203-2800
Facsimile: (310) 203-2727
hnelson@NelsonHardiman.com
tdavidoff@NelsonHardiman.com

Attorneys for Respondents
DAVID LANZKOWSKY, MD
WILLIAM BAUMGARTL, MD

BEFORE THE
BOARD OF PHARMACY
STATE OF NEVADA

NEVADA STATE BOARD OF PHARMACY

Petitioner,

v.

DAVID LANZKOWSKY, MD
Certificate of Registration No. CS06509,

and

WILLIAM BAUMGARTL, MD
Certificate of Registration No. CS19427

Respondents.

CASE NO.: 23-106-CS-A-S
23-106-CS-B-S

ANSWER AND NOTICE OF DEFENSE

Respondents named above, by and through their above-referenced counsel, hereby requests
a hearing in order to present its defenses to the Charges contained in the Notice of Intended Action



1 and Accusation made by Petitioner, Nevada State Board of Pharmacy ("Petitioner"). Dr.
2 Lanzkowsky and Dr. Baumgartl will be referred to collectively herein as "Respondents."

3 Respondents object to each allegation set forth in paragraphs 3 through 4, and 14 through
4 21 of the Accusation, on the grounds that each of the allegations fails to state acts or omissions
5 upon which Petitioner may proceed, pursuant to NRS639.241(2).

6 Pursuant to NRS 639.244, Respondents objects to the form of the Accusation, on the
7 ground that it is so indefinite or uncertain that the Respondents cannot identify the transaction or
8 prepare a defense. Notwithstanding that Respondents are requesting a hearing, Respondents wish
9 to be considered for a stipulated settlement. Respondents reserve the right to present additional
10 affirmative defenses. Without waiver of that right, Respondents allege the following:

11 **FIRST AFFIRMATIVE DEFENSE**

12 The allegations and claims set forth in the Accusation, and each of them, are barred by
13 laches.

14 **SECOND AFFIRMATIVE DEFENSE**

15 The allegations and claims set forth in the Accusation, and each of them, are barred by the
16 doctrine of equitable and promissory estoppel.

17 **THIRD AFFIRMATIVE DEFENSE**

18 The allegations and claims set forth in the Accusation, and each of them, fail to state any
19 cause for discipline that may be pursued against Respondents because Respondents took
20 appropriate preventative and corrective actions before the Petitioner made Respondent aware of
21 the Accusation.

22 **FOURTH AFFIRMATIVE DEFENSE**

23 The allegations and claims set forth in the Accusation, and each of them, fail to state any
24 cause for discipline that may be pursued against Respondents because the Petitioner failed to
25 consider that Respondents made a reasonable, good faith attempt to comply with all applicable
26 statutes, rules and regulations.

27 **FIFTH AFFIRMATIVE DEFENSE**

1 The allegations and claims set forth in the Accusation, and each of them, fail to state any
2 cause for discipline that may be pursued against Respondents because the Petitioner failed to
3 consider that the misconduct alleged against Respondents was not alleged to have been willful.

4 **SIXTH AFFIRMATIVE DEFENSE**

5 The allegations and claims set forth in the Accusation, and each of them, fail to state any
6 cause for discipline against Respondents because Respondents took appropriate corrective actions
7 to address any of the misconduct alleged in the Accusation, which Petitioner specifically approved
8 and ratified.

9 **SEVENTH AFFIRMATIVE DEFENSE**

10 The allegations and claims set forth in the Accusation, and each of them, fail to state any
11 cause for discipline against Respondents because Respondents took reasonable and appropriate
12 steps to ensure that any purported violations of any rule, statute, or regulation alleged, would not
13 occur in the future.

14 **EIGHTH AFFIRMATIVE DEFENSE**

15 The allegations and claims set forth in the Accusation, and each of them, fail to state any
16 cause for discipline against Respondents because Respondents' preventative or corrective actions,
17 or plan to address same, were specifically endorsed and approved by Petitioner, and Respondents
18 incurred substantial costs in doing so, making it inequitable to penalize Respondents.

19 **NINTH AFFIRMATIVE DEFENSE**

20 The allegations and claims set forth in the Accusation, and each of them, fail to state any
21 cause for discipline against Respondents because the alleged misconduct, to the extent any
22 occurred, was due to Respondents' attempts to comply with conflicting directives, including those
23 made by Petitioner, which Respondents were unable to control.

24 Dated: April 12, 2024

NELSON HARDIMAN LLP

25 By: Tara A. Davidoff

26 Tara Davidoff
27 Attorneys for Respondents
DAVID LANZKOWSKY, MD
28 WILLIAM BAUMGARTL, MD

PROOF OF SERVICE

I am a citizen of the United States and employed in Los Angeles County, California. I am over the age of 18 and not a party to the within action. My business address is 1100 Glendon Avenue, 14th Floor, Los Angeles, California 90024.

On April 12, 2024, I served on the interested parties the document(s) described as **ANSWER AND NOTICE OF DEFENSE** by transmitting a true and correct copy thereof addressed as follows:

BRETT KANDT
Special Deputy Attorney General to
the Nevada Attorney General
Email: bkandt@pharmacy.nv.gov
Email: TeamBC@Pharmacy.nv.gov

☐ **(BY MAIL)** I placed said envelope(s) for collection and mailing, following ordinary business practices, at the business offices of NELSON HARDIMAN, LLP, and addressed as shown on the attached service list, for deposit in the United States Postal Service. I am readily familiar with the practice of NELSON HARDIMAN, LLP for collection and processing correspondence for mailing with the United States Postal Service, and said envelope(s) will be deposited with the United States Postal Service on said date in the ordinary course of business.

☐ **(BY OVERNIGHT DELIVERY)** I placed said documents in envelope(s) for collection following ordinary business practices, at the business offices of NELSON HARDIMAN, LLP, and addressed as shown on the attached service list, for collection and delivery to a courier authorized by _____ to receive said documents, with delivery fees provided for. I am readily familiar with the practices of NELSON HARDIMAN, LLP for collection and processing of documents for overnight delivery, and said envelope(s) will be deposited for receipt by _____ on said date in the ordinary course of business.

☒ **(BY EMAIL)** I caused a copy of the document(s) to be sent from e-mail address tdavidoff@nelsonhardiman.com to the persons at the email addresses listed in the above Service List. I did not receive, within a reasonable time after the transmission, any electronic message or other indication that the transmission was unsuccessful.

☐ **(BY PERSONAL SERVICE)** I delivered such envelope(s) by hand to the offices of the addressee(s).

☒ (State) I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Executed April 12, 2024 at Los Angeles, California.

Tara A. Davidoff
Type or Print Name

/s/ Tara A. Davidoff
Signature

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**DAVID LANZKOWSKY, MD,
Certificate of Registration No. CS06509, and**

**WILLIAM BAUMGARTL, MD,
Certificate of Registration No. CS19427,**

Respondents.

**Case Nos. 23-106-CS-A-S
23-106-CS-B-S**

**FIRST AMENDED
NOTICE OF INTENDED ACTION
AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent David Lanzkowsky, MD (Lanzkowsky), held a controlled substance registration, Certificate of Registration No. CS06509, and Respondent William Baumgartl, MD (Baumgartl), held a controlled substance registration, Certificate of Registration No. CS19427, both issued by the Board.

FACTUAL ALLEGATIONS

2. Lanzkowsky and Baumgartl are engaged in practice at Centennial Medical Group, located at 4454 N. Decatur Blvd. in Las Vegas, Nevada.

3. From December 27, 2022, to April 4, 2023, Lanzkowsky regularly permitted medical assistant Laura Barraza (Barraza) to use Lanzkowsky's credentials to issue electronic prescriptions for controlled substances.

4. From February 27, 2023, to April 4, 2023, Lanzkowsky and Baumgartl regularly permitted Barraza to use Lanzkowsky's credentials to issue electronic prescriptions for controlled substances for patients of Baumgartl, with whom Lanzkowsky had not established a bona fide therapeutic relationship, before Lanzkowsky had examined the patients, and for whom Lanzkowsky had neither diagnosed nor determined that a controlled substance was medically necessary.

APPLICABLE LAW

5. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession, to a patient with whom the practitioner has established a bona fide therapeutic relationship. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a); 21 CFR § 1306.04(a); NRS 453.381(1); NRS 639.235(1); NRS 639.23911(1)(a); NRS 639.2813(1).

6. An electronic prescription for a controlled substance must be issued in compliance with 21 CFR § 1311.100, NRS 453.385, NRS 639.23535 and NAC 639.7105(2), and a practitioner must retain sole possession of the hard token, where applicable, and must not share the password or other knowledge factor, or biometric information, with any other person, and must not allow any other person to use the token or enter the knowledge factor or other identification means to sign prescriptions for controlled substances. 21 CFR § 1311.102.

7. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(1)(a).

8. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

9. Performing any duties as the holder of a registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

10. Prescribing a drug to any patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n)(2) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

11. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

12. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

13. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 upon a finding that the registrant has committed an act that renders registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

COUNT ONE

Violations of Federal Controlled Substances Act – Unlawfully Issuing Electronic Prescriptions for Controlled Substances (Respondent Lanzkowsky ONLY)

14. By permitting Barraza to use his credentials and act under his authority to issue electronic prescriptions for controlled substances, as alleged in Paragraphs 3-4 herein, Lanzkowsky violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 846, 21 CFR § 1306.03(a), 21 CFR § 1306.04(a), 21 CFR § 1311.100 and/or 21 CFR § 1311.102, and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1) and/or NRS 639.210(11).

COUNT TWO

Violations of State Law – Unlawfully Issuing Electronic Prescriptions for Controlled Substances

(Respondent Lanzkowsky ONLY)

15. By permitting Barraza to use his credentials and act under his authority to issue electronic prescriptions for controlled substances, as alleged in Paragraphs 3-4 herein, Lanzkowsky violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.381(1), NRS 453.385, NRS 453.401(1)(a), NRS 639.235(1), NRS 639.23535, NRS 639.23911(1)(a), NRS 639.2813(1) and/or NAC 639.7105, and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b).

COUNT THREE

Violations of Federal Controlled Substances Act – Unlawfully Issuing Electronic Prescriptions for Controlled Substances

(Respondent Baumgartl ONLY)

16. By using Lanzkowsky's credentials and acting under his authority to issue electronic prescriptions for controlled substances, as alleged in Paragraph 4 herein, Baumgartl violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, or knowingly permitted, allowed, condoned or failed to report a violation of 21 CFR § 1311.100 and/or 21 CFR § 1311.102, and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1) and/or NRS 639.210(11).

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COUNT FOUR

**Violations of State Law – Unlawfully Issuing Electronic Prescriptions for Controlled Substances
(Respondent Baumgartl ONLY)**

17. By using Lanzkowsky's credentials and acting under his authority to issue electronic prescriptions for controlled substances, as alleged in Paragraph 4 herein, Baumgartl violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, or knowingly permitted, allowed, condoned or failed to report a violation of NRS 453.385, NRS 639.23535, NRS 639.2813(1) and/or NAC 639.7105, and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b).

COUNT FIVE

Unprofessional Conduct – Party to Fraudulent or Deceitful Practice or Transaction

18. By engaging in the unauthorized use of Lanzkowsky's credentials and authority to issue electronic prescriptions for controlled substances, as alleged in Paragraphs 3-4 herein, Lanzkowsky and Baumgartl were party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and each is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT SIX

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

19. By engaging in the unauthorized use of Lanzkowsky's credentials and authority to issue electronic prescriptions for controlled substances, as alleged in Paragraphs 3-4 herein, Lanzkowsky and Baumgartl have each performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and each is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and NRS 639.210(4).

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COUNT SEVEN

**Unprofessional Conduct – Prescribing Without Bona Fide Therapeutic Relationship
(Respondent Lanzkowsky ONLY)**

20. By permitting the use of his credentials to issue electronic prescriptions for controlled substances to patients with whom he did not have a bona fide therapeutic relationship as alleged in Paragraph 4 herein, Lanzkowsky engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(n)(2), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT EIGHT

Commission of Acts that Render Registration Inconsistent with the Public Interest

21. By their actions as alleged herein, Lanzkowsky and Baumgartl have each committed acts that render his registration inconsistent with the public interest, and each is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

DATED this 15th day of July 2024.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**WILLIAM BAUMGARTL, MD,
Certificate of Registration No. CS19427,**

Respondent.

Case No. 23-106-CS-B-S

**STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a First Amended Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 4, 2024, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South
7830 Las Vegas Blvd
Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov

and

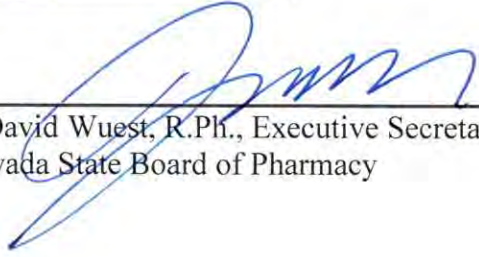
bkandt@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 15th day of JULY 2024.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**WILLIAM BAUMGARTL, MD,
Certificate of Registration No. CS19427,**

Respondent.

Case No. 23-106-CS-B-S

**ANSWER AND NOTICE
OF DEFENSE**

Respondent above named, in answer to the First Amended Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the First Amended Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the First Amended Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2024.

WILLIAM BAUMGARTL, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 15th day of July 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Lyn E. Beggs, Esq.
Law Office of Lyn E. Beggs, PLC
316 California, No. 863
Reno, NV 89509

Harry J. Nelson, Esq.
Tara A. Davidoff, Esq.
Nelson Hardiman LLP
1100 Glendon Avenue, 14th Floor
Los Angeles, CA 90024



DARLENE NASES
BOARD COORDINATOR

Lyn E. Beggs (SBN 6248)
LAW OFFICES OF LYN E. BEGGS, PLLC
316 California Avenue, No. 863
Reno, NV 89509
Telephone: (775) 432-1918
Facsimile: (775) 473-3801
lyn@lbeggslaw.com

Harry J. Nelson (SBN 219269)
Tara A. Davidoff (SBN 192845)
NELSON HARDIMAN LLP
1100 Glendon Avenue, 14th Floor
Los Angeles, CA 90024
Telephone: (310) 203-2800
Facsimile: (310) 203-2727
hnelson@NelsonHardiman.com
tdavidoff@NelsonHardiman.com

Attorneys for Respondents
DAVID LANZKOWSKY, MD
WILLIAM BAUMGARTL, MD

BEFORE THE
BOARD OF PHARMACY
STATE OF NEVADA

NEVADA STATE BOARD OF PHARMACY

Petitioner,

v.

DAVID LANZKOWSKY, MD
Certificate of Registration No. CS06509,

and

WILLIAM BAUMGARTL, MD
Certificate of Registration No. CS19427

Respondents.

CASE NO.: 23-106-CS-A-S
23-106-CS-B-S

ANSWER AND NOTICE OF DEFENSE

Respondents named above, by and through their above-referenced counsel, hereby requests
a hearing in order to present its defenses to the Charges contained in the Notice of Intended Action



1 and Accusation made by Petitioner, Nevada State Board of Pharmacy ("Petitioner"). Dr.
2 Lanzkowsky and Dr. Baumgartl will be referred to collectively herein as "Respondents."

3 Respondents object to each allegation set forth in paragraphs 3 through 4, and 14 through
4 21 of the Accusation, on the grounds that each of the allegations fails to state acts or omissions
5 upon which Petitioner may proceed, pursuant to NRS639.241(2).

6 Pursuant to NRS 639.244, Respondents objects to the form of the Accusation, on the
7 ground that it is so indefinite or uncertain that the Respondents cannot identify the transaction or
8 prepare a defense. Notwithstanding that Respondents are requesting a hearing, Respondents wish
9 to be considered for a stipulated settlement. Respondents reserve the right to present additional
10 affirmative defenses. Without waiver of that right, Respondents allege the following:

11 **FIRST AFFIRMATIVE DEFENSE**

12 The allegations and claims set forth in the Accusation, and each of them, are barred by
13 laches.

14 **SECOND AFFIRMATIVE DEFENSE**

15 The allegations and claims set forth in the Accusation, and each of them, are barred by the
16 doctrine of equitable and promissory estoppel.

17 **THIRD AFFIRMATIVE DEFENSE**

18 The allegations and claims set forth in the Accusation, and each of them, fail to state any
19 cause for discipline that may be pursued against Respondents because Respondents took
20 appropriate preventative and corrective actions before the Petitioner made Respondent aware of
21 the Accusation.

22 **FOURTH AFFIRMATIVE DEFENSE**

23 The allegations and claims set forth in the Accusation, and each of them, fail to state any
24 cause for discipline that may be pursued against Respondents because the Petitioner failed to
25 consider that Respondents made a reasonable, good faith attempt to comply with all applicable
26 statutes, rules and regulations.

27 **FIFTH AFFIRMATIVE DEFENSE**

1 The allegations and claims set forth in the Accusation, and each of them, fail to state any
2 cause for discipline that may be pursued against Respondents because the Petitioner failed to
3 consider that the misconduct alleged against Respondents was not alleged to have been willful.

4 **SIXTH AFFIRMATIVE DEFENSE**

5 The allegations and claims set forth in the Accusation, and each of them, fail to state any
6 cause for discipline against Respondents because Respondents took appropriate corrective actions
7 to address any of the misconduct alleged in the Accusation, which Petitioner specifically approved
8 and ratified.

9 **SEVENTH AFFIRMATIVE DEFENSE**

10 The allegations and claims set forth in the Accusation, and each of them, fail to state any
11 cause for discipline against Respondents because Respondents took reasonable and appropriate
12 steps to ensure that any purported violations of any rule, statute, or regulation alleged, would not
13 occur in the future.

14 **EIGHTH AFFIRMATIVE DEFENSE**

15 The allegations and claims set forth in the Accusation, and each of them, fail to state any
16 cause for discipline against Respondents because Respondents' preventative or corrective actions,
17 or plan to address same, were specifically endorsed and approved by Petitioner, and Respondents
18 incurred substantial costs in doing so, making it inequitable to penalize Respondents.

19 **NINTH AFFIRMATIVE DEFENSE**

20 The allegations and claims set forth in the Accusation, and each of them, fail to state any
21 cause for discipline against Respondents because the alleged misconduct, to the extent any
22 occurred, was due to Respondents' attempts to comply with conflicting directives, including those
23 made by Petitioner, which Respondents were unable to control.

24 Dated: April 12, 2024

NELSON HARDIMAN LLP

25 By: Tara A. Davidoff

26 Tara Davidoff
27 Attorneys for Respondents
DAVID LANZKOWSKY, MD
28 WILLIAM BAUMGARTL, MD

PROOF OF SERVICE

I am a citizen of the United States and employed in Los Angeles County, California. I am over the age of 18 and not a party to the within action. My business address is 1100 Glendon Avenue, 14th Floor, Los Angeles, California 90024.

On April 12, 2024, I served on the interested parties the document(s) described as **ANSWER AND NOTICE OF DEFENSE** by transmitting a true and correct copy thereof addressed as follows:

BRETT KANDT
Special Deputy Attorney General to
the Nevada Attorney General
Email: bkandt@pharmacy.nv.gov
Email: TeamBC@Pharmacy.nv.gov

☐ **(BY MAIL)** I placed said envelope(s) for collection and mailing, following ordinary business practices, at the business offices of NELSON HARDIMAN, LLP, and addressed as shown on the attached service list, for deposit in the United States Postal Service. I am readily familiar with the practice of NELSON HARDIMAN, LLP for collection and processing correspondence for mailing with the United States Postal Service, and said envelope(s) will be deposited with the United States Postal Service on said date in the ordinary course of business.

☐ **(BY OVERNIGHT DELIVERY)** I placed said documents in envelope(s) for collection following ordinary business practices, at the business offices of NELSON HARDIMAN, LLP, and addressed as shown on the attached service list, for collection and delivery to a courier authorized by _____ to receive said documents, with delivery fees provided for. I am readily familiar with the practices of NELSON HARDIMAN, LLP for collection and processing of documents for overnight delivery, and said envelope(s) will be deposited for receipt by _____ on said date in the ordinary course of business.

☒ **(BY EMAIL)** I caused a copy of the document(s) to be sent from e-mail address tdavidoff@nelsonhardiman.com to the persons at the email addresses listed in the above Service List. I did not receive, within a reasonable time after the transmission, any electronic message or other indication that the transmission was unsuccessful.

☐ **(BY PERSONAL SERVICE)** I delivered such envelope(s) by hand to the offices of the addressee(s).

☒ (State) I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Executed April 12, 2024 at Los Angeles, California.

Tara A. Davidoff
Type or Print Name

/s/ Tara A. Davidoff
Signature

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NANA KUFUOR, MD,
Certificate of Registration No. CS09587,**

Respondent.

CASE NO. 23-341-CS-S

STIPULATION AND ORDER

Gustaf Vanderdonck, Assistant General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Nana Kufuor, M.D., Certificate of Registration No. CS09587, by and through counsel Libo Agwara, J.D., Ph.D., **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent and this matter.
2. On or about March 29, 2024, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.
3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.
4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to them pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act);
5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter

622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act);

6. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*, that:

A. Respondent's Prescription Monitoring Program (PMP) account was opened on February 8, 2017;

B. Respondent never conducted a "MyRx" review of all of the prescriptions Respondent had written, in violation of NRS 453.164(7); NRS 639.210(4); and NAC 639.945(1)(i);

C. Respondent only conducted individual queries three (3) times between January 1, 2018, and August 8, 2023, in violation of NRS 639.23507; NRS 639.210(4); and NAC 639.945(1)(i);

D. During this period of time, Respondent wrote over 500 prescriptions for at least 70 unique patients;

E. Respondent never acquired the means of prescribing prescriptions for controlled substances electronically, despite writing at least forty-five (45) prescriptions for controlled substances to at least thirteen (13) unique patients after January 1, 2022, in violation of NRS 639.23535. After January 1, 2022, the Board ceased giving out waivers to the electronic prescription requirement;

7. These violations are pleaded with particularity in the Accusation and are grounds for action pursuant to NRS 639.210; NRS 639.255; NAC 639.945;

8. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties:

A. Respondent agrees to **comply with all PMP related laws and regulations**, including but not limited to, NRS 453.164(7) and NRS 639.23507, and to contact the Board of Pharmacy in the future if he has any problems or questions;

B. Respondent shall pay a fine of **Seven Thousand and Five Hundred Dollars and Zero Cents (\$7,500.00)** for the alleged violations, payable by *cashier's check* or *certified check* or *money order* made payable to "**State of Nevada, Office of the Treasurer,**" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within ninety (90) of the effective date of this Order;

C. Respondent shall pay **One Thousand Dollars and Zero Cents (\$1,000.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *certified check* or *money order* made payable to "**Nevada State Board of Pharmacy,**" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within ninety (90) of the effective date of this Order;

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an Order to Show Cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. The Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 639;

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on September 4, 2024. Respondent and/or Counsel for Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting;

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330;

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and agreement herein may not be used or referred to in a full hearing on the merits of this matter;

13. This matter will be reported to the National Practitioner Data Bank as required by 45 C.F.R. §§ 60.3; 60.5; and 60.9;

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 27th day of August, 2024



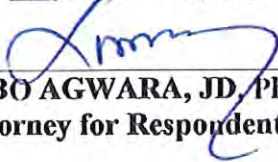
NANA KUFUOR, MD,
Certificate of Registration No. CS09587

Signed this 29th day of August, 2024



GUSTAF A. VANDERDONCK, ESQ.
Assistant General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this 28th day of August, 2024



LIBO AGWARA, JD, PhD.,
Attorney for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Nana Kufuor, M.D., Certificate of Registration No. CS09587, in Case No. 23-341-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of September, 2024.

Helen Park, President
Nevada State Board of Pharmacy

6A



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Case No. 22-351-CS-N

Petitioner,

v.

**HEATH DEHART, P.A.
Certificate Of Registration No. CS33956**

Respondent.

**STATEMENT TO THE
RESPONDENTS AND
NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED, PLEASE TAKE NOTICE THAT:

The Nevada State Board of Pharmacy ("Board"), pursuant to NRS 639.2895(3), has imposed upon Respondent Heath G. DeHart, P.A., (hereinafter "Respondent") a fine of Five Thousand and No/100s Dollars (\$5,000.00). Respondent has contested the above-described administrative action. Pursuant to NRS 639.070, NRS 639.2895, and NRS 233B.121-.126, inclusive, the Board has the authority and jurisdiction to adjudicate this contested case. For purposes of the forthcoming hearing in this matter, it is alleged that:

FACTUAL ALLEGATIONS

1. Respondent did not possess a controlled substance registration with the Board from January 10, 2022, to June 3, 2022.
2. During that time period, Respondent issued six (6) prescriptions for controlled substances to six (6) Nevada based patients.
3. Respondent applied for a controlled substance certificate of registration prior to these dates but did not complete the process as he never provided the Board with a copy of his DEA registration.
4. Respondent has since completed the process and obtained a controlled substance certificate of registration.

5. In his notice of appeal letter, Respondent admits that he did prescribe controlled substances without proper authorization and that he did so mistakenly.

APPLICABLE LAW

6. “Except as authorized by the provisions of NRS 453.011 to 453.552, inclusive, it is unlawful for a person to...[i]mport, transport, sell, exchange, barter, supply, prescribe, dispense, give away or administer a controlled or counterfeit substance.” NRS 453.321(1)(a).

7. “[D]ispense’ means to deliver a controlled substance to an ultimate user, patient or research subject by or pursuant to the lawful order of a practitioner, including the prescribing, administering, packaging, labeling or compounding necessary to prepare the substance for that delivery.” NRS 453.056(1).

8. Every practitioner who intends to prescribe controlled substances in Nevada must first apply for and obtain a certificate of registration from the Board. NRS 453.226(1)(a) and NRS 453.231(3).

9. A practitioner who prescribes controlled substances without having obtained a proper Nevada certificate of registration is subject to criminal, civil, and/or administrative penalties. NRS 453.232; NRS 453.553; NRS 453.5531; NRS 639.100(1); and NRS 639.210(4) and (12).

10. The Board may impose an administrative fine of not more than \$5,000.00 upon any person who, without a license, registration, or permit, engages in any activity that requires a license, registration, or permit issued by the Board. NRS 639.100(1); NRS 639.2895(3).

COUNT ONE **(Unlicensed Activity – Respondent DeHart)**

11. Respondent unlawfully wrote six (6) prescriptions for controlled substances without having first obtained a valid Nevada certificate of registration to prescribe controlled substances. NRS 453.321(1)(a); NRS 453.056(1); NRS 453.226(1)(a); NRS 453.231(3); NRS 453.232; NRS 453.553; NRS 453.5531; NRS 639.100(1); and NRS 639.210(4) and (12).

12. Pursuant to NRS 639.2895, the Board may impose on Respondent Johnson an administrative fine upon them of not more than \$5,000.00.

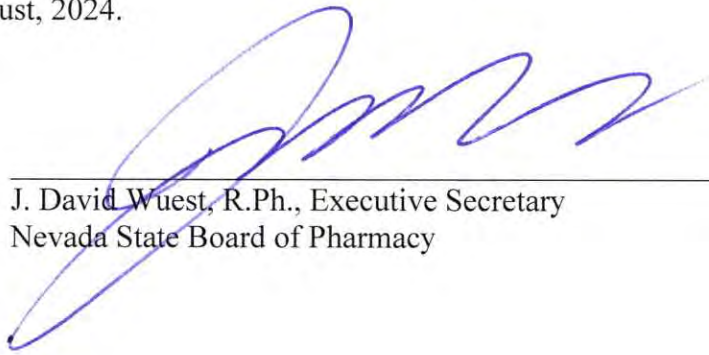
NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 639.2895(2); NRS 233B.127(3). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.127(3); NRS 622A.300(1) and (3). If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

The Board has scheduled your hearing on this matter for September 4, 2024, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada 89123.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. You may request and the Board may at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session. NRS 241.030 and NRS 241.033.

DATED this 16th day of August, 2024.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 16th day of August 2024, I personally served a true and correct copy of the foregoing **Statement to the Respondent and Notice of Hearing** by placing a copy in the United States Mail, postage prepaid, addressed to the following:

And by sending an electronic copy via email addressed to: heath@routinefitness.com

Heath G. DeHart, P.A.
[REDACTED] A Street
Hawthorne, NV 89415



Erin Miller
Board Coordination
Nevada State Board of Pharmacy

Heath G. DeHart, P.A.
[REDACTED] S 900 E
St. George, UT 84790

19A

From: Loren Breen
To: Board Coordination
Subject: LCB FILE NO. R085-24 Public Comment
Date: Wednesday, September 4, 2024 2:32:46 PM
Attachments: image002.png

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello,

My name is Loren Breen; I am the Director of Policy, Research, and Government Relations at Animal Policy Group. We work with the animal health community, providing a voice to over 90,000 veterinary professionals. I would like to submit comment for LCB File No. R085-24.

I reached out to the Board earlier to ask if this rule would apply to the veterinary space and they indicated as there is no special carve out, it will.

We respectfully ask the Board to consider the following for clarity:

- Define what client consultation needs to look like.
- Specify "animal owners" along with "person caring for the patient" to include veterinarians if that is the intention.

Implementing pharmacy regulations can be a bit more challenging on the veterinary side as we do not have all the same resources as human medicine, nor is the technology (databases) as up to date. We appreciate the Board's work in creating safe prescribing environments and want to make sure veterinarians are clear about what compliance looks like.

Thanks you so much for your time,

Loren Breen
Director of Policy, Research
& Government Relations
(520) 975-9880
animalpolicygroup.com

A REGULATION relating to pharmacy; revising requirements concerning the documentation of counseling of a patient by a pharmacist, intern pharmacist or dispensing practitioner; requiring a pharmacy or dispensing practitioner to have certain staff; and providing other matters properly relating thereto.

Legislative Counsel's Digest: Existing law requires a pharmacist, upon receiving a prescription and after reviewing the record of the patient, to communicate with the patient or a person caring for the patient matters which will enhance therapy through drugs. Existing law requires such communication to include appropriate elements of counseling, as prescribed by regulations of the State Board of Pharmacy. (NRS 639.266) Section 2 of this regulation requires a pharmacy or dispensing practitioner to ensure that the pharmacy or dispensing practitioner, as applicable, has adequate staff to comply with all legal requirements governing

the counseling of patients. Existing regulations require a pharmacy or dispensing practitioner to maintain a record of medication for each person to whom a prescription has been dispensed by the pharmacy or dispensing practitioner, as applicable. (NAC 639.708) Section 2 requires such a record to include: (1) the prescription number; (2) the date and time that the prescription was dispensed; and (3) certain information about counseling provided to the patient or the refusal of the patient to accept such counseling. Section 1 of this regulation removes an existing requirement that is partially duplicative of the requirements being added by section 2.



September 02, 2024

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Ste. 206
Reno, Nevada 89521

Board of Pharmacy,

We had one question regarding the proposed language amending NAC 639.708.

For the following language, we are assuming that "dispensed at the pharmacy" means that this section does not apply if the prescription is delivered by mail. Otherwise, we would expect it to read as "dispensed by the pharmacy."

(d) Include [all] for each prescription dispensed at the pharmacy or by the dispensing practitioner:

We would like to see mail-order prescriptions excluded from this section since the information is provided in written format and counseling is only provided if the individual contacts the pharmacy.

We appreciate the Board's time.

Sincerely,

Scott Young
Senior Director, Pharmacy and Pharmaceutical Policy
scott@animalpolicygroup.com

SFY24 MONTHLY BUDGET REPORT
NEVADA STATE BOARD OF PHARMACY
Jun-24

REVENUES	APPROVED BUDGET	BUDGET AMENDMENTS	REVISED BUDGET	CURRENT MONTH REVENUE/EXPENSE	PRIOR MONTH(S) REVENUE/EXPENSE	PROJECTIONS THROUGH 6/30/2024	TOTAL REVENUE/EXPENSE SFY24	DIFFERENCE
Beginning Balance	\$ 6,232,358		\$ 6,232,358	\$ -	\$ -	\$ 6,232,358	\$ 6,232,358	\$ -
Renewal Fees	\$ 1,795,552		\$ 1,795,552	\$ 200	\$ 1,868,960	\$ -	\$ 1,869,160	\$ 73,608
Registration Fees	\$ 1,561,460		\$ 1,561,460	\$ 117,205	\$ 1,123,225	\$ -	\$ 1,240,430	\$ (321,030)
Recovered Costs	\$ 30,000		\$ 30,000	\$ 4,250	\$ 68,227	\$ -	\$ 72,477	\$ 42,477
CC Processing Fees	\$ 175,000		\$ 175,000	\$ 2,578	\$ 121,531	\$ -	\$ 124,109	\$ (50,891)
Change MGR RPh	\$ 22,800		\$ 22,800	\$ 1,700	\$ 12,400	\$ -	\$ 14,100	\$ (8,700)
Inspections	\$ 5,000		\$ 5,000	\$ 211	\$ 9,364	\$ -	\$ 9,575	\$ 4,575
Interest Income	\$ 30,000		\$ 30,000	\$ 6,563	\$ 145,891	\$ -	\$ 152,455	\$ 122,455
Late Fees	\$ 15,000		\$ 15,000	\$ -	\$ 15,691	\$ -	\$ 15,691	\$ 691
Total Revenues	\$ 9,867,170	\$ -	\$ 9,867,170	\$ 132,707	\$ 3,365,289	\$ 6,232,358	\$ 9,730,355	\$ (136,816)

EXPENSES								
Payroll	\$ 4,142,479		\$ 4,142,479	\$ 284,551	\$ 3,354,253	\$ -	\$ 3,638,805	\$ (503,674)
Operating	\$ 1,146,199		\$ 1,146,199	\$ 76,659	\$ 989,151	\$ -	\$ 1,065,810	\$ (80,389)
Equipment	\$ 25,000		\$ 25,000	\$ -	\$ 21,206	\$ -	\$ 21,206	\$ (3,794)
In-State Travel	\$ 110,000		\$ 110,000	\$ 6,737	\$ 76,362	\$ -	\$ 83,099	\$ (26,901)
Out-of-State Travel	\$ 65,000		\$ 65,000	\$ -	\$ 13,560	\$ -	\$ 13,560	\$ (51,440)
DAG Cost	\$ 40,000		\$ 40,000	\$ 4,790	\$ 7,384	\$ -	\$ 12,174	\$ (27,826)
Reserve	\$ 4,338,492	\$ -	\$ 4,338,492	\$ -	\$ -		\$ 4,895,702	\$ 557,210
Total Expenses	\$ 9,867,170	\$ -	\$ 9,867,170	\$ 372,737	\$ 4,461,916	\$ -	\$ 9,730,355	\$ (136,816)
Balance	\$ -	\$ -	\$ -				\$ -	\$ -

SFY25 MONTHLY BUDGET REPORT
NEVADA STATE BOARD OF PHARMACY
Jul-24

REVENUES	APPROVED BUDGET	BUDGET AMENDMENTS	REVISED BUDGET	CURRENT MONTH REVENUE/EXPENSE	PRIOR MONTH(S) REVENUE/EXPENSE	PROJECTIONS THROUGH 6/30/2025	TOTAL REVENUE/EXPENSE SFY25	DIFFERENCE
Beginning Balance	\$ 4,663,661		\$ 4,663,661	\$ -	\$ -	\$ 4,663,661	\$ 4,663,661	\$ -
Renewal Fees	\$ 6,106,426		\$ 6,106,426	\$ -	\$ -	\$ 6,106,426	\$ 6,106,426	\$ -
Registration Fees	\$ 1,297,680		\$ 1,297,680	\$ 98,040	\$ -	\$ 1,199,640	\$ 1,297,680	\$ -
Recovered Costs	\$ 30,000		\$ 30,000	\$ 10,156	\$ -	\$ 19,844	\$ 30,000	\$ -
CC Processing Fees	\$ 300,000		\$ 300,000	\$ 2,954	\$ -	\$ 297,046	\$ 300,000	\$ -
Change MGR RPh	\$ 22,800		\$ 22,800	\$ 1,050	\$ -	\$ 21,750	\$ 22,800	\$ -
Inspections	\$ 5,000		\$ 5,000	\$ 2,401	\$ -	\$ 2,599	\$ 5,000	\$ -
Interest Income	\$ 30,000		\$ 30,000	\$ 6,780	\$ -	\$ 23,220	\$ 30,000	\$ -
Late Fees	\$ 15,000		\$ 15,000	\$ -	\$ -	\$ 15,000	\$ 15,000	\$ -
Total Revenues	\$ 12,470,567	\$ -	\$ 12,470,567	\$ 121,381	\$ -	\$ 12,349,186	\$ 12,470,567	\$ -

EXPENSES	APPROVED BUDGET	BUDGET AMENDMENTS	REVISED BUDGET	CURRENT MONTH REVENUE/EXPENSE	PRIOR MONTH(S) REVENUE/EXPENSE	PROJECTIONS THROUGH 6/30/2025	TOTAL REVENUE/EXPENSE SFY25	DIFFERENCE
Payroll	\$ 4,139,230		\$ 4,139,230	\$ 309,714	\$ -	\$ 3,829,517	\$ 4,139,230	\$ -
Operating	\$ 1,382,732		\$ 1,382,732	\$ 98,104	\$ -	\$ 1,284,628	\$ 1,382,732	\$ -
Equipment	\$ 25,000		\$ 25,000	\$ -	\$ -	\$ 25,000	\$ 25,000	\$ -
In-State Travel	\$ 110,000		\$ 110,000	\$ 1,898	\$ -	\$ 108,102	\$ 110,000	\$ -
Out-of-State Travel	\$ 65,000		\$ 65,000	\$ -	\$ -	\$ 65,000	\$ 65,000	\$ -
DAG Cost	\$ 40,000		\$ 40,000	\$ 414	\$ -	\$ 39,586	\$ 40,000	\$ -
Reserve	\$ 6,708,605	\$ -	\$ 6,708,605	\$ -	\$ -		\$ 6,708,605	\$ -
Total Expenses	\$ 12,470,567	\$ -	\$ 12,470,567	\$ 410,130	\$ -	\$ 5,351,832	\$ 12,470,567	\$ -
Balance	\$ -	\$ -	\$ -				\$ -	\$ -