CONTROLLED SUBSTANCES Inventory Log

Name of PHARMACY _____

Name of *REGISTRANT* on DEA Registration: _____

Address: _____

City: _____ State: _____ ZipCode: _____

DEA Registration Number: _____

Date of Inventory: _____

Inventory Taken at: ☐ Opening or ☐ Closing of business

OR Started at (time): _____ and Ended at (time): _____

_____

Signature of Person Responsible For Taking Inventory

_____

Print Name of Person Responsible For Taking Inventory

DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
ACTIQ 1200MCG LOZ CEPH	30	LOZ	2	63459-0512-30	_____	LOZ
ACTIQ 1600MCG LOZ CEPH	30	LOZ	2	63459-0516-30	_____	LOZ
ACTIQ 200MCG LOZ CEPH	30	LOZ	2	63459-0502-30	_____	LOZ
ACTIQ 400MCG LOZ CEPH	24	LOZ	2	63459-0304-24	_____	LOZ
ACTIQ 400MCG LOZ CEPH	30	LOZ	2	63459-0504-30	_____	LOZ
ACTIQ 600MCG LOZ CEPH	30	LOZ	2	63459-0506-30	_____	LOZ
ACTIQ 800MCG LOZ CEPH	30	LOZ	2	63459-0508-30	_____	LOZ
ADDERALL 5MG TAB SHIR	100	TAB	2	54092-0371-01	_____	TAB
ADDERALL 10MG TAB RICH	100	TAB	2	54092-0373-01	_____	TAB
ADDERALL 15MG TAB SHIR	100	TAB	2	54092-0375-01	_____	TAB
ADDERALL 20MG TAB RICH	100	TAB	2	54092-0376-01	_____	TAB
ADDERALL 30MG TAB SHIR	100	TAB	2	54092-0377-01	_____	TAB
ADDERALL 7.5MG TAB SHIR	100	TAB	2	54092-0372-01	_____	TAB
ADDERALL 12.5MG TAB SHIR	100	TAB	2	54092-0374-01	_____	TAB
ADDERALL XR 10MG CAP SHIR	100	CAP	2	54092-0383-01	_____	CAP
ADDERALL XR 15MG CAP SHIR	100	CAP	2	54092-0385-01	_____	CAP
ADDERALL XR 20MG CAP SHIR	100	CAP	2	54092-0387-01	_____	CAP
ADDERALL XR 25MG CAP SHIR	100	CAP	2	54092-0389-01	_____	CAP
ADDERALL XR 30MG CAP SHIR	100	CAP	2	54092-0391-01	_____	CAP
ADDERALL XR 5MG CAP SHIR	100	CAP	2	54092-0381-01	_____	CAP
AMPHET SALT COMB 10MG TB BAR	100	TAB	2	00555-0972-02	_____	TAB
AMPHET SALT COMB 10MG TB EON	100	TAB	2	00185-0111-01	_____	TAB
AMPHET SALT COMB 12.5 TB BAR	100	TAB	2	00555-0776-02	_____	TAB
AMPHET SALT COMB 20MG TB BAR	100	TAB	2	00555-0973-02	_____	TAB
AMPHET SALT COMB 20MG TB EON	100	TAB	2	00185-0401-01	_____	TAB
AMPHET SALT COMB 30MG TB BAR	100	TAB	2	00555-0974-02	_____	TAB
AMPHET SALT COMB 30MG TB EON	100	TAB	2	00185-0404-01	_____	TAB
AMPHET SALT COMB 30MG TB RAN	100	TAB	2	63304-0911-01	_____	TAB
AMPHET SALT COMBO 15M TB BAR	100	TAB	2	00555-0777-02	_____	TAB
AMPHET SALT COMBO 5MG TB BAR	100	TAB	2	00555-0971-02	_____	TAB
AMPHET SALT COMBO 5MG TB EON	100	TAB	2	00185-0084-01	_____	TAB
AMPHET SALT COMBO 5MG TB RAN	100	TAB	2	63304-0908-01	_____	TAB
AMPHET SALT COMBO 7.5 TB BAR	100	TAB	2	00555-0775-02	_____	TAB
AVINZA 120MG CAP LIGA	100	CAP	2	64365-0508-02	_____	CAP
AVINZA 30MG CAP LIGA	100	CAP	2	64365-0505-03	_____	CAP
AVINZA 60MG CAP LIGA	100	CAP	2	64365-0506-03	_____	CAP

WRITE-IN ITEMS NOT LISTED ABOVE:

_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
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_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____

DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
AVINZA 90MG CAP LIGA	100	CAP	2	64365-0507-02	_____	CAP
B & O 15A 30MG SUPP POLY	12	SUP	2	61451-5015-07	_____	SUP
B & O 16A 60MG SUPP POLY	12	SUP	2	61451-5016-07	_____	SUP
BELLADO+OPIUM 30MG SUPP PADD	12	SUP	2	00574-7045-12	_____	SUP
BELLADO+OPIUM 60MG SUPP PADD	12	SUP	2	00574-7040-12	_____	SUP
CODEINE PHOS 15MG/5 SOL ROXA	500	ML	2	00054-3161-63	_____	ML
CODEINE PHOS 30MG TAB RANB	100	TAB	2	63304-0748-01	_____	TAB
CODEINE PHOS 60MG TAB RANB	100	TAB	2	63304-0749-01	_____	TAB
CODEINE SUL 15MG 4X25 TB ROX	100	TAB	2	00054-8155-24	_____	TAB
CODEINE SULF 30MG TAB ROXA	100	TAB	2	00054-4156-25	_____	TAB
CODEINE SULF 30MG UD TB ROXA	100	TAB	2	00054-8156-24	_____	TAB
CODEINE SULF 60MG TAB ROXA	100	TAB	2	00054-4157-25	_____	TAB
COMBUNOX 5/400MG TAB FORE	100	TAB	2	00456-5200-01	_____	TAB
CONCERTA ER 18MG TAB MCNE	100	TAB	2	17314-5850-02	_____	TAB
CONCERTA ER 27MG TAB MCNE	100	TAB	2	17314-5853-02	_____	TAB
CONCERTA ER 36MG TAB MCNE	100	TAB	2	17314-5851-02	_____	TAB
CONCERTA ER 54MG TAB MCNE	100	TAB	2	17314-5852-02	_____	TAB
DEMEROL 100MG TAB SANO	100	TAB	2	00024-0337-04	_____	TAB
DEMEROL 50MG TAB SANO	100	TAB	2	00024-0335-04	_____	TAB
DEMEROL 100MG/ML CPJ 1ML HOS	10	ML	2	00074-1180-69	_____	ML
DEMEROL 100MG/ML VL ML HOSP	20	ML	2	00074-1201-20	_____	ML
DEMEROL 50MG/5ML SYP ML SANO	473	ML	2	00024-0332-06	_____	ML
DEMEROL 50MG/ML 1ML AMP HOSP	25	AMP	2	00074-1253-01	_____	AMP
DEMEROL 50MG/ML VL ML HOSP	30	ML	2	00074-1181-30	_____	ML
DEMEROL 75MG/ML CPJ 1ML HOSP	10	ML	2	00074-1179-30	_____	ML
DESOXYN 5MG TAB OVAT	100	TAB	2	67386-0102-01	_____	TAB
DEXEDRINE 5MG TAB GLAX	100	TAB	2	00007-3519-20	_____	TAB
DEXEDRINE SPAN 10MG CAP GLAX	100	CAP	2	00007-3513-20	_____	CAP
DEXEDRINE SPAN 15MG CAP GLAX	100	CAP	2	00007-3514-20	_____	CAP
DEXEDRINE SPAN 5MG CAP GLAX	100	CAP	2	00007-3512-20	_____	CAP
DEXTROAMPHET 10MG TAB BARR	100	TAB	2	00555-0953-02	_____	TAB
DEXTROAMPHET 10MG TAB ETHE	100	TAB	2	58177-0312-04	_____	TAB
DEXTROAMPHET 10MG TAB MALL	100	TAB	2	00406-8959-01	_____	TAB
DEXTROAMPHET 5MG TAB BARR	100	TAB	2	00555-0952-02	_____	TAB
DEXTROAMPHET 5MG TAB ETHE	100	TAB	2	58177-0311-04	_____	TAB
DEXTROAMPHET 5MG TAB MALL	100	TAB	2	00406-8958-01	_____	TAB

WRITE-IN ITEMS NOT LISTED ABOVE:

_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____

DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
DEXTROAMPHET SR 10MG CP BARR	100	CAP	2	00555-0955-02	_____	CAP
DEXTROAMPHET SR 10MG CP MALL	100	CAP	2	00406-8961-01	_____	CAP
DEXTROAMPHET SR 15MG CP BARR	100	CAP	2	00555-0956-02	_____	CAP
DEXTROAMPHET SR 15MG CP MALL	100	CAP	2	00406-8962-01	_____	CAP
DEXTROAMPHET SR 5MG CAP BARR	100	CAP	2	00555-0954-02	_____	CAP
DEXTROAMPHET SR 5MG CAP MALL	100	CAP	2	00406-8960-01	_____	CAP
DEXTROSTAT 10MG TAB SHIR	100	TAB	2	54092-0452-01	_____	TAB
DEXTROSTAT 5MG TAB SHIR	100	TAB	2	54092-0448-01	_____	TAB
DILAUDID 2MG TAB ABBO	100	TAB	2	00074-2415-14	_____	TAB
DILAUDID 4MG TAB ABBO	100	TAB	2	00074-2416-14	_____	TAB
DILAUDID 8MG TAB ABBO	100	TAB	2	00074-2426-14	_____	TAB
DILAUDID MDC 2MG/ML ML ABBO	20	ML	2	00074-2414-21	_____	ML
DILAUDID SUPP 3MG SUP ABBO	6	SUP	2	00074-2451-07	_____	SUP
DILAUDID-5 O/S 1MG/ML ML ABB	473	ML	2	00074-2452-02	_____	ML
DOLOPHINE MDV 10MG/ML VL ROX	20	ML	2	00054-1218-42	_____	ML
DURAGESIC 25MCG/HR PAT JANS	5	PAT	2	50458-0033-05	_____	PAT
DURAGESIC 50MCG/HR PAT JANS	5	PAT	2	50458-0034-05	_____	PAT
DURAGESIC 75MCG/HR PAT JANS	5	PAT	2	50458-0035-05	_____	PAT
DURAGESIC 100MCG/HR PAT JANS	5	PAT	2	50458-0036-05	_____	PAT
ENDOCET 5/325MG TAB ENDO	100	TAB	2	60951-0602-70	_____	TAB
ENDOCET 5/325MG TAB ENDO	500	TAB	2	60951-0602-85	_____	TAB
ENDOCET 10/325MG TAB ENDO	100	TAB	2	60951-0712-70	_____	TAB
ENDOCET 10/650MG TAB ENDO	100	TAB	2	60951-0797-70	_____	TAB
ENDOCET 7.5/325MG TAB ENDO	100	TAB	2	60951-0700-70	_____	TAB
ENDOCET 7.5/500MG TAB ENDO	100	TAB	2	60951-0796-70	_____	TAB
ENDODAN 4.5/325MG TAB ENDO	100	TAB	2	60951-0610-70	_____	TAB
ENDODAN 4.5/325MG TAB ENDO	500	TAB	2	60951-0610-85	_____	TAB
FENTANYL 100MCG/HR PAT AMER	5	PAT	2	67767-0123-18	_____	PAT
FENTANYL 100MCG/HR PAT MYLA	5	PAT	2	00378-9124-98	_____	PAT
FENTANYL 100MCG/HR PAT SAND	5	PAT	2	00781-7114-55	_____	PAT
FENTANYL 25MCG/HR PAT AMER	5	PAT	2	67767-0120-18	_____	PAT
FENTANYL 25MCG/HR PAT MYLA	5	PAT	2	00378-9121-98	_____	PAT
FENTANYL 25MCG/HR PAT SAND	5	PAT	2	00781-7111-55	_____	PAT
FENTANYL 50MCG/HR PAT AMER	5	PAT	2	67767-0121-18	_____	PAT
FENTANYL 50MCG/HR PAT MYLA	5	PAT	2	00378-9122-98	_____	PAT
FENTANYL 50MCG/HR PAT SAND	5	PAT	2	00781-7112-55	_____	PAT

WRITE-IN ITEMS NOT LISTED ABOVE:

_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
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_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____

DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
FENTANYL 75MCG/HR PAT AMER	5	PAT	2	67767-0122-18	_____	PAT
FENTANYL 75MCG/HR PAT MYLA	5	PAT	2	00378-9123-98	_____	PAT
FENTANYL 75MCG/HR PAT SAND	5	PAT	2	00781-7113-55	_____	PAT
FENTANYL CIT.05MG/ML AMP ABB	20	AMP	2	00074-9093-32	_____	AMP
FENTANYL CIT.05MG/ML AMP BAX	50	AMP	2	10019-0034-73	_____	AMP
FOCALIN 10MG TAB NOVA	100	TAB	2	00078-0382-05	_____	TAB
FOCALIN 2.5MG TAB NOVA	100	TAB	2	00078-0380-05	_____	TAB
FOCALIN 5MG TAB NOVA	100	TAB	2	00078-0381-05	_____	TAB
HYDROMORP 2MG/ML INJ VL BAXT	20	ML	2	00641-2341-41	_____	ML
HYDROMORPHON 4MG 10X1ML HOSP	10	ML	2	00074-1304-31	_____	ML
HYDROMORPHONE 2MG TAB ENDO	100	TAB	2	60951-0752-70	_____	TAB
HYDROMORPHONE 2MG TAB ETHE	100	TAB	2	58177-0298-04	_____	TAB
HYDROMORPHONE 2MG TAB MALL	100	TAB	2	00406-3243-01	_____	TAB
HYDROMORPHONE 2MG TAB QUAL	100	TAB	2	00603-3925-21	_____	TAB
HYDROMORPHONE 2MG TAB ROXA	100	TAB	2	00054-4392-25	_____	TAB
HYDROMORPHONE 3MG SUPP PADD	6	SUP	2	00574-7224-06	_____	SUP
HYDROMORPHONE 4MG TAB ENDO	100	TAB	2	60951-0757-70	_____	TAB
HYDROMORPHONE 4MG TAB ETHE	100	TAB	2	58177-0299-04	_____	TAB
HYDROMORPHONE 4MG TAB MALL	100	TAB	2	00406-3244-01	_____	TAB
HYDROMORPHONE 4MG TAB QUAL	100	TAB	2	00603-3926-21	_____	TAB
HYDROMORPHONE 4MG TAB ROXA	100	TAB	2	00054-4394-25	_____	TAB
HYDROMORPHONE 4MG UD TB ETHE	100	TAB	2	58177-0299-11	_____	TAB
HYDROMORPHONE 8MG TAB ROXA	100	TAB	2	00054-4370-25	_____	TAB
KADIAN 100MG CAP ALPH	60	CAP	2	63857-0324-06	_____	CAP
KADIAN 100MG CAP ALPH	100	CAP	2	63857-0324-11	_____	CAP
KADIAN 20MG CAP ALPH	60	CAP	2	63857-0322-06	_____	CAP
KADIAN 20MG CAP ALPH	100	CAP	2	63857-0322-11	_____	CAP
KADIAN 30MG CAP ALPH	60	CAP	2	63857-0325-06	_____	CAP
KADIAN 30MG CAP ALPH	100	CAP	2	63857-0325-11	_____	CAP
KADIAN 50MG CAP ALPH	60	CAP	2	63857-0323-06	_____	CAP
KADIAN 50MG CAP ALPH	100	CAP	2	63857-0323-11	_____	CAP
KADIAN 60MG CAP ALPH	60	CAP	2	63857-0326-06	_____	CAP
KADIAN 60MG CAP ALPH	100	CAP	2	63857-0326-11	_____	CAP
LEVO-DROMORAN 2MG/M INJ VALE	1	ML	2	00187-3072-10	_____	ML
LEVO-DROMORAN 2MG/M INJ VALE	10	ML	2	00004-1911-06	_____	ML
LEVORPHANOL 2MG TAB ROXA	100	TAB	2	00054-4494-25	_____	TAB

WRITE-IN ITEMS NOT LISTED ABOVE:

_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____

DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
MEPERGAN FOR 50/25 CAP WYET	100	CAP	2	00008-0261-02	_____	CAP
MEPERID+PROM 50/25MG CP AMID	100	CAP	2	52152-0190-02	_____	CAP
MEPERID+PROM 50/25MG CP ETHE	100	CAP	2	58177-0027-04	_____	CAP
MEPERIDINE 50MG UD TAB WYET	250	TAB	2	00008-0308-03	_____	TAB
MEPERIDINE 50MG/5ML SYR ROXA	500	ML	2	00054-3545-63	_____	ML
MEPERIDINE HCL 100MG TB BARR	100	TAB	2	00555-0382-02	_____	TAB
MEPERIDINE HCL 100MG TB MALL	100	TAB	2	00406-7115-01	_____	TAB
MEPERIDINE HCL 100MG TB ROXA	100	TAB	2	00054-4596-25	_____	TAB
MEPERIDINE HCL 100MG TB WATS	100	TAB	2	00591-0727-01	_____	TAB
MEPERIDINE HCL 50MG TAB AMID	100	TAB	2	52152-0158-02	_____	TAB
MEPERIDINE HCL 50MG TAB BARR	100	TAB	2	00555-0381-02	_____	TAB
MEPERIDINE HCL 50MG TAB MALL	100	TAB	2	00406-7113-01	_____	TAB
MEPERIDINE HCL 50MG TAB ROXA	100	TAB	2	00054-4595-25	_____	TAB
MEPERIDINE HCL 50MG TAB WATS	100	TAB	2	00591-0726-01	_____	TAB
MEPERITAB 100MG TAB QUAL	100	TAB	2	00603-4416-21	_____	TAB
MEPERITAB 50MG TAB QUAL	100	TAB	2	00603-4415-21	_____	TAB
MEPROZINE 50/25MG CAP QUAL	100	CAP	2	00603-4424-21	_____	CAP
METADATE CD 10MG CAP CELL	100	CAP	2	53014-0574-07	_____	CAP
METADATE CD 20MG CAP CELL	100	CAP	2	53014-0575-07	_____	CAP
METADATE CD 30MG CAP CELL	100	CAP	2	53014-0576-07	_____	CAP
METADATE ER 10MG TAB CELL	100	TAB	2	53014-0593-07	_____	TAB
METADATE ER 20MG TAB CELL	100	TAB	2	53014-0594-07	_____	TAB
METHADONE 10MG TAB MALL	100	TAB	2	00406-3454-34	_____	TAB
METHADONE 10MG TAB ROXA	100	TAB	2	00054-4571-25	_____	TAB
METHADONE 10MG 4X25 TAB ROXA	100	TAB	2	00054-8554-24	_____	TAB
METHADONE 10MG/5ML SOLN ROXA	500	ML	2	00054-3556-63	_____	ML
METHADONE 10MG/ML INJ VL AAI	20	ML	2	66591-0815-51	_____	ML
METHADONE 10MG/ML OR/SOL ROX	30	ML	2	00054-3553-44	_____	ML
METHADONE 5MG TAB MALL	100	TAB	2	00406-6974-34	_____	TAB
METHADONE 5MG TAB ROXA	100	TAB	2	00054-4570-25	_____	TAB
METHADONE 5MG/5ML SOLN ROXA	500	ML	2	00054-3555-63	_____	ML
METHADONE CONC 10MG/ML CEBE	946	ML	2	64019-0554-67	_____	ML
METHADONE DISK 40MG TAB CEBE	100	TAB	2	64019-0538-25	_____	TAB
METHADOSE CONC 10MG/ML MALL	1000	ML	2	00406-0527-10	_____	ML
METHADOSE DIS 40MG TAB MALL	100	TAB	2	00406-0540-34	_____	TAB
METHAMPHETAMINE 5MG TAB ABLE	100	TAB	2	53265-0396-10	_____	TAB

WRITE-IN ITEMS NOT LISTED ABOVE:

_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____

DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
METHYLIN 10MG TAB MALL	100	TAB	2	00406-1122-01	_____	TAB
METHYLIN 10MG TAB MALL	1000	TAB	2	00406-1122-10	_____	TAB
METHYLIN 20MG TAB MALL	100	TAB	2	00406-1124-01	_____	TAB
METHYLIN 20MG TAB MALL	1000	TAB	2	00406-1124-10	_____	TAB
METHYLIN 5MG TAB MALL	100	TAB	2	00406-1121-01	_____	TAB
METHYLIN 5MG TAB MALL	1000	TAB	2	00406-1121-10	_____	TAB
METHYLIN ER 10MG TAB MALL	100	TAB	2	00406-1423-01	_____	TAB
METHYLIN ER 20MG TAB MALL	100	TAB	2	00406-1451-01	_____	TAB
METHYLPHENID 10MG TAB ABLE	100	TAB	2	53265-0254-10	_____	TAB
METHYLPHENID 10MG TAB CELL	100	TAB	2	53014-0530-07	_____	TAB
METHYLPHENID 10MG TAB CELL	1000	TAB	2	53014-0530-12	_____	TAB
METHYLPHENID 10MG TAB SAND	100	TAB	2	00781-8841-01	_____	TAB
METHYLPHENID 10MG TAB SAND	1000	TAB	2	00781-8841-10	_____	TAB
METHYLPHENID 10MG TAB WATS	100	TAB	2	00591-5883-01	_____	TAB
METHYLPHENID 10MG TAB WATS	1000	TAB	2	00591-5883-10	_____	TAB
METHYLPHENID 20MG TAB ABLE	100	TAB	2	53265-0255-10	_____	TAB
METHYLPHENID 20MG TAB CELL	100	TAB	2	53014-0532-07	_____	TAB
METHYLPHENID 20MG TAB CELL	1000	TAB	2	53014-0532-12	_____	TAB
METHYLPHENID 20MG TAB SAND	100	TAB	2	00781-8842-01	_____	TAB
METHYLPHENID 20MG TAB SAND	1000	TAB	2	00781-8842-10	_____	TAB
METHYLPHENID 20MG TAB SAND	1000	TAB	2	00781-1753-10	_____	TAB
METHYLPHENID 20MG TAB WATS	100	TAB	2	00591-5884-01	_____	TAB
METHYLPHENID 20MG TAB WATS	1000	TAB	2	00591-5884-10	_____	TAB
METHYLPHENID 5MG TAB ABLE	100	TAB	2	53265-0253-10	_____	TAB
METHYLPHENID 5MG TAB CELL	100	TAB	2	53014-0531-07	_____	TAB
METHYLPHENID 5MG TAB SAND	100	TAB	2	00781-8840-01	_____	TAB
METHYLPHENID 5MG TAB SAND	1000	TAB	2	00781-8840-10	_____	TAB
METHYLPHENID 5MG TAB WATS	100	TAB	2	00591-5882-01	_____	TAB
METHYLPHENID ER 20MG TB ABLE	100	TAB	2	53265-0262-10	_____	TAB
METHYLPHENID ER 20MG TB CELL	100	TAB	2	53014-0562-07	_____	TAB
METHYLPHENID ER 20MG TB SAND	100	TAB	2	00781-8843-01	_____	TAB
MORPHINE 10MG SOLUB TAB RANB	100	TAB	2	63304-0706-01	_____	TAB
MORPHINE 15MG SOLUB TAB RANB	100	TAB	2	63304-0707-01	_____	TAB
MORPHINE 30MG SOLUB TAB RANB	100	TAB	2	63304-0708-01	_____	TAB
MORPHINE CPJ 10MG/ML 1ML ABB	10	SYR	2	00074-1261-31	_____	SYR
MORPHINE CPJ 15MG/ML 1ML ABB	10	ML	2	00074-1262-01	_____	ML

WRITE-IN ITEMS NOT LISTED ABOVE:

_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____

DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
MORPHINE CPJ 2MG/M 10X1M ABB	10	ML	2	00074-1762-21	_____	ML
MORPHINE CPJ 4MG/ML 1ML ABBO	10	ML	2	00074-1258-01	_____	ML
MORPHINE CPJ 4MG/ML 1ML ABBO	10	ML	2	00074-1258-30	_____	ML
MORPHINE IR 15MG TAB ETHE	100	TAB	2	58177-0313-04	_____	TAB
MORPHINE IR 15MG TAB ROXA	100	TAB	2	00054-4582-25	_____	TAB
MORPHINE IR 30MG TAB ETHE	100	TAB	2	58177-0314-04	_____	TAB
MORPHINE IR 30MG TAB ROXA	100	TAB	2	00054-4583-25	_____	TAB
MORPHINE MDV 10MG/ML INJ BAX	10	ML	2	00641-2343-41	_____	ML
MORPHINE MDV 10MG/ML INJ BAX	10	ML	2	10019-0178-62	_____	ML
MORPHINE MDV 15MG/ML INJ BAX	20	ML	2	10019-0179-63	_____	ML
MORPHINE MDV 15MG/ML INJ ELK	20	ML	2	00641-2345-41	_____	ML
MORPHINE O/S 10MG/5ML ML AST	500	ML	2	00186-1124-95	_____	ML
MORPHINE O/S 10MG/5ML ML ROX	100	ML	2	00054-3785-49	_____	ML
MORPHINE O/S 10MG/5ML ML ROX	500	ML	2	00054-3785-63	_____	ML
MORPHINE O/S 20MG/5ML ML ROX	100	ML	2	00054-3786-49	_____	ML
MORPHINE O/S 20MG/5ML ML ROX	500	ML	2	00054-3786-63	_____	ML
MORPHINE O/S 20MG/ML ML ASTR	120	ML	2	00186-1123-85	_____	ML
MORPHINE O/S 20MG/ML ML ETHE	30	ML	2	58177-0886-01	_____	ML
MORPHINE O/S 20MG/ML ML ETHE	120	ML	2	58177-0886-03	_____	ML
MORPHINE O/S 20MG/ML ML ETHE	240	ML	2	58177-0886-05	_____	ML
MORPHINE SDV 10MG/ML 1ML BAX	25	VLS	2	10019-0178-44	_____	VLS
MORPHINE SDV 5MG/ML 1ML ELKI	25	VLS	2	10019-0176-44	_____	VLS
MORPHINE SUL 10MG SUPP PADD	12	SUP	2	00574-7112-12	_____	SUP
MORPHINE SUL 20MG SUPP PADD	12	SUP	2	00574-7114-12	_____	SUP
MORPHINE SUL ER 100MG TB END	100	TAB	2	60951-0658-70	_____	TAB
MORPHINE SUL ER 100MG TB MAL	100	TAB	2	00406-8390-01	_____	TAB
MORPHINE SUL ER 100MG TB WAT	100	TAB	2	00591-0617-01	_____	TAB
MORPHINE SUL ER 15MG TB ENDO	100	TAB	2	60951-0652-70	_____	TAB
MORPHINE SUL ER 15MG TB ENDO	500	TAB	2	60951-0652-85	_____	TAB
MORPHINE SUL ER 15MG TB ETHE	100	TAB	2	58177-0310-04	_____	TAB
MORPHINE SUL ER 15MG TB MALL	100	TAB	2	00406-8315-01	_____	TAB
MORPHINE SUL ER 200MG TB END	100	TAB	2	60951-0659-70	_____	TAB
MORPHINE SUL ER 200MG TB MAL	100	TAB	2	00406-8320-01	_____	TAB
MORPHINE SUL ER 30MG TB ENDO	100	TAB	2	60951-0653-70	_____	TAB
MORPHINE SUL ER 30MG TB ENDO	500	TAB	2	60951-0653-85	_____	TAB
MORPHINE SUL ER 30MG TB MALL	100	TAB	2	00406-8330-01	_____	TAB

WRITE-IN ITEMS NOT LISTED ABOVE:

_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____

DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
MORPHINE SUL ER 30MG TB MALL	500	TAB	2	00406-8330-05	_____	TAB
MORPHINE SUL ER 60MG TB ENDO	100	TAB	2	60951-0655-70	_____	TAB
MORPHINE SUL ER 60MG TB ENDO	500	TAB	2	60951-0655-85	_____	TAB
MORPHINE SUL ER 60MG TB ETHE	100	TAB	2	58177-0330-04	_____	TAB
MORPHINE SUL ER 60MG TB MALL	100	TAB	2	00406-8380-01	_____	TAB
MORPHINE SUL ER 60MG TB MALL	500	TAB	2	00406-8380-05	_____	TAB
MS CONTIN 100MG TAB PURD	100	TAB	2	00034-0517-10	_____	TAB
MS CONTIN 15MG TAB PURD	100	TAB	2	00034-0514-10	_____	TAB
MS CONTIN 200MG TAB PURD	100	TAB	2	00034-0513-10	_____	TAB
MS CONTIN 30MG TAB PURD	100	TAB	2	00034-0515-10	_____	TAB
MS CONTIN 30MG TAB PURD	50	TAB	2	00034-0515-50	_____	TAB
MS CONTIN 60MG TAB PURD	100	TAB	2	00034-0516-10	_____	TAB
MSIR 15MG TAB PURD	100	TAB	2	00034-0518-10	_____	TAB
MSIR 30MG TAB PURD	100	TAB	2	00034-0519-10	_____	TAB
MSIR O/S 10MG/5ML ML PURD	120	ML	2	00034-0521-02	_____	ML
MSIR O/S 20MG/5ML ML PURD	120	ML	2	00034-0522-02	_____	ML
MSIR O/S CONC 20MG/ML PURD	30	ML	2	00034-0523-01	_____	ML
NEMBUTAL SOD 50MG/ML ML OVAT	50	ML	2	67386-0501-55	_____	ML
NUMORPHAN 5MG SUPP ENDO	6	SUP	2	63481-0761-06	_____	SUP
OPIUM TINCTURE ML RANB	473	ML	2	63304-0203-02	_____	ML
OPIUM TINCTURE ML RANB	120	ML	2	63304-0203-01	_____	ML
ORAMORPH SR 100MG TAB ROXE	100	TAB	2	00054-4793-25	_____	TAB
ORAMORPH SR 15MG TAB ROXA	100	TAB	2	00054-4790-25	_____	TAB
ORAMORPH SR 30MG TAB ROXA	100	TAB	2	00054-4805-25	_____	TAB
ORAMORPH SR 30MG TAB ROXA	50	TAB	2	00054-4805-19	_____	TAB
ORAMORPH SR 60MG TAB ROXA	100	TAB	2	00054-4792-25	_____	TAB
OXYCOD/APAP 10/325MG TB MALL	100	TAB	2	00406-0523-01	_____	TAB
OXYCOD/APAP 10/325MG TB WATS	100	TAB	2	00591-0932-01	_____	TAB
OXYCOD/APAP 10/650 TAB WATS	100	TAB	2	00591-0825-01	_____	TAB
OXYCOD/APAP 10/650MG TB MALL	100	TAB	2	00406-0562-01	_____	TAB
OXYCOD/APAP 7.5/325MG TB MAL	100	TAB	2	00406-0522-01	_____	TAB
OXYCOD/APAP 7.5/325MG TB WAT	100	TAB	2	00591-0933-01	_____	TAB
OXYCOD/APAP 7.5/500MG TB MAL	100	TAB	2	00406-0582-01	_____	TAB
OXYCOD/APAP 7.5/500MG TB WAT	100	TAB	2	00591-0824-01	_____	TAB
OXYCODONE 15MG TAB AMID	100	TAB	2	52152-0214-02	_____	TAB
OXYCODONE 30MG TAB AMID	100	TAB	2	52152-0215-02	_____	TAB

WRITE-IN ITEMS NOT LISTED ABOVE:

_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____

DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
OXYCODONE 5MG CAP ETHE	100	CAP	2	58177-0041-04	_____	CAP
OXYCODONE 5MG CAP MALL	100	CAP	2	00406-0554-01	_____	CAP
OXYCODONE 5MG TAB AMID	100	TAB	2	52152-0165-02	_____	TAB
OXYCODONE 5MG TAB ETHE	100	TAB	2	58177-0315-04	_____	TAB
OXYCODONE 5MG TAB MALL	100	TAB	2	00406-0552-01	_____	TAB
OXYCODONE CONC 20MG/ML MALL	30	ML	2	00406-8558-30	_____	ML
OXYCODONE ER 80MG TAB TEVA	100	TAB	2	00093-0033-01	_____	TAB
OXYCODONE SOLN 5MG/5ML MALL	500	ML	2	00406-8555-50	_____	ML
OXYCODONE/APAP 5/325 TB MALL	100	TAB	2	00406-0512-01	_____	TAB
OXYCODONE/APAP 5/325 TB MALL	500	TAB	2	00406-0512-05	_____	TAB
OXYCODONE/APAP 5/325 TB QUAL	100	TAB	2	00603-4998-21	_____	TAB
OXYCODONE/APAP 5/325 TB WATS	100	TAB	2	00591-0749-01	_____	TAB
OXYCODONE/APAP 5/325 TB WATS	500	TAB	2	00591-0749-05	_____	TAB
OXYCODONE/APAP 5/500 CP AMID	100	CAP	2	52152-0041-02	_____	CAP
OXYCODONE/APAP 5/500 CP BARR	100	CAP	2	51285-0658-02	_____	CAP
OXYCODONE/APAP 5/500 CP MALL	100	CAP	2	00406-0532-01	_____	CAP
OXYCODONE/APAP 5/500 CP MALL	500	CAP	2	00406-0532-05	_____	CAP
OXYCODONE/APAP 5/500 CP QUAL	100	CAP	2	00603-4997-21	_____	CAP
OXYCODONE/APAP 5/500 CP ROXA	100	CAP	2	00054-2795-25	_____	CAP
OXYCODONE/APAP 5/500 CP WATS	500	CAP	2	00591-0737-05	_____	CAP
OXYCODONE/APAP 5/500 CP WATS	100	CAP	2	00591-0737-01	_____	CAP
OXYCODONE/ASA 4.5/325 TB WAT	100	TAB	2	00591-0820-01	_____	TAB
OXYCODONE/ASA 4.5/325 TB WAT	500	TAB	2	00591-0820-05	_____	TAB
OXYCONTIN CR 10MG TAB PURD	100	TAB	2	59011-0100-10	_____	TAB
OXYCONTIN CR 160MG TAB PURD	100	TAB	2	59011-0109-10	_____	TAB
OXYCONTIN CR 20MG TAB PURD	100	TAB	2	59011-0103-10	_____	TAB
OXYCONTIN CR 40MG TAB PURD	100	TAB	2	59011-0105-10	_____	TAB
OXYCONTIN CR 80MG TAB PURD	100	TAB	2	59011-0107-10	_____	TAB
OXYDOSE CONC 20MG/ML ML ETHE	30	ML	2	58177-0914-01	_____	ML
OXYFAST O/S 20MG/ML ML PURD	30	ML	2	59011-0225-20	_____	ML
OXYIR 5MG CAP PURD	100	CAP	2	59011-0201-10	_____	CAP
PALLADONE ER 12MG CAP PURD	60	CAP	2	59011-0312-60	_____	CAP
PALLADONE ER 16MG CAP PURD	60	CAP	2	59011-0313-60	_____	CAP
PALLADONE ER 24MG CAP PURD	60	CAP	2	59011-0314-60	_____	CAP
PALLADONE ER 32MG CAP PURD	60	CAP	2	59011-0315-60	_____	CAP
PERCOCET-10/325MG TAB ENDO	100	TAB	2	63481-0629-70	_____	TAB

WRITE-IN ITEMS NOT LISTED ABOVE:

_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____

DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
PERCOCET-10/650MG TAB ENDO	100	TAB	2	63481-0622-70	_____	TAB
PERCOCET-2.5/325MG TAB ENDO	100	TAB	2	63481-0627-70	_____	TAB
PERCOCET-5/325MG TAB ENDO	100	TAB	2	63481-0623-70	_____	TAB
PERCOCET-7.5/325MG TAB ENDO	100	TAB	2	63481-0628-70	_____	TAB
PERCOCET-7.5/500MG TAB ENDO	100	TAB	2	63481-0621-70	_____	TAB
PERCODAN TAB ENDO	100	TAB	2	63481-0135-70	_____	TAB
PERCODAN-DEMI TAB ENDO	100	TAB	2	63481-0166-70	_____	TAB
PERCOLONE 5MG TAB ENDO	100	TAB	2	63481-0132-70	_____	TAB
RITALIN 10MG TAB NOVA	100	TAB	2	00083-0003-30	_____	TAB
RITALIN 20MG TAB NOVA	100	TAB	2	00083-0034-30	_____	TAB
RITALIN 5MG TAB NOVA	100	TAB	2	00083-0007-30	_____	TAB
RITALIN LA 10MG CAP NOVA	100	CAP	2	00078-0424-05	_____	CAP
RITALIN LA 20MG CAP NOVA	100	CAP	2	00078-0370-05	_____	CAP
RITALIN LA 30MG CAP NOVA	100	CAP	2	00078-0371-05	_____	CAP
RITALIN LA 40MG CAP NOVA	100	CAP	2	00078-0372-05	_____	CAP
RITALIN-SR 20MG TAB NOVA	100	TAB	2	00083-0016-30	_____	TAB
RMS 10MG SUPP SUP UPSH	12	SUP	2	00245-0161-12	_____	SUP
RMS 20MG SUPP SUP UPSH	12	SUP	2	00245-0162-12	_____	SUP
RMS 30MG SUPP SUP UPSH	12	SUP	2	00245-0163-12	_____	SUP
RMS 5MG SUPP SUP UPSH	12	SUP	2	00245-0160-12	_____	SUP
ROXANOL O/S 20MG/ML ML ROXA	30	ML	2	00054-3751-44	_____	ML
ROXANOL O/S 20MG/ML ML ROXA	120	ML	2	00054-3751-50	_____	ML
ROXANOL O/S 20MG/ML ML ROXA	240	ML	2	00054-3751-58	_____	ML
ROXANOL-T 20MG/ML SOL ML ROX	30	ML	2	00054-3774-44	_____	ML
ROXICET 5/325MG TAB ROXA	100	TAB	2	00054-4650-25	_____	TAB
ROXICET 5/325MG TAB ROXA	500	TAB	2	00054-4650-29	_____	TAB
ROXICET 5/325MG SOLN ML ROXA	500	ML	2	00054-3686-63	_____	ML
ROXICET 5/500 CAPLET TB ROXA	100	TAB	2	00054-4784-25	_____	TAB
ROXICOD INTENSOL 20MG/ML ROX	30	ML	2	00054-3683-44	_____	ML
ROXICODONE 15MG TAB AAIP	100	TAB	2	00054-4658-25	_____	TAB
ROXICODONE 30MG TAB AAIP	100	TAB	2	00054-4665-25	_____	TAB
ROXICODONE 5MG TAB ROXA	100	TAB	2	00054-4657-25	_____	TAB
ROXICODONE SOLN 5MG/5ML AAI	500	ML	2	00054-3682-63	_____	ML
SECONAL PULV 100MG CAP RANB	100	CAP	2	63304-0679-01	_____	CAP
TYLOX 5/500 CAP MCNE	100	CAP	2	00045-0526-60	_____	CAP

WRITE-IN ITEMS NOT LISTED ABOVE:

_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____
_____	_____	_____	_2_	_____	_____	_____

THE PREVIOUS SECTION CONTAINED SCHEDULE 2 DRUGS ONLY.

THE FOLLOWING SECTION CONTAINS SCHEDULE 3 THROUGH SCHEDULE 5 DRUGS AND THE PAGE NUMBERING STARTS OVER.

DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
ACETAM W/COD 15MG TAB BARR	100	TAB	3	51285-0302-02	_____	TAB
ACETAM W/COD 15MG TAB MALL	100	TAB	3	00406-0483-01	_____	TAB
ACETAM W/COD 15MG TAB TEVA	100	TAB	3	00093-0050-01	_____	TAB
ACETAM W/COD 30MG TAB ABLE	1000	TAB	3	53265-0285-11	_____	TAB
ACETAM W/COD 30MG TAB ANDR	1000	TAB	3	62037-0522-10	_____	TAB
ACETAM W/COD 30MG TAB BARR	1000	TAB	3	51285-0303-05	_____	TAB
ACETAM W/COD 30MG TAB BARR	1000	TAB	3	00555-0303-05	_____	TAB
ACETAM W/COD 30MG TAB MALL	100	TAB	3	00406-0484-01	_____	TAB
ACETAM W/COD 30MG TAB MALL	1000	TAB	3	00406-0484-10	_____	TAB
ACETAM W/COD 30MG TAB PURE	1000	TAB	3	00228-3056-96	_____	TAB
ACETAM W/COD 30MG TAB PURE	100	TAB	3	00228-3056-11	_____	TAB
ACETAM W/COD 30MG TAB QUAL	100	TAB	3	00603-2338-21	_____	TAB
ACETAM W/COD 30MG TAB QUAL	1000	TAB	3	00603-2338-32	_____	TAB
ACETAM W/COD 30MG TAB RANB	1000	TAB	3	63304-0562-10	_____	TAB
ACETAM W/COD 30MG TAB TEVA	100	TAB	3	00093-0150-01	_____	TAB
ACETAM W/COD 30MG TAB TEVA	1000	TAB	3	00093-0150-10	_____	TAB
ACETAM W/COD 60MG TAB MALL	100	TAB	3	00406-0485-01	_____	TAB
ACETAM W/COD 60MG TAB MALL	500	TAB	3	00406-0485-05	_____	TAB
ACETAM W/COD 60MG TAB PURE	100	TAB	3	00228-3058-11	_____	TAB
ACETAM W/COD 60MG TAB QUAL	100	TAB	3	00603-2339-21	_____	TAB
ACETAM W/COD 60MG TAB RANB	100	TAB	3	63304-0561-01	_____	TAB
ACETAM W/COD 60MG TAB TEVA	100	TAB	3	00093-0350-01	_____	TAB
ACETAM W/COD 60MG TAB TEVA	500	TAB	3	00093-0350-05	_____	TAB
ACETAM W/COD 60MG TAB TEVA	1000	TAB	3	00093-0350-10	_____	TAB
ACETAM W/COD ELIX 12MG MGP	480	ML	5	60432-0245-16	_____	ML
ACETAM W/COD ELIX 12MG ALPH	480	ML	5	00472-1419-16	_____	ML
ACETAM W/COD ELIX 12MG MGP	120	ML	5	60432-0245-04	_____	ML
ACETAM W/COD ELIX 12MG PHAR	480	ML	5	00121-0504-16	_____	ML
ACETAM W/COD ELIX 12MG QUAL	480	ML	5	00603-1020-58	_____	ML
ACETAM W/COD ELIX 12MG ROXA	500	ML	5	00054-3005-63	_____	ML
ACETAM W/COD ELIX 12MG URL	480	ML	5	00677-0996-33	_____	ML
ADIPEX-P 37.5MG CAP GATE	100	CAP	4	57844-0019-01	_____	CAP
ADIPEX-P 37.5MG TAB GATE	100	TAB	4	57844-0009-01	_____	TAB
ALPRAZOLAM 0.25MG TAB GREE	100	TAB	4	59762-3719-01	_____	TAB
ALPRAZOLAM 0.25MG TAB GREE	500	TAB	4	59762-3719-03	_____	TAB
ALPRAZOLAM 0.25MG TAB GREE	1000	TAB	4	59762-3719-04	_____	TAB

WRITE-IN ITEMS NOT LISTED ABOVE:

_____	_____	_____	___	_____	_____	_____
_____	_____	_____	___	_____	_____	_____
_____	_____	_____	___	_____	_____	_____
_____	_____	_____	___	_____	_____	_____
_____	_____	_____	___	_____	_____	_____
_____	_____	_____	___	_____	_____	_____

DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
ALPRAZOLAM 0.25MG TAB MYLA	100	TAB	4	00378-4001-01	_____	TAB
ALPRAZOLAM 0.25MG TAB MYLA	500	TAB	4	00378-4001-05	_____	TAB
ALPRAZOLAM 0.25MG TAB PURE	100	TAB	4	00228-2027-10	_____	TAB
ALPRAZOLAM 0.25MG TAB PURE	500	TAB	4	00228-2027-50	_____	TAB
ALPRAZOLAM 0.25MG TAB PURE	1000	TAB	4	00228-2027-96	_____	TAB
ALPRAZOLAM 0.25MG TAB SAND	100	TAB	4	00781-1061-01	_____	TAB
ALPRAZOLAM 0.25MG TAB SAND	500	TAB	4	00781-1061-05	_____	TAB
ALPRAZOLAM 0.5MG TAB GREE	100	TAB	4	59762-3720-01	_____	TAB
ALPRAZOLAM 0.5MG TAB GREE	500	TAB	4	59762-3720-03	_____	TAB
ALPRAZOLAM 0.5MG TAB GREE	1000	TAB	4	59762-3720-04	_____	TAB
ALPRAZOLAM 0.5MG TAB MYLA	100	TAB	4	00378-4003-01	_____	TAB
ALPRAZOLAM 0.5MG TAB MYLA	500	TAB	4	00378-4003-05	_____	TAB
ALPRAZOLAM 0.5MG TAB PURE	100	TAB	4	00228-2029-10	_____	TAB
ALPRAZOLAM 0.5MG TAB PURE	500	TAB	4	00228-2029-50	_____	TAB
ALPRAZOLAM 0.5MG TAB PURE	1000	TAB	4	00228-2029-96	_____	TAB
ALPRAZOLAM 0.5MG TAB SAND	100	TAB	4	00781-1077-01	_____	TAB
ALPRAZOLAM 0.5MG TAB SAND	500	TAB	4	00781-1077-05	_____	TAB
ALPRAZOLAM 0.5MG TAB SAND	1000	TAB	4	00781-1077-10	_____	TAB
ALPRAZOLAM 1MG TAB GREE	100	TAB	4	59762-3721-01	_____	TAB
ALPRAZOLAM 1MG TAB GREE	500	TAB	4	59762-3721-03	_____	TAB
ALPRAZOLAM 1MG TAB GREE	1000	TAB	4	59762-3721-04	_____	TAB
ALPRAZOLAM 1MG TAB MYLA	100	TAB	4	00378-4005-01	_____	TAB
ALPRAZOLAM 1MG TAB MYLA	500	TAB	4	00378-4005-05	_____	TAB
ALPRAZOLAM 1MG TAB PURE	100	TAB	4	00228-2031-10	_____	TAB
ALPRAZOLAM 1MG TAB PURE	500	TAB	4	00228-2031-50	_____	TAB
ALPRAZOLAM 1MG TAB PURE	1000	TAB	4	00228-2031-96	_____	TAB
ALPRAZOLAM 1MG TAB SAND	100	TAB	4	00781-1079-01	_____	TAB
ALPRAZOLAM 1MG TAB SAND	500	TAB	4	00781-1079-05	_____	TAB
ALPRAZOLAM 2MG TAB GREE	100	TAB	4	59762-3722-01	_____	TAB
ALPRAZOLAM 2MG TAB MYLA	100	TAB	4	00378-4007-01	_____	TAB
ALPRAZOLAM 2MG TAB PURE	100	TAB	4	00228-2039-10	_____	TAB
ALPRAZOLAM 2MG TAB SAND	100	TAB	4	00781-1089-01	_____	TAB
ALPRAZOLAM 2MG TAB SAND	500	TAB	4	00781-1089-05	_____	TAB
ALPRAZOLAM O/S 1MG/ML ML ROX	30	ML	4	00054-3068-44	_____	ML
AMBIEN 10MG TAB SANO	100	TAB	4	00024-5421-31	_____	TAB
AMBIEN 10MG TAB SANO	30	TAB	4	00024-5421-10	_____	TAB

WRITE-IN ITEMS NOT LISTED ABOVE:

_____	_____	_____	___	_____	_____	_____
_____	_____	_____	___	_____	_____	_____
_____	_____	_____	___	_____	_____	_____
_____	_____	_____	___	_____	_____	_____
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DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
AMBIEN 10MG TAB SANO	500	TAB	4	00024-5421-50	_____	TAB
AMBIEN 5MG TAB SANO	100	TAB	4	00024-5401-31	_____	TAB
AMBIEN 5MG TAB SANO	500	TAB	4	00024-5401-50	_____	TAB
AMIDRINE CAP AMID	100	CAP	4	52152-0039-02	_____	CAP
AMIDRINE CAP AMID	250	CAP	4	52152-0039-03	_____	CAP
AMITRIP/CHLOR 12.5/5 TB MYLA	100	TAB	4	00378-0211-01	_____	TAB
AMITRIP/CHLOR 12.5/5 TB MYLA	500	TAB	4	00378-0211-05	_____	TAB
AMITRIP/CHLOR 25/10 TAB MYLA	100	TAB	4	00378-0277-01	_____	TAB
ANADROL-50 50MG TAB UNIM	100	TAB	3	00051-8633-33	_____	TAB
ANDRODERM 2.5MG/24H PAT WATS	60	PAT	3	52544-0469-60	_____	PAT
ANDRODERM 5MG/24HR PAT WATS	30	PAT	3	52544-0470-30	_____	PAT
ANDROGEL 1% 5GM PKT EA UNIM	30	PKT	3	00051-8450-30	_____	PKT
ANDROGEL 1% 2.5GM PKT EA UNI	30	PKT	3	00051-8425-30	_____	PKT
ANDROGEL 1% METER PUMP UNIM	150	GM	3	00051-8488-88	_____	GM
ANDROID 10MG CAP VALE	100	CAP	3	00187-0902-01	_____	CAP
ANDROXY 10MG TAB UPSH	100	TAB	3	00832-0086-00	_____	TAB
ANEXSIA 5/325 TAB ANDR	100	TAB	3	62022-0563-01	_____	TAB
ANEXSIA 5/500 TAB MALL	100	TAB	3	00406-5361-01	_____	TAB
ANEXSIA 7.5/325 TAB ANDR	100	TAB	3	62022-0663-01	_____	TAB
ANEXSIA 7.5/650 TAB MALL	100	TAB	3	00406-5362-01	_____	TAB
AQUACHLORAL 5GR SUPP EA POLY	12	SUP	4	61451-6005-07	_____	SUP
ASCOMP W/COD 30MG CAP BREC	500	CAP	3	51991-0074-05	_____	CAP
ASPIRIN W/COD 30MG TAB IVAX	100	TAB	3	00172-3984-60	_____	TAB
ASPIRIN W/COD 30MG TAB QUAL	100	TAB	3	00603-2361-21	_____	TAB
ASPIRIN W/COD 30MG TAB URL	100	TAB	3	00677-0647-01	_____	TAB
ASPIRIN W/COD 60MG TAB IVAX	100	TAB	3	00172-3985-60	_____	TAB
ASPIRIN W/COD 60MG TAB QUAL	100	TAB	3	00603-2362-21	_____	TAB
ASPIRIN W/COD 60MG TAB URL	100	TAB	3	00677-0676-01	_____	TAB
ATIVAN 0.5MG TAB BIOV	100	TAB	4	00008-0081-02	_____	TAB
ATIVAN 1MG TAB BIOV	100	TAB	4	64455-0064-01	_____	TAB
ATIVAN 2MG TAB BIOV	100	TAB	4	00008-0065-02	_____	TAB
ATIVAN 2MG/ML INJ VL ML ESI	25	ML	4	60977-0112-01	_____	ML
BIOTUSSIN AC SYP ML BIOP	480	ML	5	59741-0113-16	_____	ML
BONTRIL PDM 35MG TAB AMAR	100	TAB	3	65234-0048-10	_____	TAB
BONTRIL S/R 105MG CAP AMAR	100	CAP	3	00187-0498-01	_____	CAP
BRONTEX LIQUID ML KENW	473	ML	5	00482-0441-16	_____	ML

WRITE-IN ITEMS NOT LISTED ABOVE:

_____	_____	_____	___	_____	_____	_____
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DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
BRONTEX TABS TAB KENW	100	TAB	3	00482-0440-01	_____	TAB
BUPRENEX 0.3MG/ML INJ ML REC	10	ML	5	12496-0757-01	_____	ML
BUTA/ASA/CAF+COD 30MG CP AHP	100	CAP	3	68084-0114-00	_____	CAP
BUTA/ASA/CAF+COD 30MG CP AHP	500	CAP	3	68084-0114-05	_____	CAP
BUTA/ASA/CAF+COD 30MG CP BRE	100	CAP	3	51991-0074-01	_____	CAP
BUTA/ASA/CAF+COD 30MG CP LAN	100	CAP	3	00527-1312-01	_____	CAP
BUTA/ASA/CAF+COD 30MG CP WAT	100	CAP	3	00591-0425-01	_____	CAP
BUTA/ASA/CAF+COD 30MG CP WAT	500	CAP	3	00591-0425-05	_____	CAP
BUTAL+APAP+CAF+COD CAP QUAL	100	CAP	3	00603-2553-21	_____	CAP
BUTAL+APAP+CAF+COD CAP WATS	100	CAP	3	00591-3220-01	_____	CAP
BUTAL+APAP+CAF+COD CAP WEST	100	CAP	3	00143-3000-01	_____	CAP
BUTALBIT/ASA/CAFF CAP LANN	100	CAP	3	00527-1552-01	_____	CAP
BUTALBIT/ASA/CAFF CAP MAJO	100	CAP	3	00904-3934-60	_____	CAP
BUTALBIT/ASA/CAFF CAP QUAL	100	CAP	3	00603-2550-21	_____	CAP
BUTALBIT/ASA/CAFF CAP URL	100	CAP	3	00677-1439-01	_____	CAP
BUTALBIT/ASA/CAFF CAP WATS	100	CAP	3	00591-3219-01	_____	CAP
BUTALBIT/ASA/CAFF TAB PURE	100	TAB	3	00228-2023-10	_____	TAB
BUTALBIT/ASA/CAFF TAB PURE	1000	TAB	3	00228-2023-96	_____	TAB
BUTALBIT/ASA/CAFF TAB QUAL	100	TAB	3	00603-2548-21	_____	TAB
BUTALBIT/ASA/CAFF TAB QUAL	1000	TAB	3	00603-2548-32	_____	TAB
BUTALBIT/ASA/CAFF TAB WEST	100	TAB	3	00143-1785-01	_____	TAB
BUTISOL SODI 30MG TAB MEDP	100	TAB	3	00037-0113-60	_____	TAB
BUTISOL SODI 50MG TAB MEDP	100	TAB	3	00037-0114-60	_____	TAB
BUTORPHANOL FTV 2MG/ML ABBO	10	ML	4	00074-1626-01	_____	ML
BUTORPHANOL NS 10MG/ML MYLA	3	ML	4	00378-9639-43	_____	ML
BUTORPHANOL NS 10MG/ML ROXA	3	ML	4	00054-3090-36	_____	ML
BUTORPHANOL NS 10MG/ML APOTX	3	ML	4	60505-0813-01	_____	ML
BUTORPHANOL SDV 1MG/1ML BEDF	10	VL	4	55390-0183-01	_____	VL
BUTORPHANOL SDV 2MG/1ML BEDF	10	VL	4	55390-0184-01	_____	VL
CAPITAL/COD SUSP ML AMAR	480	ML	5	00187-0003-01	_____	ML
CARIS/ASA+COD 200/325 TB AMI	100	TAB	3	52152-0138-02	_____	TAB
CARIS/ASA+COD 200/325 TB EON	100	TAB	3	00185-0749-01	_____	TAB
CARIS/ASA+COD 200/325 TB QUA	100	TAB	3	00603-2584-21	_____	TAB
CARISOPR/ASA 200/325 TB EON	100	TAB	4	00185-0724-01	_____	TAB
CARISOPR/ASA 200/325 TB EON	500	TAB	4	00185-0724-05	_____	TAB
CARISOPR/ASA 200/325 TB PAR	100	TAB	4	49884-0246-01	_____	TAB

WRITE-IN ITEMS NOT LISTED ABOVE:

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_____	_____	_____	___	_____	_____	_____

DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
CARISOPR/ASA 200/325 TB PAR	500	TAB	4	49884-0246-05	_____	TAB
CARISOPR/ASA 200/325 TB QUAL	100	TAB	4	00603-2583-21	_____	TAB
CARISOPRODOL 350MG TAB ABLE	100	TAB	4	53265-0266-10	_____	TAB
CARISOPRODOL 350MG TAB ABLE	500	TAB	4	53265-0266-50	_____	TAB
CARISOPRODOL 350MG TAB ABLE	1000	TAB	4	53265-0266-11	_____	TAB
CARISOPRODOL 350MG TAB AMID	500	TAB	4	52152-0136-04	_____	TAB
CARISOPRODOL 350MG TAB AMID	1000	TAB	4	52152-0136-05	_____	TAB
CARISOPRODOL 350MG TAB MUTU	1000	TAB	4	53489-0110-10	_____	TAB
CARISOPRODOL 350MG TAB QUAL	500	TAB	4	00603-2582-28	_____	TAB
CARISOPRODOL 350MG TAB QUAL	1000	TAB	4	00603-2582-32	_____	TAB
CARISOPRODOL 350MG TAB URL	100	TAB	4	00677-0589-01	_____	TAB
CARISOPRODOL 350MG TAB URL	60	TAB	4	00677-0589-06	_____	TAB
CARISOPRODOL 350MG TAB URL	30	TAB	4	00677-0589-07	_____	TAB
CARISOPRODOL 350MG TAB URL	500	TAB	4	00677-0589-05	_____	TAB
CARISOPRODOL 350MG TAB URL	1000	TAB	4	00677-0589-10	_____	TAB
CARISOPRODOL 350MG TAB WATS	100	TAB	4	00591-5513-01	_____	TAB
CARISOPRODOL 350MG TAB WATS	500	TAB	4	00591-5513-05	_____	TAB
CARISOPRODOL 350MG TAB WATS	1000	TAB	4	00591-5513-10	_____	TAB
CARISOPRODOL 350MG TAB WEST	1000	TAB	4	00143-1176-10	_____	TAB
CHERATUSSIN AC SYRUP ML QUAL	120	ML	5	00603-1075-54	_____	ML
CHERATUSSIN AC SYRUP ML QUAL	480	ML	5	00603-1075-58	_____	ML
CHERATUSSIN AC SYRUP ML QUAL	3840	ML	5	00603-1075-60	_____	ML
CHERATUSSIN DAC SYRUP ML QUA	480	ML	5	00603-1078-58	_____	ML
CHLORAL HYDR 500MG/5 ML GENE	480	ML	4	00781-6605-16	_____	ML
CHLORAL HYDR 500MG/5 ML MGP	480	ML	4	60432-0533-16	_____	ML
CHLORAL HYDR 500MG/5 ML QUAL	480	ML	4	00603-1088-58	_____	ML
CHLORDIAZEPOX 25MG UD CP UDL	100	CAP	4	51079-0141-20	_____	CAP
CHLORDIAZEPOXI 10MG CAP BARR	100	CAP	4	00555-0033-02	_____	CAP
CHLORDIAZEPOXI 10MG CAP WATS	100	CAP	4	00591-0786-01	_____	CAP
CHLORDIAZEPOXI 10MG CAP WATS	500	CAP	4	00591-0786-05	_____	CAP
CHLORDIAZEPOXI 25MG CAP BARR	100	CAP	4	00555-0159-02	_____	CAP
CHLORDIAZEPOXI 25MG CAP BARR	500	CAP	4	00555-0159-04	_____	CAP
CHLORDIAZEPOXI 25MG CAP QUAL	100	CAP	4	00603-2668-21	_____	CAP
CHLORDIAZEPOXI 25MG CAP WATS	100	CAP	4	00591-0787-01	_____	CAP
CHLORDIAZEPOXI 25MG CAP WATS	500	CAP	4	00591-0787-05	_____	CAP
CHLORDIAZEPOXI 5MG CP BARR	100	CAP	4	00555-0158-02	_____	CAP

WRITE-IN ITEMS NOT LISTED ABOVE:

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_____	_____	_____	___	_____	_____	_____
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_____	_____	_____	___	_____	_____	_____

DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
CHLORDIAZEPOXI 5MG CAP QUAL	100	CAP	4	00603-2666-21	_____	CAP
CHLORDIAZEPOXI 5MG CAP WATS	100	CAP	4	00591-0785-01	_____	CAP
CLONAZEPAM 0.5MG TAB CARA	100	TAB	4	57664-0273-08	_____	TAB
CLONAZEPAM 0.5MG TAB CARA	500	TAB	4	57664-0273-13	_____	TAB
CLONAZEPAM 0.5MG TAB CARA	1000	TAB	4	57664-0273-18	_____	TAB
CLONAZEPAM 0.5MG TAB EON	100	TAB	4	00185-0063-01	_____	TAB
CLONAZEPAM 0.5MG TAB EON	500	TAB	4	00185-0063-05	_____	TAB
CLONAZEPAM 0.5MG TAB EON	1000	TAB	4	00185-0063-10	_____	TAB
CLONAZEPAM 0.5MG TAB MYL	1000	TAB	4	00378-1910-10	_____	TAB
CLONAZEPAM 0.5MG TAB PURE	100	TAB	4	00228-3003-11	_____	TAB
CLONAZEPAM 0.5MG TAB PURE	500	TAB	4	00228-3003-50	_____	TAB
CLONAZEPAM 0.5MG TAB TEVA	100	TAB	4	00093-0832-01	_____	TAB
CLONAZEPAM 0.5MG TAB TEVA	500	TAB	4	00093-0832-05	_____	TAB
CLONAZEPAM 1MG TAB APOT	500	TAB	4	60505-0067-03	_____	TAB
CLONAZEPAM 1MG TAB CARA	100	TAB	4	57664-0274-08	_____	TAB
CLONAZEPAM 1MG TAB CARA	500	TAB	4	57664-0274-13	_____	TAB
CLONAZEPAM 1MG TAB EON	100	TAB	4	00185-0064-01	_____	TAB
CLONAZEPAM 1MG TAB EON	500	TAB	4	00185-0064-05	_____	TAB
CLONAZEPAM 1MG TAB EON	1000	TAB	4	00185-0064-10	_____	TAB
CLONAZEPAM 1MG TAB PURE	100	TAB	4	00228-3004-11	_____	TAB
CLONAZEPAM 1MG TAB PURE	500	TAB	4	00228-3004-50	_____	TAB
CLONAZEPAM 1MG TAB TEVA	100	TAB	4	00093-0833-01	_____	TAB
CLONAZEPAM 1MG TAB TEVA	1000	TAB	4	00093-0833-10	_____	TAB
CLONAZEPAM 1MG TAB WATS	100	TAB	4	00591-0747-01	_____	TAB
CLONAZEPAM 2MG TAB CARA	100	TAB	4	57664-0275-08	_____	TAB
CLONAZEPAM 2MG TAB CARA	500	TAB	4	57664-0275-13	_____	TAB
CLONAZEPAM 2MG TAB EON	100	TAB	4	00185-0065-01	_____	TAB
CLONAZEPAM 2MG TAB EON	500	TAB	4	00185-0065-05	_____	TAB
CLONAZEPAM 2MG TAB EON	1000	TAB	4	00185-0065-10	_____	TAB
CLONAZEPAM 2MG TAB MYLA	100	TAB	4	00378-1914-01	_____	TAB
CLONAZEPAM 2MG TAB PURE	100	TAB	4	00228-3005-11	_____	TAB
CLONAZEPAM 2MG TAB PURE	500	TAB	4	00228-3005-50	_____	TAB
CLONAZEPAM 2MG TAB TEVA	100	TAB	4	00093-0834-01	_____	TAB
CLONAZEPAM 2MG TAB TEVA	500	TAB	4	00093-0834-05	_____	TAB
CLONAZEPAM 2MG TAB WATS	500	TAB	4	00591-0748-05	_____	TAB
CLORAZEPATE 15MG TAB MYLA	100	TAB	4	00378-0070-01	_____	TAB

WRITE-IN ITEMS NOT LISTED ABOVE:

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DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
CLORAZEPATE 15MG TAB TARO	100	TAB	4	51672-4044-01	_____	TAB
CLORAZEPATE 15MG TAB WATS	100	TAB	4	00591-0365-01	_____	TAB
CLORAZEPATE 3.75MG TAB MYLA	100	TAB	4	00378-0030-01	_____	TAB
CLORAZEPATE 3.75MG TAB MYLA	500	TAB	4	00378-0030-05	_____	TAB
CLORAZEPATE 3.75MG TAB TARO	100	TAB	4	51672-4042-01	_____	TAB
CLORAZEPATE 3.75MG TAB WATS	100	TAB	4	00591-0363-01	_____	TAB
CLORAZEPATE 3.75MG TAB WATS	500	TAB	4	00591-0363-05	_____	TAB
CLORAZEPATE 7.5MG TAB ABLE	100	TAB	4	53265-0049-10	_____	TAB
CLORAZEPATE 7.5MG TAB MYLA	100	TAB	4	00378-0040-01	_____	TAB
CLORAZEPATE 7.5MG TAB MYLA	500	TAB	4	00378-0040-05	_____	TAB
CLORAZEPATE 7.5MG TAB TARO	100	TAB	4	51672-4043-01	_____	TAB
CLORAZEPATE 7.5MG TAB WATS	100	TAB	4	00591-0364-01	_____	TAB
CLORAZEPATE 7.5MG TAB WATS	500	TAB	4	00591-0364-05	_____	TAB
CO-TUSSIN SYRUP ML AMGE	473	ML	3	58634-0032-01	_____	ML
CODAL DH SYRUP ML CYPR	473	ML	3	60258-0770-16	_____	ML
CODICLEAR DH SYRUP ML SCHW	480	ML	3	00131-5134-70	_____	ML
CODIMAL DH SYRUP ML SCHW	120	ML	3	00131-5129-64	_____	ML
CODITUSS DH ML QUAL	120	ML	3	00603-1111-54	_____	ML
CODITUSS DH ML QUAL	480	ML	3	00603-1111-58	_____	ML
CYLERT 18.75MG TAB ABBO	100	TAB	4	00074-6025-13	_____	TAB
CYLERT 37.5MG TAB ABBO	100	TAB	4	00074-6057-13	_____	TAB
CYLERT 75MG TAB ABBO	100	TAB	4	00074-6073-13	_____	TAB
CYLERT CHEW 37.5MG TAB ABBO	100	TAB	4	00074-6088-13	_____	TAB
CYTUSS HC SYRUP ML CYPR	480	ML	3	60258-0704-16	_____	ML
DALMANE 15MG CAP VALE	100	CAP	4	00187-4051-10	_____	CAP
DALMANE 30MG CAP VALE	100	CAP	4	00187-4052-10	_____	CAP
DARVOCET A500 TAB AAI	100	TAB	4	66591-0691-41	_____	TAB
DARVOCET-N 50/325 TAB AAI	100	TAB	4	66591-0651-41	_____	TAB
DARVOCET-N 100/650 TAB AAI	100	TAB	4	66591-0641-41	_____	TAB
DARVOCET-N 100/650 TAB AAI	500	TAB	4	66591-0641-51	_____	TAB
DARVON 65MG CAP AAI	100	CAP	4	66591-0622-41	_____	CAP
DARVON CMPD 65MG CAP AAI	100	CAP	4	66591-0612-41	_____	CAP
DARVON COMP-32 CAP AAI	100	CAP	4	66591-0662-41	_____	CAP
DARVON-N 100MG TAB AAI	100	TAB	4	66591-0631-41	_____	TAB
DE-CHLOR HC LIQUID ML CYPR	473	ML	3	60258-0710-16	_____	ML
DELATESTRYL 200MG/M MDV SAVI	5	ML	3	54396-0328-40	_____	ML

WRITE-IN ITEMS NOT LISTED ABOVE:

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_____	_____	_____	___	_____	_____	_____
_____	_____	_____	___	_____	_____	_____

DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
DELATESTRYL 200MG/ML VL SAVI	1	ML	3	54396-0328-16	_____	ML
DEPO-TESTOSTER 100MG/ML PFIZ	10	ML	3	00009-0347-02	_____	ML
DEPO-TESTOSTER 200MG/ML PFIZ	10	ML	3	00009-0417-02	_____	ML
DEPO-TESTOSTER 200MG/ML PFIZ	1	ML	3	00009-0417-01	_____	ML
DIASTAT 10MG 2-SYRG KIT XCEL	1	KIT	4	66490-0652-20	_____	KIT
DIASTAT 15MG 2-SYRG KIT XCEL	1	KIT	4	66490-0654-20	_____	KIT
DIASTAT 2.5MG PED 2-SYRG XCE	1	KIT	4	66490-0650-20	_____	KIT
DIASTAT 20MG 2-SYRG KIT XCEL	1	KIT	4	66490-0655-20	_____	KIT
DIASTAT 5MG PED 2-SYRG XCEL	1	KIT	4	66490-0651-20	_____	KIT
DIAZEPAM 10MG TAB BARR	100	TAB	4	00555-0164-02	_____	TAB
DIAZEPAM 10MG TAB BARR	1000	TAB	4	00555-0164-05	_____	TAB
DIAZEPAM 10MG TAB IVAX	500	TAB	4	00172-3927-70	_____	TAB
DIAZEPAM 10MG TAB MYLA	100	TAB	4	00378-0477-01	_____	TAB
DIAZEPAM 10MG TAB MYLA	500	TAB	4	00378-0477-05	_____	TAB
DIAZEPAM 10MG TAB PURE	100	TAB	4	00228-2053-10	_____	TAB
DIAZEPAM 10MG TAB PURE	500	TAB	4	00228-2053-50	_____	TAB
DIAZEPAM 10MG TAB WATS	100	TAB	4	00591-5620-01	_____	TAB
DIAZEPAM 10MG TAB WATS	500	TAB	4	00591-5620-05	_____	TAB
DIAZEPAM 10MG TAB WATS	1000	TAB	4	00591-5620-10	_____	TAB
DIAZEPAM 2MG TAB BARR	100	TAB	4	00555-0163-02	_____	TAB
DIAZEPAM 2MG TAB BARR	1000	TAB	4	00555-0163-05	_____	TAB
DIAZEPAM 2MG TAB IVAX	100	TAB	4	00172-3925-60	_____	TAB
DIAZEPAM 2MG TAB MYLA	100	TAB	4	00378-0271-01	_____	TAB
DIAZEPAM 2MG TAB MYLA	500	TAB	4	00378-0271-05	_____	TAB
DIAZEPAM 2MG TAB PURE	100	TAB	4	00228-2051-10	_____	TAB
DIAZEPAM 2MG TAB PURE	500	TAB	4	00228-2051-50	_____	TAB
DIAZEPAM 2MG TAB WATS	100	TAB	4	00591-5621-01	_____	TAB
DIAZEPAM 2MG TAB WATS	500	TAB	4	00591-5621-05	_____	TAB
DIAZEPAM 5MG TAB BARR	100	TAB	4	00555-0363-02	_____	TAB
DIAZEPAM 5MG TAB BARR	1000	TAB	4	00555-0363-05	_____	TAB
DIAZEPAM 5MG TAB IVAX	100	TAB	4	00172-3926-60	_____	TAB
DIAZEPAM 5MG TAB IVAX	500	TAB	4	00172-3926-70	_____	TAB
DIAZEPAM 5MG TAB MYLA	100	TAB	4	00378-0345-01	_____	TAB
DIAZEPAM 5MG TAB MYLA	500	TAB	4	00378-0345-05	_____	TAB
DIAZEPAM 5MG TAB PURE	100	TAB	4	00228-2052-10	_____	TAB
DIAZEPAM 5MG TAB PURE	500	TAB	4	00228-2052-50	_____	TAB

WRITE-IN ITEMS NOT LISTED ABOVE:

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_____	_____	_____	___	_____	_____	_____
_____	_____	_____	___	_____	_____	_____
_____	_____	_____	___	_____	_____	_____

DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
DIAZEPAM 5MG TAB WATS	100	TAB	4	00591-5619-01	_____	TAB
DIAZEPAM 5MG TAB WATS	500	TAB	4	00591-5619-05	_____	TAB
DIAZEPAM 5MG TAB WATS	1000	TAB	4	00591-5619-10	_____	TAB
DIAZEPAM OS 5MG/5ML ML ROXA	500	ML	4	00054-3188-63	_____	ML
DIAZEPAM 5MG/ML 2ML CPJ HOSP	10	CPJ	4	00074-1273-32	_____	CPJ
DIAZEPAM FTV 5MG/ML VIAL HOS	50	ML	4	00074-3213-02	_____	ML
DIAZEPAM OS 5MG CONC ML ROXA	30	ML	4	00054-3185-44	_____	ML
DIDREX 50MG TAB PFIZ	100	TAB	3	00009-0024-01	_____	TAB
DIETHYLPRO HCL 25MG TAB WATS	100	TAB	4	00591-0783-01	_____	TAB
DIETHYLPROP SA 75MG TAB WATS	100	TAB	4	00591-0782-01	_____	TAB
DIHISTINE DH ELIXIR ML ALPH	120	ML	5	00472-1639-04	_____	ML
DIHISTINE DH ELIXIR SOL ALPH	480	ML	5	00472-1639-16	_____	ML
DIHISTINE DH SOLN ML IVAX	480	ML	5	00182-1573-40	_____	ML
DIPHEN/ATROP 2.5/.025/5M ROX	40	DSE	5	00054-8191-16	_____	DSE
DIPHEN/ATROP 2.5/.025MG ROXA	60	ML	5	00054-3194-46	_____	ML
DIPHENOX/ATROPINE TAB AKYM	1000	TAB	5	65162-0301-11	_____	TAB
DIPHENOX/ATROPINE TAB EON	500	TAB	5	00185-0024-05	_____	TAB
DIPHENOX/ATROPINE TAB IVAX	100	TAB	5	00172-3966-60	_____	TAB
DIPHENOX/ATROPINE TAB IVAX	1000	TAB	5	00172-3966-80	_____	TAB
DIPHENOX/ATROPINE TAB MALL	100	TAB	5	00406-0463-01	_____	TAB
DIPHENOX/ATROPINE TAB MALL	1000	TAB	5	00406-0463-10	_____	TAB
DIPHENOX/ATROPINE TAB MYLA	100	TAB	5	00378-0415-01	_____	TAB
DIPHENOX/ATROPINE TAB MYLA	1000	TAB	5	00378-0415-10	_____	TAB
DIPHENOX/ATROPINE TAB PAR	100	TAB	5	49884-0771-01	_____	TAB
DIPHENOX/ATROPINE TAB PAR	1000	TAB	5	49884-0771-10	_____	TAB
DORAL 15MG TAB MEDP	100	TAB	4	00037-9002-01	_____	TAB
DORAL 7.5MG TAB MEDP	100	TAB	4	00037-9000-01	_____	TAB
DRITUSS HD ELIXIR ML QUAL	480	ML	3	00603-1182-58	_____	ML
DURADRIN CAP BARR	100	CAP	4	00555-0364-02	_____	CAP
DURATUSS HD ELIXIR ML VICT	473	ML	3	68453-0400-16	_____	ML
DURATUSS-HD ELIX(OLD)ML VICT	473	ML	3	50474-0610-16	_____	ML
ENDAL HD NEW FORM ML PEDI	473	ML	3	66346-0041-65	_____	ML
ENTEX HC LIQUID ML ANDR	473	ML	3	62022-0941-16	_____	ML
EPIDRIN CAP AMER	100	CAP	4	62584-0139-00	_____	CAP
EPIDRIN CAP AMER	250	CAP	4	62584-0139-18	_____	CAP
EQUAGESIC 325/20 TAB WOME	100	TAB	4	64248-0091-10	_____	TAB

WRITE-IN ITEMS NOT LISTED ABOVE:

_____	_____	_____	___	_____	_____	_____
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DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
EQUANIL 200MG TAB WYET	100	TAB	4	00008-0002-03	_____	TAB
EQUANIL 400MG TAB WYET	100	TAB	4	00008-0001-05	_____	TAB
ESTAZOLAM 1MG TAB IVAX	100	TAB	4	00172-4036-60	_____	TAB
ESTAZOLAM 1MG TAB TEVA	100	TAB	4	00093-0129-01	_____	TAB
ESTAZOLAM 1MG TAB WATS	100	TAB	4	00591-0744-01	_____	TAB
ESTAZOLAM 2MG TAB IVAX	100	TAB	4	00172-4037-60	_____	TAB
ESTAZOLAM 2MG TAB TEVA	100	TAB	4	00093-0130-01	_____	TAB
ESTAZOLAM 2MG TAB WATS	100	TAB	4	00591-0745-01	_____	TAB
FIORICET W/COD CAP WATS	100	CAP	3	00078-0243-05	_____	CAP
FIORINAL CAP WATS	100	CAP	3	52544-0955-01	_____	CAP
FIORINAL TAB NOVA	1000	TAB	3	00078-0104-09	_____	TAB
FIORINAL W/CODEINE CAP WATS	100	CAP	3	00078-0107-05	_____	CAP
FIORTAL CAP GENE	100	CAP	4	00781-2120-01	_____	CAP
FLURAZEPAM 15MG CAP MAJO	100	CAP	4	00904-2800-60	_____	CAP
FLURAZEPAM 15MG CAP MYLA	100	CAP	4	00378-4415-01	_____	CAP
FLURAZEPAM 15MG CAP WEST	100	CAP	4	00143-3367-01	_____	CAP
FLURAZEPAM 15MG CAP WEST	500	CAP	4	00143-3367-05	_____	CAP
FLURAZEPAM 30MG CAP MYLA	100	CAP	4	00378-4430-01	_____	CAP
FLURAZEPAM 30MG CAP WEST	100	CAP	4	00143-3370-01	_____	CAP
FLURAZEPAM 30MG CAP WEST	500	CAP	4	00143-3370-05	_____	CAP
FLURAZEPAM 30MG UD CAP UDL	100	CAP	4	51079-0303-20	_____	CAP
FLUTUSS HC LIQ ML WRAS	473	ML	3	66992-0150-16	_____	ML
FORTABS (WHITE) TAB URL	100	TAB	3	00677-0827-01	_____	TAB
GUAIFEN AC S/F SYRUP ML MGP	480	ML	5	60432-0088-16	_____	ML
GUAIFEN W/COD SYRUP ML PHAR	120	ML	5	00121-0683-04	_____	ML
GUAIFEN+COD 300/10MG TB ETHE	100	TAB	3	58177-0223-04	_____	TAB
GUAIFEN+COD 300/10MG TB QUAL	100	TAB	3	00603-3781-21	_____	TAB
GUAIFEN-C SYRUP ML QUAL	473	ML	5	00603-1276-58	_____	ML
GUAITUSS AC SYRUP ML ALPH	120	ML	5	00472-0012-04	_____	ML
GUIATUSS AC SF SYRUP ML IVAX	480	ML	5	00182-0017-40	_____	ML
GUIATUSS AC SYRUP ML ALPH	480	ML	5	00472-0012-16	_____	ML
GUIATUSS AC SYRUP ML ALPH	3840	ML	5	00472-0012-28	_____	ML
GUIATUSS AC SYRUP ML IVAX	120	ML	5	00182-0017-37	_____	ML
GUIATUSS DAC S-F SYR ML ALPH	480	ML	5	00472-0011-16	_____	ML
GUIATUSS DAC SYRUP ML IVAX	480	ML	5	00182-1378-40	_____	ML
HALCION 0.125MG 10X10PK PFIZ	100	TAB	4	00009-0010-38	_____	TAB

WRITE-IN ITEMS NOT LISTED ABOVE:

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DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
HALCION 0.25MG 10X10PK PFIZ	100	TAB	4	00009-0017-59	_____	TAB
HALCION 0.25MG UD TAB PFIZ	100	TAB	4	00009-0017-55	_____	TAB
HALOTESTIN 10MG TAB PHAR	100	TAB	3	00009-0036-04	_____	TAB
HALOTESTIN 2MG TAB PHAR	100	TAB	3	00009-0014-01	_____	TAB
HALOTUS AC AF/SF SYR ML WATS	120	ML	5	00591-0489-34	_____	ML
HC TUSSIVE SYRUP ML QUAL	473	ML	3	00603-1284-58	_____	ML
HC TUSSIVE-DM SYR ML QUAL	480	ML	3	00603-1285-58	_____	ML
HISTEX HC LIQ ML ANDR	473	ML	3	62022-0901-16	_____	ML
HISTINEX D LIQ ML ETHE	480	ML	3	58177-0898-07	_____	ML
HISTINEX HC LIQ ML ETHE	480	ML	3	58177-0877-07	_____	ML
HISTINEX PV LIQ ML ETHE	480	ML	3	58177-0883-07	_____	ML
HISTUSSIN D SYRUP ML SANO	480	ML	3	00024-0864-16	_____	ML
HISTUSSIN HC SYRUP ML SANO	480	ML	3	00024-0860-16	_____	ML
HYCET 7.5-325 SOLN ML XANO	473	ML	4	66479-0574-16	_____	ML
HYCODAN TAB ENDO	100	TAB	3	63481-0042-70	_____	TAB
HYCODAN SYRUP ML ENDO	480	ML	3	63481-0234-16	_____	ML
HYCOMINE COMPOUND TAB ENDO	100	TAB	3	63481-0048-70	_____	TAB
HYCOTUSS EXPECT SYP ML ENDO	480	ML	3	63481-0235-16	_____	ML
HYDRO PRO 5/300/5ML LIQ BREC	480	ML	3	51991-0241-16	_____	ML
HYDRO-PC II LIQUID ML CYPR	473	ML	3	60258-0701-16	_____	ML
HYDRO-TUSS HC SYRUP ML ETHE	480	ML	3	58177-0915-07	_____	ML
HYDRO-TUSSIN HD LIQ ML ETHE	480	ML	3	58177-0890-07	_____	ML
HYDROC/APAP 7.5-500/15ML CYP	480	ML	3	60258-0720-16	_____	ML
HYDROC/APAP 7.5-500/15ML ETH	473	ML	3	58177-0909-07	_____	ML
HYDROC/APAP 7.5-500/15ML MAL	480	ML	3	00406-0375-16	_____	ML
HYDROC/APAP 7.5-500/15ML P/A	473	ML	3	00121-0655-16	_____	ML
HYDROC/APAP 7.5-500/15ML QUA	473	ML	3	00603-1295-58	_____	ML
HYDROC/APAP 7.5/325 TAB ABLE	100	TAB	3	53265-0335-10	_____	TAB
HYDROC/APAP 7.5/325 TAB ABLE	500	TAB	3	53265-0335-50	_____	TAB
HYDROC/APAP 7.5/325 TAB MALL	100	TAB	3	00406-0366-01	_____	TAB
HYDROC/APAP 7.5/325 TAB WATS	100	TAB	3	00591-3203-01	_____	TAB
HYDROCET 5/500MG CAP AMAR	100	CAP	3	00086-0057-10	_____	CAP
HYDROCO+PHEN 2.5/10/4 ML URL	473	ML	3	00677-1798-33	_____	ML
HYDROCO/APAP 10/650 TAB MALL	500	TAB	3	00406-0361-05	_____	TAB
HYDROCO/APAP 10/650 TAB WATS	500	TAB	3	00591-0503-05	_____	TAB
HYDROCO/APAP 10/750 TAB MALL	100	TAB	3	00406-0364-01	_____	TAB

WRITE-IN ITEMS NOT LISTED ABOVE:

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_____	_____	_____	___	_____	_____	_____
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_____	_____	_____	___	_____	_____	_____
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DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
HYDROCO/APAP 10/750 TAB WATS	100	TAB	3	00591-3228-01	_____	TAB
HYDROCO/APAP 2.5/500 TB QUAL	100	TAB	3	00603-3880-21	_____	TAB
HYDROCO/APAP 2.5/500 TB WATS	100	TAB	3	00591-0388-01	_____	TAB
HYDROCO/APAP 5/325 TAB ABLE	500	TAB	3	53265-0345-50	_____	TAB
HYDROCO/APAP 5/325 TAB ABLE	100	TAB	3	53265-0345-10	_____	TAB
HYDROCO/APAP 5/325 TAB MALL	100	TAB	3	00406-0365-01	_____	TAB
HYDROCO/APAP 5/325 TAB WATS	100	TAB	3	00591-3202-01	_____	TAB
HYDROCO/APAP 7.5/500 TB MALL	100	TAB	3	00406-0358-01	_____	TAB
HYDROCO/APAP 7.5/500 TB MALL	500	TAB	3	00406-0358-05	_____	TAB
HYDROCO/APAP 7.5/500 TB QUAL	100	TAB	3	00603-3882-21	_____	TAB
HYDROCO/APAP 7.5/500 TB QUAL	500	TAB	3	00603-3882-28	_____	TAB
HYDROCO/APAP 7.5/500 TB SAND	100	TAB	3	00781-1513-01	_____	TAB
HYDROCO/APAP 7.5/500 TB WATS	100	TAB	3	00591-0385-01	_____	TAB
HYDROCO/APAP 7.5/500 TB WATS	500	TAB	3	00591-0385-05	_____	TAB
HYDROCO/APAP 7.5/650 TB ENDO	100	TAB	3	60951-0640-70	_____	TAB
HYDROCO/APAP 7.5/650 TB MALL	100	TAB	3	00406-0359-01	_____	TAB
HYDROCO/APAP 7.5/650 TB MALL	500	TAB	3	00406-0359-05	_____	TAB
HYDROCO/APAP 7.5/650 TB QUAL	100	TAB	3	00603-3884-21	_____	TAB
HYDROCO/APAP 7.5/650 TB WATS	100	TAB	3	00591-0502-01	_____	TAB
HYDROCO/APAP 7.5/650 TB WATS	500	TAB	3	00591-0502-05	_____	TAB
HYDROCO/APAP 7.5/750 TB ABLE	100	TAB	3	53265-0334-10	_____	TAB
HYDROCO/APAP 7.5/750 TB MALL	100	TAB	3	00406-0360-01	_____	TAB
HYDROCO/APAP 7.5/750 TB MALL	500	TAB	3	00406-0360-05	_____	TAB
HYDROCO/APAP 7.5/750 TB QUAL	100	TAB	3	00603-3883-21	_____	TAB
HYDROCO/APAP 7.5/750 TB QUAL	500	TAB	3	00603-3883-28	_____	TAB
HYDROCO/APAP 7.5/750 TB SAND	100	TAB	3	00781-1532-01	_____	TAB
HYDROCO/APAP 7.5/750 TB WATS	500	TAB	3	00591-0387-05	_____	TAB
HYDROCO/APAP 7.5/750 TB WATS	100	TAB	3	00591-0387-01	_____	TAB
HYDROCO/IBUP 7.5/200 TB ANDR	100	TAB	3	62037-0524-01	_____	TAB
HYDROCO/IBUP 7.5/200 TB TEVA	100	TAB	3	00093-5161-01	_____	TAB
HYDROCOD/APAP 10/325 TB ABLE	500	TAB	3	53265-0328-50	_____	TAB
HYDROCOD/APAP 10/325 TB MALL	500	TAB	3	00406-0367-05	_____	TAB
HYDROCOD/APAP 10/325 TB MALL	100	TAB	3	00406-0367-01	_____	TAB
HYDROCOD/APAP 10/325 TB QUAL	100	TAB	3	00603-3887-21	_____	TAB
HYDROCOD/APAP 10/325 TB QUAL	500	TAB	3	00603-3887-28	_____	TAB
HYDROCOD/APAP 10/325 TB WATS	100	TAB	3	00591-0853-01	_____	TAB

WRITE-IN ITEMS NOT LISTED ABOVE:

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DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
HYDROCOD/APAP 10/325 TB WATS	500	TAB	3	00591-0853-05	_____	TAB
HYDROCOD/APAP 10/500 TB MALL	100	TAB	3	00406-0363-01	_____	TAB
HYDROCOD/APAP 10/500 TB MALL	500	TAB	3	00406-0363-05	_____	TAB
HYDROCOD/APAP 10/500 TB QUAL	500	TAB	3	00603-3888-28	_____	TAB
HYDROCOD/APAP 10/500 TB WATS	100	TAB	3	00591-0540-01	_____	TAB
HYDROCOD/APAP 10/500 TB WATS	500	TAB	3	00591-0540-05	_____	TAB
HYDROCOD/APAP 10/650 TB MALL	100	TAB	3	00406-0361-01	_____	TAB
HYDROCOD/APAP 10/650 TB QUAL	100	TAB	3	00603-3885-21	_____	TAB
HYDROCOD/APAP 10/650 TB WATS	100	TAB	3	00591-0503-01	_____	TAB
HYDROCOD/APAP 10/660 TB ANDR	100	TAB	3	62037-0567-01	_____	TAB
HYDROCOD/APAP 10/660 TB MALL	100	TAB	3	00406-0362-01	_____	TAB
HYDROCOD/APAP 10/660 TB QUAL	100	TAB	3	00603-3886-21	_____	TAB
HYDROCOD/APAP 10/660 TB QUAL	500	TAB	3	00603-3886-28	_____	TAB
HYDROCOD/APAP 5/500M CP MALL	100	CAP	3	00406-4357-01	_____	CAP
HYDROCOD/GUAIFEN EXP ML ETHE	480	ML	3	58177-0881-07	_____	ML
HYDROCOD/GUAIFEN EXP ML ETHE	946	ML	3	58177-0881-12	_____	ML
HYDROCOD/HOMA 5/1.5MG TB AMI	100	TAB	3	52152-0140-02	_____	TAB
HYDROCOD/HOMATROP SYR ML ALP	480	ML	3	00472-1030-16	_____	ML
HYDROCOD/HOMATROP SYR ML MGP	480	ML	3	60432-0455-16	_____	ML
HYDROCOD/HOMOTROP SYR ML GEN	480	ML	3	00781-6526-16	_____	ML
HYDROCODO/APAP 5/500 TB ENDO	500	TAB	3	60951-0639-85	_____	TAB
HYDROCODO/APAP 5/500 TB MALL	100	TAB	3	00406-0357-01	_____	TAB
HYDROCODO/APAP 5/500 TB MALL	500	TAB	3	00406-0357-05	_____	TAB
HYDROCODO/APAP 5/500 TB QUAL	100	TAB	3	00603-3881-21	_____	TAB
HYDROCODO/APAP 5/500 TB QUAL	500	TAB	3	00603-3881-28	_____	TAB
HYDROCODO/APAP 5/500 TB URL	100	TAB	3	00677-1184-01	_____	TAB
HYDROCODO/APAP 5/500 TB URL	500	TAB	3	00677-1184-05	_____	TAB
HYDROCODO/APAP 5/500 TB WATS	100	TAB	3	00591-0349-01	_____	TAB
HYDROCODO/APAP 5/500 TB WATS	500	TAB	3	00591-0349-05	_____	TAB
HYDRON KGS S/F 5/300/5ML CYP	473	ML	3	60258-0731-16	_____	ML
HYDRON PSC LIQUID ML CYPR	473	ML	3	60258-0708-16	_____	ML
HYPHED SYRUP ML CYPR	480	ML	3	60258-0790-16	_____	ML
IONAMIN 15MG CAP CELL	100	CAP	4	53014-0903-71	_____	CAP
IONAMIN 30MG CAP CELL	100	CAP	4	53014-0904-71	_____	CAP
IOPHEN-C N/R SYR S/F ML QUAL	473	ML	5	00603-1329-58	_____	ML
ISOMETH/DICH/APAP CAP URL	100	CAP	4	00677-1739-01	_____	CAP

WRITE-IN ITEMS NOT LISTED ABOVE:

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_____	_____	_____	___	_____	_____	_____

DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
ISOMETH/DICHL/APAP CAP URL	100	CAP	4	00677-1745-01	_____	CAP
ISOMETH/DICHL/APAP CAP INTE	100	CAP	4	53746-0141-01	_____	CAP
KLONOPIN 0.5MG TAB ROCH	100	TAB	4	00004-0068-01	_____	TAB
KLONOPIN 1MG TAB ROCH	100	TAB	4	00004-0058-01	_____	TAB
KLONOPIN 2MG TAB ROCH	100	TAB	4	00004-0098-01	_____	TAB
KLONOPIN 0.125MG WAFER ROCH	60	WAF	4	00004-0279-22	_____	WAF
KLONOPIN 0.25MG WAFER ROCH	60	WAF	4	00004-0280-22	_____	WAF
KLONOPIN 0.5MG WAFER ROCH	60	WAF	4	00004-0281-22	_____	WAF
KLONOPIN 1MG WAFER ROCH	60	WAF	4	00004-0282-22	_____	WAF
KLONOPIN 2MG WAFER ROCH	60	WAF	4	00004-0283-22	_____	WAF
KWELCOF LIQUID ML ASCH	480	ML	3	00225-0420-45	_____	ML
LIBRAX 5/2.5MG NEW CAP VICT	100	CAP	4	68453-0410-10	_____	CAP
LIBRIUM 10MG CAP VALE	100	CAP	4	00187-3751-10	_____	CAP
LIBRIUM 25MG CAP VALE	100	CAP	4	00187-3758-10	_____	CAP
LIBRIUM 5MG CAP VALE	100	CAP	4	00187-3750-10	_____	CAP
LIMBITROL 12.5MG/5MG TB VALE	100	TAB	4	00187-3805-10	_____	TAB
LIMBITROL DS 25/10MG TB VALE	100	TAB	4	00187-3806-10	_____	TAB
LOMOTIL TAB PFIZ	100	TAB	5	00025-0061-31	_____	TAB
LOMOTIL LIQUID ML PFIZ	60	ML	5	00025-0066-02	_____	ML
LONOX TAB SAND	100	TAB	5	00781-1262-01	_____	TAB
LONOX TAB SAND	1000	TAB	5	00781-1262-10	_____	TAB
LORAZEPAM 0.5MG TAB MUTU	100	TAB	4	53489-0357-01	_____	TAB
LORAZEPAM 0.5MG TAB MUTU	500	TAB	4	53489-0357-05	_____	TAB
LORAZEPAM 0.5MG TAB MYLA	100	TAB	4	00378-0321-01	_____	TAB
LORAZEPAM 0.5MG TAB MYLA	500	TAB	4	00378-0321-05	_____	TAB
LORAZEPAM 0.5MG TAB PURE	100	TAB	4	00228-2057-10	_____	TAB
LORAZEPAM 0.5MG TAB PURE	500	TAB	4	00228-2057-50	_____	TAB
LORAZEPAM 0.5MG TAB RANB	100	TAB	4	63304-0772-01	_____	TAB
LORAZEPAM 0.5MG TAB RANB	500	TAB	4	63304-0772-05	_____	TAB
LORAZEPAM 0.5MG TAB SAND	100	TAB	4	00781-1403-01	_____	TAB
LORAZEPAM 0.5MG TAB SAND	500	TAB	4	00781-1403-05	_____	TAB
LORAZEPAM 0.5MG TAB URL	100	TAB	4	00677-1056-01	_____	TAB
LORAZEPAM 0.5MG TAB URL	500	TAB	4	00677-1056-05	_____	TAB
LORAZEPAM 0.5MG TAB WATS	100	TAB	4	00591-0240-01	_____	TAB
LORAZEPAM 0.5MG TAB WATS	500	TAB	4	00591-0240-05	_____	TAB
LORAZEPAM 0.5MG TAB WATS	1000	TAB	4	00591-0240-10	_____	TAB

WRITE-IN ITEMS NOT LISTED ABOVE:

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_____	_____	_____	___	_____	_____	_____
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DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
LORAZEPAM 0.5MG UD TB UDL	100	TAB	4	51079-0417-20	_____	TAB
LORAZEPAM 1MG TAB MYLA	100	TAB	4	00378-0457-01	_____	TAB
LORAZEPAM 1MG TAB MYLA	1000	TAB	4	00378-0457-10	_____	TAB
LORAZEPAM 1MG TAB PURE	100	TAB	4	00228-2059-10	_____	TAB
LORAZEPAM 1MG TAB PURE	500	TAB	4	00228-2059-50	_____	TAB
LORAZEPAM 1MG TAB RANB	100	TAB	4	63304-0773-01	_____	TAB
LORAZEPAM 1MG TAB RANB	500	TAB	4	63304-0773-05	_____	TAB
LORAZEPAM 1MG TAB RANB	1000	TAB	4	63304-0773-10	_____	TAB
LORAZEPAM 1MG TAB SAND	100	TAB	4	00781-1404-01	_____	TAB
LORAZEPAM 1MG TAB SAND	500	TAB	4	00781-1404-05	_____	TAB
LORAZEPAM 1MG TAB URL	100	TAB	4	00677-1057-01	_____	TAB
LORAZEPAM 1MG TAB URL	500	TAB	4	00677-1057-05	_____	TAB
LORAZEPAM 1MG TAB WATS	100	TAB	4	00591-0241-01	_____	TAB
LORAZEPAM 1MG TAB WATS	500	TAB	4	00591-0241-05	_____	TAB
LORAZEPAM 1MG TAB WATS	1000	TAB	4	00591-0241-10	_____	TAB
LORAZEPAM 1MG UD TAB UDL	100	TAB	4	51079-0386-20	_____	TAB
LORAZEPAM 2MG TAB MYLA	100	TAB	4	00378-0777-01	_____	TAB
LORAZEPAM 2MG TAB MYLA	500	TAB	4	00378-0777-05	_____	TAB
LORAZEPAM 2MG TAB PURE	100	TAB	4	00228-2063-10	_____	TAB
LORAZEPAM 2MG TAB PURE	500	TAB	4	00228-2063-50	_____	TAB
LORAZEPAM 2MG TAB RANB	100	TAB	4	63304-0774-01	_____	TAB
LORAZEPAM 2MG TAB RANB	500	TAB	4	63304-0774-05	_____	TAB
LORAZEPAM 2MG TAB SAND	100	TAB	4	00781-1405-01	_____	TAB
LORAZEPAM 2MG TAB SAND	500	TAB	4	00781-1405-05	_____	TAB
LORAZEPAM 2MG TAB URL	100	TAB	4	00677-1058-01	_____	TAB
LORAZEPAM 2MG TAB URL	500	TAB	4	00677-1058-05	_____	TAB
LORAZEPAM 2MG TAB WATS	100	TAB	4	00591-0242-01	_____	TAB
LORAZEPAM 2MG TAB WATS	500	TAB	4	00591-0242-05	_____	TAB
LORAZEPAM 2MG TAB WATS	1000	TAB	4	00591-0242-10	_____	TAB
LORAZEPAM 2MG UD TAB UDL	100	TAB	4	51079-0387-20	_____	TAB
LORAZEPAM 2MG/ML 1ML VL BAXT	25	VL	4	10019-0102-01	_____	VL
LORAZEPAM 2MG/ML 1ML VL HOSP	1	VL	4	00074-1985-01	_____	VL
LORAZEPAM 2MG/ML 1ML VL HOSP	10	VL	4	00074-6778-02	_____	VL
LORAZEPAM 2MG/ML 1ML VL HOSP	25	VL	4	00074-6778-01	_____	VL
LORAZEPAM 2MG/ML 25ML VL HOS	25	VL	4	00074-6780-01	_____	VL
LORAZEPAM 2MG/ML O/CONC ROXA	30	ML	4	00054-3532-44	_____	ML

WRITE-IN ITEMS NOT LISTED ABOVE:

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DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
LORCET 10/650 TAB FORE	100	TAB	3	00785-6350-01	_____	TAB
LORCET PLUS 7.5/650 TAB FORE	100	TAB	3	00785-1122-01	_____	TAB
LORTAB 5/500MG TAB UCB	100	TAB	3	50474-0902-01	_____	TAB
LORTAB 7.5/500 TAB UCB	100	TAB	3	50474-0907-01	_____	TAB
LORTAB 10/500MG TAB UCB	100	TAB	3	50474-0910-01	_____	TAB
LORTAB 2.5/500MG TAB UCB	100	TAB	3	50474-0925-01	_____	TAB
LORTAB ELIXIR ML UCB	473	ML	3	50474-0909-16	_____	ML
LUNESTA 1MG TAB SEPR	100	TAB	4	63402-0190-10	_____	TAB
LUNESTA 2MG TAB SEPR	100	TAB	4	63402-0191-10	_____	TAB
LUNESTA 3MG TAB SEPR	100	TAB	4	63402-0193-10	_____	TAB
MARINOL 10MG CAP UNIM	60	CAP	3	00051-0023-21	_____	CAP
MARINOL 2.5MG CAP UNIM	60	CAP	3	00051-0021-21	_____	CAP
MARINOL 5MG CAP UNIM	25	CAP	3	00051-0022-11	_____	CAP
MAXIDONE 10/750MG TAB WATS	100	TAB	3	52544-0634-01	_____	TAB
MEBARAL 100MG TAB OVAT	250	TAB	4	67386-0803-02	_____	TAB
MEBARAL 32MG TAB OVAT	250	TAB	4	67386-0801-02	_____	TAB
MEBARAL 50MG TAB OVAT	250	TAB	4	67386-0802-02	_____	TAB
MELFIAT-105MG UNICELL CP NUM	100	CAP	3	55499-1082-01	_____	CAP
MEPROBAMATE 200MG TAB WATS	100	TAB	4	00591-5239-01	_____	TAB
MEPROBAMATE 400MG TAB WATS	1000	TAB	4	00591-5238-10	_____	TAB
MEPROBAMATE 400MG TAB WATS	100	TAB	4	00591-5238-01	_____	TAB
MERIDIA 10MG CAP ABBO	100	CAP	4	00074-2457-13	_____	CAP
MERIDIA 15MG CAP ABBO	100	CAP	4	00074-2458-13	_____	CAP
MERIDIA 5MG CAP ABBO	100	CAP	4	00074-2456-13	_____	CAP
METHITEST OR 10MG TAB GLOB	100	TAB	3	00115-7037-01	_____	TAB
MIDAZOLAM 2MG/ML SYP ML ROXA	118	ML	4	00054-3566-99	_____	ML
MIDAZOLAM 5MG/ML INJ ML BAXT	10	ML	4	10019-0027-01	_____	ML
MIDRIN CAP WOME	100	CAP	4	64248-0120-10	_____	CAP
MIDRIN CAP WOME	50	CAP	4	64248-0120-05	_____	CAP
MIGQUIN CAP QUAL	100	CAP	4	00603-4664-21	_____	CAP
MIGQUIN CAP QUAL	250	CAP	4	00603-4664-24	_____	CAP
MIGRATINE CAP MAJO	100	CAP	4	00904-7622-60	_____	CAP
MIGRAZONE CAP BREC	100	CAP	4	51991-0395-01	_____	CAP
MOTOFEN TAB AMAR	100	TAB	4	65234-0074-10	_____	TAB
MYTUSSIN AC S/F SYR ML MGP	120	ML	5	60432-0045-04	_____	ML
MYTUSSIN AC S/F SYR ML MGP	480	ML	5	60432-0045-16	_____	ML

WRITE-IN ITEMS NOT LISTED ABOVE:

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DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
MYTUSSIN DAC SYRUP ML MGP	120	ML	5	60432-0541-04	_____	ML
MYTUSSIN DAC SYRUP ML MGP	480	ML	5	60432-0541-16	_____	ML
NEMBUTAL 60MG SUPP SUP ABBO	12	SUP	3	00074-3148-01	_____	SUP
NORCO 5/325MG TAB WATS	100	TAB	3	52544-0913-01	_____	TAB
NORCO 10/325MG TAB WATS	100	TAB	3	52544-0539-01	_____	TAB
NORCO 10/325MG TAB WATS	500	TAB	3	52544-0539-05	_____	TAB
NORCO 7.5/325MG TAB WATS	100	TAB	3	52544-0729-01	_____	TAB
NOVAHISTINE DH LIQ ML GSK	120	ML	5	00135-0108-36	_____	ML
NOVAHISTINE DH LIQ ML GSK	480	ML	5	00135-0108-42	_____	ML
NOVAHISTINE EXP SYR ML GSK	120	ML	5	00135-0109-36	_____	ML
NOVAHISTINE EXP SYR ML GSK	480	ML	5	00135-0109-42	_____	ML
NUCOFED 60MG/20MG CAP MONA	60	CAP	3	61570-0018-60	_____	CAP
NUCOFED EXPECTORANT ML MONA	473	ML	3	61570-0016-16	_____	ML
NUCOFED PED EXPECT ML MONA	473	ML	5	61570-0015-16	_____	ML
NUCOFED SYRUP ML MONA	473	ML	3	61570-0017-16	_____	ML
OXANDRIN 2.5MG TAB BTG	100	TAB	3	54396-0111-11	_____	TAB
OXAZEPAM 10MG CAP IVAX	100	CAP	4	00172-4804-60	_____	CAP
OXAZEPAM 10MG CAP PURE	100	CAP	4	00228-2067-10	_____	CAP
OXAZEPAM 10MG CAP SAND	100	CAP	4	00781-2809-01	_____	CAP
OXAZEPAM 15MG CAP IVAX	100	CAP	4	00172-4805-60	_____	CAP
OXAZEPAM 15MG CAP PURE	100	CAP	4	00228-2069-10	_____	CAP
OXAZEPAM 15MG CAP SAND	100	CAP	4	00781-2810-01	_____	CAP
OXAZEPAM 15MG UD CP UDL	100	CAP	4	51079-0478-20	_____	CAP
OXAZEPAM 30MG CAP IVAX	100	CAP	4	00172-4806-60	_____	CAP
OXAZEPAM 30MG CAP PURE	100	CAP	4	00228-2073-10	_____	CAP
OXAZEPAM 30MG CAP SAND	100	CAP	4	00781-2811-01	_____	CAP
PANCOF EXP SYRUP ML PAML	473	ML	3	00525-9798-16	_____	ML
PANCOF PD 3MG SYRUP ML PAML	473	ML	5	00525-9888-04	_____	ML
PANLOR DC CAP PAML	100	CAP	3	00525-0016-01	_____	CAP
PANLOR SS TAB PAML	100	TAB	3	00525-0032-01	_____	TAB
PAREGORIC ELIXIR ML ALPH	480	ML	3	00472-0802-16	_____	ML
PAREGORIC ELIXIR ML GENE	480	ML	3	00781-6130-16	_____	ML
PAREGORIC ELIXIR ML MGP	480	ML	3	60432-0457-16	_____	ML
PAXIPAM 20MG TAB SCHE	100	TAB	4	00085-0251-04	_____	TAB
PAXIPAM 40MG TAB SCHE	100	TAB	4	00085-0538-04	_____	TAB
PEDIACOF SYRUP ML SANO	473	ML	5	00024-1509-06	_____	ML

WRITE-IN ITEMS NOT LISTED ABOVE:

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DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
PEMADD 37.5MG CHEW TAB MALL	100	TAB	4	00406-8854-01	_____	TAB
PEMOLINE 18.75MG TAB MALL	100	TAB	4	00406-1552-01	_____	TAB
PEMOLINE 18.75MG TAB QUAL	100	TAB	4	00603-5055-21	_____	TAB
PEMOLINE 18.75MG TAB SAND	100	TAB	4	00781-1731-01	_____	TAB
PEMOLINE 37.5MG TAB MALL	100	TAB	4	00406-1554-01	_____	TAB
PEMOLINE 37.5MG TAB QUAL	100	TAB	4	00603-5056-21	_____	TAB
PEMOLINE 37.5MG TAB SAND	100	TAB	4	00781-1741-01	_____	TAB
PEMOLINE 37.5MG CHEW TB TEVA	100	TAB	4	00093-9577-01	_____	TAB
PEMOLINE 75MG TAB MALL	100	TAB	4	00406-1558-01	_____	TAB
PEMOLINE 75MG TAB QUAL	100	TAB	4	00603-5057-21	_____	TAB
PEMOLINE 75MG TAB SAND	100	TAB	4	00781-1751-01	_____	TAB
PENTAZ/APAP 25/650MG TB WATS	100	TAB	4	00591-0396-01	_____	TAB
PENTAZ/NALOX 50/0.5MG TB AMI	100	TAB	4	52152-0211-02	_____	TAB
PENTAZ/NALOX 50/0.5MG TB RAN	100	TAB	4	63304-0506-01	_____	TAB
PENTAZ/NALOX 50/0.5MG TB WAT	100	TAB	4	00591-0395-01	_____	TAB
PHENAPHEN W/COD #3 CAP WYET	100	CAP	3	00031-6257-63	_____	CAP
PHENAPHEN W/COD #4 TAB WYET	100	TAB	3	00031-6274-63	_____	TAB
PHENDIMETRAZ SA 105MG CP EON	100	CAP	3	00185-5254-01	_____	CAP
PHENDIMETRAZINE 35MG TAB EON	100	TAB	3	00185-4057-01	_____	TAB
PHENERGAN VC W/COD ML WYET	480	ML	5	00008-0552-03	_____	ML
PHENERGAN W/COD SYP ML WYET	480	ML	5	00008-0550-03	_____	ML
PHENOBARB 100MG(1.5GR)TB EXC	100	TAB	4	64125-0903-01	_____	TAB
PHENOBARB 100MG(1.5GR)TB JON	100	TAB	4	52604-6740-01	_____	TAB
PHENOBARB 100MG(1.5GR)TB JON	1000	TAB	4	52604-6740-02	_____	TAB
PHENOBARB 100MG(1.5GR)TB QUA	100	TAB	4	00603-5168-21	_____	TAB
PHENOBARB 100MG(1.5GR)TB QUA	1000	TAB	4	00603-5168-32	_____	TAB
PHENOBARB 100MG(1.5GR)TB RAN	100	TAB	4	63304-0744-01	_____	TAB
PHENOBARB 100MG(1.5GR)TB URL	1000	TAB	4	00677-1699-10	_____	TAB
PHENOBARB 100MG(1.5GR)TB VIN	100	TAB	4	00254-5014-28	_____	TAB
PHENOBARB 100MG(1.5GR)TB WES	1000	TAB	4	00143-1458-10	_____	TAB
PHENOBARB 15MG(1/4GR)TAB URL	1000	TAB	4	00677-1731-10	_____	TAB
PHENOBARB 15MG(1/4GR)TB EXCE	100	TAB	4	64125-0915-01	_____	TAB
PHENOBARB 15MG(1/4GR)TB QUAL	100	TAB	4	00603-5165-21	_____	TAB
PHENOBARB 15MG(1/4GR)TB QUAL	1000	TAB	4	00603-5165-32	_____	TAB
PHENOBARB 15MG(1/4GR)TB RANB	100	TAB	4	63304-0741-01	_____	TAB
PHENOBARB 15MG(1/4GR)TB WEST	1000	TAB	4	00143-1445-10	_____	TAB

WRITE-IN ITEMS NOT LISTED ABOVE:

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DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
PHENOBARB 20MG/5ML ELIX ALPH	480	ML	4	00472-1015-16	_____	ML
PHENOBARB 20MG/5ML ELIX QUAL	473	ML	4	00603-1508-58	_____	ML
PHENOBARB 30MG(1/2GR)TB EXCE	100	TAB	4	64125-0901-01	_____	TAB
PHENOBARB 30MG(1/2GR)TB EXCE	1000	TAB	4	64125-0901-10	_____	TAB
PHENOBARB 30MG(1/2GR)TB JONE	1000	TAB	4	52604-6722-02	_____	TAB
PHENOBARB 30MG(1/2GR)TB PURE	1000	TAB	4	00228-2028-96	_____	TAB
PHENOBARB 30MG(1/2GR)TB QUAL	100	TAB	4	00603-5166-21	_____	TAB
PHENOBARB 30MG(1/2GR)TB QUAL	1000	TAB	4	00603-5166-32	_____	TAB
PHENOBARB 30MG(1/2GR)TB RANB	100	TAB	4	63304-0742-01	_____	TAB
PHENOBARB 30MG(1/2GR)TB RANB	1000	TAB	4	63304-0742-10	_____	TAB
PHENOBARB 30MG(1/2GR)TB SAND	1000	TAB	4	00781-1110-10	_____	TAB
PHENOBARB 30MG(1/2GR)TB URL	1000	TAB	4	00677-1732-10	_____	TAB
PHENOBARB 30MG(1/2GR)TB WEST	1000	TAB	4	00143-1450-10	_____	TAB
PHENOBARB 60MG(1GR) TAB EXCE	100	TAB	4	64125-0902-01	_____	TAB
PHENOBARB 60MG(1GR) TAB EXCE	1000	TAB	4	64125-0902-10	_____	TAB
PHENOBARB 60MG(1GR) TAB JONE	1000	TAB	4	52604-6731-02	_____	TAB
PHENOBARB 60MG(1GR) TAB QUAL	100	TAB	4	00603-5167-21	_____	TAB
PHENOBARB 60MG(1GR) TAB QUAL	1000	TAB	4	00603-5167-32	_____	TAB
PHENOBARB 60MG(1GR) TAB RANB	100	TAB	4	63304-0743-01	_____	TAB
PHENOBARB 60MG(1GR) TAB RANB	1000	TAB	4	63304-0743-10	_____	TAB
PHENOBARB 60MG(1GR) TAB URL	1000	TAB	4	00677-1698-10	_____	TAB
PHENOBARB 60MG(1GR) TAB WEST	1000	TAB	4	00143-1455-10	_____	TAB
PHENTERMINE 18.75MG CAP CAMA	1000	CAP	4	00147-0249-20	_____	CAP
PHENTERMINE 30MG CAP ABLE	100	CAP	4	53265-0258-10	_____	CAP
PHENTERMINE 30MG CAP AMID	100	CAP	4	52152-0160-02	_____	CAP
PHENTERMINE 30MG BLU CP ABLE	100	CAP	4	53265-0259-10	_____	CAP
PHENTERMINE 30MG BLU CP EON	100	CAP	4	00185-5000-01	_____	CAP
PHENTERMINE 30MG BLU CP EON	1000	CAP	4	00185-5000-10	_____	CAP
PHENTERMINE 30MG YLW CP ABLE	1000	CAP	4	53265-0258-11	_____	CAP
PHENTERMINE 30MG YLW CP EON	100	CAP	4	00185-0647-01	_____	CAP
PHENTERMINE 30MG YLW CP EON	1000	CAP	4	00185-0647-10	_____	CAP
PHENTERMINE 37.5MG CAP AMID	100	CAP	4	52152-0167-02	_____	CAP
PHENTERMINE 37.5MG TAB AMID	100	TAB	4	52152-0159-02	_____	TAB
PHENTERMINE 37.5MG TAB PURE	100	TAB	4	00228-3016-11	_____	TAB
PHENTERMINE 37.5MG TAB QUAL	100	TAB	4	00603-5192-21	_____	TAB
PHENTERMINE HCL 15MG CP ABLE	100	CAP	4	53265-0346-10	_____	CAP

WRITE-IN ITEMS NOT LISTED ABOVE:

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DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
PHENTERMINE HCL 15MG CP EON	100	CAP	4	00185-0644-01	_____	CAP
PHENTERMINE HCL 15MG CP EON	1000	CAP	4	00185-0644-10	_____	CAP
PHENYLHISTINE DH LIQ ML QUAL	480	ML	5	00603-1520-58	_____	ML
PHENYLHISTINE SYR ML QUAL	120	ML	5	00603-1521-54	_____	ML
PHENYLHISTINE SYR ML QUAL	480	ML	5	00603-1521-58	_____	ML
PHRENILIN+COD+CAFF CAP AMAR	100	CAP	3	65234-0061-10	_____	CAP
PLACIDYL 200MG CAP ABBO	100	CAP	4	00074-6661-08	_____	CAP
PLACIDYL 500MG CAP ABBO	100	CAP	4	00074-6685-15	_____	CAP
PLACIDYL 750MG CAP ABBO	100	CAP	4	00074-6630-01	_____	CAP
PRELU-2 T/R 105MG CAP ROXA	100	CAP	3	00054-2719-25	_____	CAP
PROCOF LIQ S/F A/F ML QUAL	473	ML	3	00603-1574-58	_____	ML
PROLEX DH LIQUID 4OZ ML BLAN	120	ML	3	51674-0212-04	_____	ML
PROMETHAZI VC W-COD ML ALPH	120	ML	5	00472-1629-04	_____	ML
PROMETHAZI VC W-COD ML MGP	120	ML	5	60432-0607-04	_____	ML
PROMETHAZI VC W-COD ML MGP	480	ML	5	60432-0607-16	_____	ML
PROMETHAZI VC W/COD ML ALPH	480	ML	5	00472-1629-16	_____	ML
PROMETHAZI W/COD SYR ML ALPH	120	ML	5	00472-1627-04	_____	ML
PROMETHAZI W/COD SYR ML ALPH	3840	ML	5	00472-1627-28	_____	ML
PROMETHAZI W/COD SYR ML ALPH	480	ML	5	00472-1627-16	_____	ML
PROMETHAZI W/COD SYR ML HI-T	480	ML	5	50383-0804-16	_____	ML
PROMETHAZI W/COD SYR ML MGP	480	ML	5	60432-0606-16	_____	ML
PROPACET-100 WHITE TAB TEVA	100	TAB	4	00093-0490-01	_____	TAB
PROPOX-H/AP 65/650MG TB MYLA	100	TAB	4	00378-0130-01	_____	TAB
PROPOX-H/AP 65/650MG TB MYLA	500	TAB	4	00378-0130-05	_____	TAB
PROPOX-H/AP 65/650MG TB WATS	100	TAB	4	00591-0714-01	_____	TAB
PROPOX-N/AP 100/650 ORN QUAL	100	TAB	4	00603-5466-21	_____	TAB
PROPOX-N/AP 100/650 ORN QUAL	500	TAB	4	00603-5466-28	_____	TAB
PROPOX-N/AP 100/650 PNK IVAX	100	TAB	4	00172-4980-60	_____	TAB
PROPOX-N/AP 100/650 PNK MALL	90	TAB	4	00406-1772-90	_____	TAB
PROPOX-N/AP 100/650 PNK MALL	60	TAB	4	00406-1772-60	_____	TAB
PROPOX-N/AP 100/650 PNK MALL	100	TAB	4	00406-1772-01	_____	TAB
PROPOX-N/AP 100/650 PNK MALL	1000	TAB	4	00406-1772-10	_____	TAB
PROPOX-N/AP 100/650 PNK MYLA	100	TAB	4	00378-0155-01	_____	TAB
PROPOX-N/AP 100/650 PNK MYLA	500	TAB	4	00378-0155-05	_____	TAB
PROPOX-N/AP 100/650 PNK QUAL	100	TAB	4	00603-5468-21	_____	TAB
PROPOX-N/AP 100/650 PNK QUAL	500	TAB	4	00603-5468-28	_____	TAB

WRITE-IN ITEMS NOT LISTED ABOVE:

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_____	_____	_____	___	_____	_____	_____
_____	_____	_____	___	_____	_____	_____

DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
PROPOX-N/AP 100/650 PNK QUAL	1000	TAB	4	00603-5468-32	_____	TAB
PROPOX-N/AP 100/650 PNK TEVA	100	TAB	4	00093-0890-01	_____	TAB
PROPOX-N/AP 100/650 PNK TEVA	500	TAB	4	00093-0890-05	_____	TAB
PROPOX-N/AP 100/650 TAB ABLE	100	TAB	4	53265-0256-10	_____	TAB
PROPOX-N/AP 100/650 TAB ABLE	500	TAB	4	53265-0256-50	_____	TAB
PROPOX-N/AP 100/650 TAB ABLE	500	TAB	4	53265-0261-50	_____	TAB
PROPOX-N/AP 100/650 TAB ABLE	1000	TAB	4	53265-0256-11	_____	TAB
PROPOX-N/AP 100/650 TAB ABLE	1000	TAB	4	53265-0261-11	_____	TAB
PROPOX-N/AP 100/650 TAB AMER	450	TAB	4	62584-0919-85	_____	TAB
PROPOX-N/AP 100/650 TAB IVAX	500	TAB	4	00172-4980-70	_____	TAB
PROPOX-N/AP 100/650 TAB IVAX	1000	TAB	4	00172-4980-80	_____	TAB
PROPOX-N/AP 100/650 TAB MALL	500	TAB	4	00406-1772-05	_____	TAB
PROPOX-N/AP 100/650 TAB PURE	100	TAB	4	00228-2085-10	_____	TAB
PROPOX-N/AP 100/650 TAB QUAL	1000	TAB	4	00603-5466-32	_____	TAB
PROPOX-N/AP 100/650 WHT MALL	100	TAB	4	00406-1721-01	_____	TAB
PROPOX-N/AP 100/650 WHT MALL	500	TAB	4	00406-1721-05	_____	TAB
PROPOX-N/AP 100/650 WHT MALL	1000	TAB	4	00406-1721-10	_____	TAB
PROPOX-N/AP 100/650 WHT QUAL	100	TAB	4	00603-5467-21	_____	TAB
PROPOX-N/AP 100/650 WHT QUAL	500	TAB	4	00603-5467-28	_____	TAB
PROPOX-N/AP 100/650 WHT QUAL	1000	TAB	4	00603-5467-32	_____	TAB
PROPOX-N/AP 100/650 WHT TEVA	500	TAB	4	00093-0490-05	_____	TAB
PROPOX-N/AP 50/325MG TB QUAL	100	TAB	4	00603-5465-21	_____	TAB
PROPOXYPHE CMPD 65MG CP TEVA	100	CAP	4	00093-0686-01	_____	CAP
PROPOXYPHE CMPD 65MG CP TEVA	500	CAP	4	00093-0686-05	_____	CAP
PROPOXYPHEN HCL 65MG CP IVAX	100	CAP	4	00172-2186-60	_____	CAP
PROPOXYPHEN HCL 65MG CP IVAX	500	CAP	4	00172-2186-70	_____	CAP
PROPOXYPHEN HCL 65MG CP QUAL	100	CAP	4	00603-5459-21	_____	CAP
PROPOXYPHEN HCL 65MG CP QUAL	500	CAP	4	00603-5459-28	_____	CAP
PROPOXYPHEN HCL 65MG CP TEVA	100	CAP	4	00093-0741-01	_____	CAP
PROPOXYPHEN HCL 65MG CP TEVA	500	CAP	4	00093-0741-05	_____	CAP
PROSOM 1MG TAB ABBO	100	TAB	4	00074-3735-13	_____	TAB
PROSOM 2MG TAB ABBO	100	TAB	4	00074-3736-13	_____	TAB
PROTUSS LIQUID ML FIRS	120	ML	3	59630-0100-04	_____	ML
PROTUSS LIQUID ML FIRS	480	ML	3	59630-0100-16	_____	ML
PROTUSS-D LIQUID ML FIRS	480	ML	3	59630-0105-16	_____	ML
PROVIGIL 100MG TAB CEPH	100	TAB	4	63459-0101-01	_____	TAB

WRITE-IN ITEMS NOT LISTED ABOVE:

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_____	_____	_____	___	_____	_____	_____

DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
PROVIGIL 200MG TAB CEPH	100	TAB	4	63459-0201-01	_____	TAB
Q-TUSS HC LIQUID ML QUAL	480	ML	3	00603-1596-58	_____	ML
QUINTEX HC LIQUID ML QUAL	480	ML	3	00603-1636-58	_____	ML
REPREXAIN 5/200MG TAB WATS	60	TAB	3	52544-0969-60	_____	TAB
RESTORIL 15MG CAP MALL	100	CAP	4	00406-9916-01	_____	CAP
RESTORIL 30MG CAP MALL	100	CAP	4	00406-9917-01	_____	CAP
RESTORIL 7.5MG CAP MALL	100	CAP	4	00406-9915-01	_____	CAP
ROBITUSSIN AC SYP ML WYET	480	ML	5	00031-8674-25	_____	ML
ROBITUSSIN-DAC SYR ML WYET	480	ML	5	00031-8680-25	_____	ML
ROBITUSSIN-DAC SYR ML WYET	120	ML	5	00031-8680-12	_____	ML
SERAX 10MG CAP FAUL	100	CAP	4	63857-0327-10	_____	CAP
SERAX 15MG CAP FAUL	100	CAP	4	63857-0328-10	_____	CAP
SERAX 30MG CAP FAUL	100	CAP	4	63857-0329-10	_____	CAP
SERAX 15MG TAB FAUL	100	TAB	4	63857-0332-10	_____	TAB
SOMA 350MG TAB MEDP	100	TAB	4	00037-2001-01	_____	TAB
SOMA COMPOUND TAB MEDP	100	TAB	4	00037-2103-01	_____	TAB
SOMA COMPOUND W/COD TAB MEDP	100	TAB	3	00037-2403-01	_____	TAB
SOMNOTE 500MG CAP BREC	50	CAP	4	51991-0080-52	_____	CAP
SOMNOTE 500MG UD CAP BREC	50	CAP	4	51991-0080-51	_____	CAP
SONATA 10MG CAP MONA	100	CAP	4	00008-0926-81	_____	CAP
SONATA 5MG CAP MONA	100	CAP	4	00008-0925-81	_____	CAP
STADOL 1MG/ML INJ VL ML SAND	1	ML	4	00015-5645-15	_____	ML
STADOL 2MG/ML INJ VL ML SAND	1	ML	4	00015-5646-15	_____	ML
STADOL 2MG/ML INJ VL ML SAND	2	ML	4	00015-5644-15	_____	ML
STADOL 2MG/ML INJ VL ML SAND	10	ML	4	00015-5648-20	_____	ML
STADOL NS 10MG/ML ML BMS	3	ML	4	00087-5650-41	_____	ML
STRIANT 30MG BUCCAL MUC COLU	60	TAB	3	55056-3060-01	_____	TAB
SU-TUSS HD ELIXIR ML CYPR	473	ML	3	60258-0715-16	_____	ML
SUBOXONE 2.0/0.5MG TAB RECK	30	TAB	3	12496-1283-02	_____	TAB
SUBOXONE 8.0/2.0MG TAB RECK	30	TAB	3	12496-1306-02	_____	TAB
SUBUTEX 2MG TAB RECK	30	TAB	3	12496-1278-02	_____	TAB
SUBUTEX 8MG TAB RECK	30	TAB	3	12496-1310-02	_____	TAB
SYNALGOS-DC CAP WOME	100	CAP	3	64248-0419-10	_____	CAP
SYNALGOS-DC PAINPAK CAP WOME	36	CAP	3	64248-0419-12	_____	CAP
TALACEN TAB SANO	100	TAB	4	00024-1937-04	_____	TAB
TALWIN NX TAB SANO	100	TAB	4	00024-1951-04	_____	TAB

WRITE-IN ITEMS NOT LISTED ABOVE:

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DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
TEMAZEPAM 15MG CAP MYLA	100	CAP	4	00378-4010-01	_____	CAP
TEMAZEPAM 15MG CAP MYLA	500	CAP	4	00378-4010-05	_____	CAP
TEMAZEPAM 15MG CAP PAR	100	CAP	4	49884-0240-01	_____	CAP
TEMAZEPAM 15MG CAP PURE	100	CAP	4	00228-2076-10	_____	CAP
TEMAZEPAM 15MG CAP PURE	500	CAP	4	00228-2076-50	_____	CAP
TEMAZEPAM 15MG CAP SAND	100	CAP	4	00781-2201-01	_____	CAP
TEMAZEPAM 15MG UD CAP UDL	100	CAP	4	51079-0418-20	_____	CAP
TEMAZEPAM 30MG CAP MYLA	100	CAP	4	00378-5050-01	_____	CAP
TEMAZEPAM 30MG CAP MYLA	500	CAP	4	00378-5050-05	_____	CAP
TEMAZEPAM 30MG CAP PAR	100	TAB	4	49884-0241-01	_____	TAB
TEMAZEPAM 30MG CAP PURE	100	CAP	4	00228-2077-10	_____	CAP
TEMAZEPAM 30MG CAP PURE	500	CAP	4	00228-2077-50	_____	CAP
TEMAZEPAM 30MG CAP SAND	100	CAP	4	00781-2202-01	_____	CAP
TEMAZEPAM 7.5MG CAP GENE	100	CAP	4	00781-2209-01	_____	CAP
TENUATE 25MG TAB AVEN	100	TAB	4	00068-0697-61	_____	TAB
TENUATE DOSP 75MG TAB AVEN	100	TAB	4	00068-0698-61	_____	TAB
TESLAC 50MG TAB BMS	100	TAB	3	00003-0690-50	_____	TAB
TESTIM 1% 5GM GEL PKT EA AUX	30	PKT	3	66887-0001-05	_____	PKT
TESTODERM 4MG PATCH EA MCNE	30	PAT	3	17314-4608-03	_____	PAT
TESTODERM 6MG PATCH EA MCNE	30	PAT	3	17314-4609-03	_____	PAT
TESTODERM+ADHES 6MG/24H MCNE	30	PAT	3	17314-2836-03	_____	PAT
TESTOST CYP 200MG/ML INJ WAT	10	ML	3	00591-3223-79	_____	ML
TESTOST EN 200MG/ML INJ WATS	5	ML	3	00591-3221-26	_____	ML
TESTOSTERONE 2% MST CRM CUTI	60	GM	3	65628-0021-01	_____	GM
TESTOSTERONE 2% OINT GM CUTI	60	GM	3	65628-0020-01	_____	GM
TESTOSTERONE PR PWDR GM PADD	25	GM	3	00574-0461-25	_____	GM
TESTOSTERONE PR PWDR GM SPEC	5	GM	3	49452-7670-01	_____	GM
TESTOSTERONE PWDR GM PADD	5	GM	3	00574-0460-05	_____	GM
TESTRED 10MG CAP VALE	100	CAP	3	00187-0901-01	_____	CAP
THEO-DUR 200MG SA TAB KEY	100	TAB	5	00085-0933-01	_____	TAB
TRANXENE 15MG T-TAB OVAT	100	TAB	4	67386-0303-01	_____	TAB
TRANXENE 3.75MG T-TAB OVAT	100	TAB	4	67386-0301-01	_____	TAB
TRANXENE 7.5MG T-TAB OVAT	100	TAB	4	67386-0302-01	_____	TAB
TRANXENE SD 22.5MG TAB OVAT	100	TAB	4	67386-0405-01	_____	TAB
TRANXENE-SD 11.25MG TAB OVAT	100	TAB	4	67386-0404-01	_____	TAB
TRI-VENT HC SYRUP ML ETHE	473	ML	3	58177-0920-07	_____	ML

WRITE-IN ITEMS NOT LISTED ABOVE:

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DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
TRIAZOLAM .25MG TAB PAR	500	TAB	4	49884-0454-05	_____	TAB
TRIAZOLAM .25MG TAB GREE	500	TAB	4	59762-3718-03	_____	TAB
TRIAZOLAM .25MG TAB PAR	10	TAB	4	49884-0454-62	_____	TAB
TRIAZOLAM .25MG TAB ROXA	500	TAB	4	00054-4859-29	_____	TAB
TRIAZOLAM .25MG 10X10PK GREE	100	TAB	4	59762-3718-04	_____	TAB
TRIAZOLAM .25MG 10X10PK PAR	100	TAB	4	49884-0454-12	_____	TAB
TRIAZOLAM .25MG 10X10PK ROXA	100	TAB	4	00054-4859-06	_____	TAB
TRIAZOLAM .25MG UD TAB SAND	100	TAB	4	00781-1442-13	_____	TAB
TRIAZOLAM 0.125MG TAB PAR	500	TAB	4	49884-0453-05	_____	TAB
TRIAZOLAM 0.125MG UD TAB ROX	100	TAB	4	00054-8858-25	_____	TAB
TRIAZOLAM.125MG 10X10PK GREE	100	TAB	4	59762-3717-04	_____	TAB
TRIAZOLAM.125MG 10X10PK PAR	100	TAB	4	49884-0453-12	_____	TAB
TRIAZOLAM.125MG 10X10PK ROXA	100	TAB	4	00054-4858-06	_____	TAB
TUSSEND EXP W/HYDROC ML MONA	480	ML	3	61570-0005-16	_____	ML
TUSSEND SYP W/HYDROC ML MONA	480	ML	3	61570-0004-16	_____	ML
TUSSI-ORGAN NR W/COD ML MEDP	480	ML	5	00037-4814-10	_____	ML
TUSSI-ORGAN-S NR W/COD MEDP	480	ML	5	00037-4814-01	_____	ML
TUSSIGON 5MG TAB MONA	100	TAB	3	61570-0081-01	_____	TAB
TUSSIONEX ER SUSP ML CELL	480	ML	3	53014-0548-67	_____	ML
TYLENOL W/COD ELIXIR ML MCNE	473	ML	5	00045-0508-16	_____	ML
TYLENOL W/COD NO.2 TAB MCNE	100	TAB	3	00045-0511-60	_____	TAB
TYLENOL W/COD NO.3 TAB MCNE	100	TAB	3	00045-0513-60	_____	TAB
TYLENOL W/COD NO.3 TAB MCNE	1000	TAB	3	00045-0513-80	_____	TAB
TYLENOL W/COD NO.4 TAB MCNE	100	TAB	3	00045-0515-60	_____	TAB
TYLENOL W/COD NO.4 TAB MCNE	500	TAB	3	00045-0515-70	_____	TAB
UNI-TUSS HC SYRUP ML URL	480	ML	3	00677-1512-33	_____	ML
VALIUM 10MG TAB ROCH	100	TAB	4	00140-0006-01	_____	TAB
VALIUM 2MG TAB ROCH	100	TAB	4	00140-0004-01	_____	TAB
VALIUM 2MG TAB ROCH	500	TAB	4	00140-0004-14	_____	TAB
VALIUM 5MG TAB ROCH	100	TAB	4	00140-0005-01	_____	TAB
VALIUM 5MG TAB ROCH	500	TAB	4	00140-0005-14	_____	TAB
VI-Q-TUSS LIQUID ML QUAL	480	ML	3	00603-1853-58	_____	ML
VICODIN 5/500MG UD TAB ABBO	100	TAB	3	00074-1949-12	_____	TAB
VICODIN 5/500MG TAB ABBO	100	TAB	3	00074-1949-14	_____	TAB
VICODIN 5/500MG TAB ABBO	500	TAB	3	00074-1949-54	_____	TAB
VICODIN ES 7.5/750MG TB ABBO	100	TAB	3	00074-1973-14	_____	TAB

WRITE-IN ITEMS NOT LISTED ABOVE:

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DRUG DESCRIPTION	PACK SIZE	DOSE UNIT	SCHED.	NDC #	ON HAND QUANTITY	UNIT
VICODIN HP 10/660MG TAB ABBO	100	TAB	3	00074-2274-14	_____	TAB
VICODIN TUSS SYRUP ML ABBO	480	ML	3	00044-0730-16	_____	ML
VICOPROFEN 7.5MG/200 TB ABBO	100	TAB	3	00074-2277-14	_____	TAB
VICOPROFEN 7.5MG/200 TB ABBO	500	TAB	3	00074-2277-54	_____	TAB
WINSTROL 2MG TAB OVAT	100	TAB	3	00024-2253-04	_____	TAB
WYGESIC 65MG TAB WOME	100	TAB	4	00008-0085-01	_____	TAB
XANAX 0.25MG TAB PFIZ	100	TAB	4	00009-0029-01	_____	TAB
XANAX 0.25MG TAB PFIZ	500	TAB	4	00009-0029-02	_____	TAB
XANAX 0.5MG TAB PFIZ	100	TAB	4	00009-0055-01	_____	TAB
XANAX 0.5MG TAB PFIZ	500	TAB	4	00009-0055-03	_____	TAB
XANAX 1MG TAB PFIZ	100	TAB	4	00009-0090-01	_____	TAB
XANAX 1MG TAB PFIZ	500	TAB	4	00009-0090-04	_____	TAB
XANAX 2MG TAB PFIZ	100	TAB	4	00009-0094-01	_____	TAB
XANAX XR 0.5MG TAB PFIZ	60	TAB	4	00009-0057-07	_____	TAB
XANAX XR 1MG TAB PFIZ	60	TAB	4	00009-0059-07	_____	TAB
XANAX XR 2MG TAB PFIZ	60	TAB	4	00009-0066-07	_____	TAB
XANAX XR 3MG TAB PFIZ	60	TAB	4	00009-0068-07	_____	TAB
ZYDONE 10/400MG TAB ENDO	100	TAB	3	63481-0698-70	_____	TAB
ZYDONE 5/400MG TAB ENDO	100	TAB	3	63481-0668-70	_____	TAB
ZYDONE 7.5/400MG TAB ENDO	100	TAB	3	63481-0669-70	_____	TAB

WRITE-IN ITEMS NOT LISTED ABOVE:

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