



New York State Board for Professional Medical Conduct

433 River Street, Suite 303 Troy, New York 12180-2299 • (518) 402-0863

Dennis P. Whalen
Executive Deputy Commissioner of Health
Anne F. Saile, Director
Office of Professional Medical Conduct
William J. Comiskey, Chief Counsel
Bureau of Professional Medical Conduct

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Chair
Denise M. Bolan, R.P.A.
Vice Chair
Ansel R. Marks, M.D., J.D.
Executive Secretary

June 17, 1999

RECEIVED
Physician Monitoring

JUN 18 1999

Office of Professional
Medical Conduct

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

David A. Fineberg, M.D.
1660 Hopkins Road
Williamsville, NY 14221

RE: License No. 182262

Dear Dr. Fineberg:

Enclosed please find Order #BPMC 99-132 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect **June 17, 1999.**

If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days of receipt of the Order to Board for Professional Medical Conduct, New York State Department of Health, Hedley Park Place, Suite 303, 433 River Street, Troy, New York 12180.

Sincerely,

Ansel R. Marks, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Mark G. Farrell
Mark G. Farrell & Associates
6465 Transit Road
P.O. Box 667
East Amherst, NY 14051

Bradley Mohr, Esq.

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
DAVID A. FINEBERG, M.D.

CONSENT
AGREEMENT
AND
ORDER

BPMC #99-132

DAVID A. FINEBERG, M.D., says:

That on or about JUNE 11, 1990, I was licensed to practice as a physician in the State of New York, having been issued License No. 182262 by the New York State Education Department.

My current address is 1660 Hopkins Road, Williamsville, New York 14221, and I will advise the Director of the Office of Professional Medical Conduct (hereafter "Director") of any change of my address.

I understand that the New York State Board for Professional Medical Conduct (hereafter "Board") has charged me with thirteen specifications of professional misconduct. A copy of the Statement of Charges is annexed hereto, made a part hereof, and marked as Exhibit "A".

I do not contest the charges against me, and I hereby agree to the following penalty:

1. My license to practice medicine in the State of New York shall be suspended for a minimum period of six months and thereafter until such time as a Committee on Professional Conduct of the Board for Professional Medical Conduct (hereafter "Committee") determines that I am no longer incapacitated for the practice of medicine and that I am both fit and competent to practice medicine. I shall not practice medicine in this or any other state while my New York medical license is suspended.

After the expiration of the minimum six months period of suspension, I may

apply to the Board for restoration of my license. I understand that my license will only be restored if I make a showing to a Committee that I am no longer incapacitated for the active practice of medicine and that I am both fit and competent to practice medicine. This showing shall include proof that I have successfully completed a course of therapy or treatment approved by the Board. I understand and hereby agree that my successful completion of the approved course of treatment shall be determined in the sole reasonable discretion of the Board, exercised by a Committee after I have met a burden of proof and persuasion in a proceeding as set forth in this agreement. I understand and agree that the Committee's exercise of such discretion shall not be reviewable through recourse to the Administrative Review Board.

I understand and agree that my application for restoration will not be submitted to a Committee until I have provided certain minimum evidence of my fitness and competence as set forth in Exhibit B. The Board will make reasonable attempts to convene a Committee not later than 90 days after my request, which shall not be deemed to have been perfected until receipt, by the Director of all that is required to be provided by me pursuant to Exhibit B. I understand and agree that proceedings before said Committee shall not be in the nature of a hearing pursuant to New York Public Health Law §230, but shall, instead, be informal and intended only for the purpose of addressing any and all facts, evidence, circumstances, or issues which do or may relate to the advisability of terminating the suspension of my license. I understand and agree that the procedural nature of said proceeding shall be determined by the Board through the discretion of the Office of Professional Medical Conduct.

I agree that in the event I am charged with professional misconduct in the future, this agreement and order shall be admitted into evidence in that proceeding.

I hereby make this Application to the Board and request that it be granted.

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
DAVID A. FINEBERG, M.D.

CONSENT
ORDER

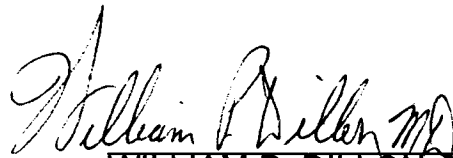
Upon the proposed agreement of DAVID A. FINEBERG, M.D.
(Respondent) for Consent Order, which application is made a part hereof, it is
agreed to and

ORDERED, that the application and the provisions thereof are hereby
adopted and so ORDERED, and it is further

ORDERED, that this order shall take effect as of the date of the personal
service of this order upon Respondent, upon receipt by Respondent of this order
via certified mail, or seven days after mailing of this order by certified mail,
whichever is earliest.

SO ORDERED.

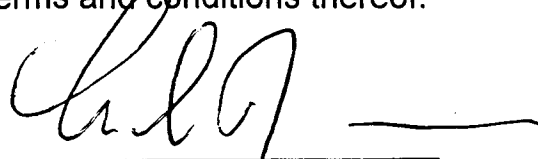
DATED: 6/12, 1999



WILLIAM P. DILLON, M.D.
Chairperson
State Board for Professional
Medical Conduct

The undersigned agree to the attached application of the Respondent and to the proposed penalty based on the terms and conditions thereof.

DATE: May 17, 1999




MARK FARRELL, Esq.
Attorney for Respondent

DATE: May 18, 1999



BRADLEY MOHR, Esq.
Senior Attorney
Bureau of Professional Medical Conduct

DATE: May 25, 1999



ANNE F. SAILE
Director
Office of Professional Medical Conduct

STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

-----X

IN THE MATTER : STATEMENT
OF : OF
DAVID A. FINEBERG, M.D. : CHARGES

-----X

DAVID A. FINEBERG, M.D., the Respondent, was authorized to practice medicine in New York State on June 11, 1990 by the issuance of license number 182262 by the New York State Education Department. Respondent is currently registered to practice medicine.

FACTUAL ALLEGATIONS

A. Respondent treated himself at his office and/or home from on or about December 4, 1997 and continuing to on or about January 22, 1999. Respondent's treatment of himself fell below acceptable standards of care in that:

1. Respondent self-prescribed the following Controlled Substances on 17 occasions: alprazolam (Schedule IV), hydrocodone bitartrate/APAP (Schedule III) and Percocet (oxycodone and acetaminophen) (Schedule II) as enumerated in Appendix A, without an adequate assessment.
2. Respondent diagnosed and/or treated himself without documenting an adequate medical history. (see Factual Allegation A-1)
3. Respondent diagnosed and/or treated himself without performing and/or documenting an adequate physical

EXHIBIT A

examination. (see Factual Allegation A-1)

4. Respondent self-prescribed Controlled Substances without adequate medical indication. (see Factual Allegation A-1)
6. Respondent self-prescribed Controlled Substances without maintaining contemporaneous records of said prescribing. (see Factual Allegation A-1)
7. Respondent wrote and/or renewed prescriptions on 17 occasions, for Controlled Substances as enumerated in Appendix A, (see Factual Allegation A-1) in the name of a patient and/or individual other than himself (said individual is identified in Appendix C) when in fact the prescriptions were not given to the patient and/or to the individual named on the prescription form and/or the prescriptions were filled by Respondent for his own use.

B. Respondent treated Patient B ((Lawrence Fineberg) (patient is identified in the attached Appendix C) at his office and/or home, from on or about February 13, 1997 to on or about November 2, 1998. Respondent's care of Patient B failed to meet acceptable standards of care, in that:

1. Respondent prescribed to Patient B, on 89 occasions the following Controlled Substances, as enumerated in Appendix B, hydrocodone bitartrate/APAP (Schedule III), and/or Percocet (oxycodone and aspirin) (Schedule II) in excessive quantities and for an inappropriately long period of time.
2. Respondent failed to obtain and/or document an adequate medical history. (see Factual Allegation B-1)
3. Respondent diagnosed and/or treated Patient B without performing and/or documenting an adequate physical examination. (see Factual Allegation B-1)
3. Respondent prescribed Controlled Substances for Patient B without an adequate assessment. (see Factual Allegation B-1)
4. Respondent prescribed Controlled Substances for Patient B without adequate medical indication. (see Factual Allegation B-1)
5. Respondent prescribed Controlled Substances, Controlled Substance, for Patient B without maintaining contemporaneous records of said prescribing. (see Factual Allegation B-1)

6. Respondent failed to maintain a complete and/or accurate contemporaneous medical record. (see Factual Allegation B-1)

SPECIFICATIONS

FIRST AND SECOND SPECIFICATIONS
GROSS NEGLIGENCE

Respondent is charged with gross incompetence in violation of New York Education Law 6530 (4) in that, Petitioner charges:

1. The facts in Paragraphs A and A.1, A and A.2, A and A.3, A and A.4, A and A.5, A and A.6, and/or A and A.7.
2. The facts in Paragraphs B and B.1, B and B.2, B and B.3, B and B.4, B and A.5, and/or B and B.6.

THIRD THROUGH FOURTH SPECIFICATIONS
GROSS INCOMPETENCE

Respondent is charged with gross incompetence in violation of New York Education Law 6530 (6) in that, Petitioner charges:

3. The facts in Paragraphs A and A.1, A and A.2, A and A.3, A and A.4, A and A.5, A and A.6, and/or A and A.7.
4. The facts in Paragraphs B and B.1, B and B.2, B and B.3, B and B.4, B and A.5, and/or B and B.6.

FIFTH SPECIFICATIONS
PRACTICING WITH NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with negligence on more than one occasion in violation of New York Education Law §6530(3), in that Petitioner charges two or more of the following:

5. The facts in paragraphs A and A.1, A and A.2, and/or A and A.3, A and A.4, A and A.5, A and A.6 and/or A and A.7; B and B.1, B and B.2, B and B.3, B and B.4, B and B.5 and/or B and B.6.

SIXTH SPECIFICATION
PRACTICING WITH INCOMPETENCE ON MORE THAN ONE OCCASION

Respondent is charged with incompetence on more than one occasion in violation of New York Education Law §6530(5), in that Petitioner charges two or more of the following:

6. The facts in paragraphs A and A.1, A and A.2, and/or A and A.3, A and A.4, A and A.5, A and A.6 and/or A and A.7; B and B.1, B and B.2, B and B.3, B and B.4, B and B.5 and/or B and B.6.

**SEVENTH AND EIGHT SPECIFICATIONS
FAILING TO MAINTAIN MEDICAL RECORDS**

Respondent is charged with having failed to maintain a record for each patient which accurately reflects his evaluation and treatment of the patient, in violation of New York Education Law §6530(32), in that Petitioner charges:

7. The facts in paragraphs A and A.1, A and A.2, A and A.3, A and A.4, A and A.5, A and A.6 and/or A and A.7;
8. The facts in paragraphs B and B.1, B and B.2, B and B.3, B and B.4, B and B.5 and/or B and B.6.

NINTH AND TENTH SPECIFICATIONS

**WILFUL OR GROSSLY NEGLIGENT VIOLATION OF A STATE REGULATION
GOVERNING THE PRACTICE OF MEDICINE**

Respondent is charged with having failed to maintain a written patient record of administration, dispensing and prescribing of all controlled substances which accurately reflects his evaluation and treatment of the patient as required by 10 NYCRR 80.62 (b),, in that Petitioner charges:

9. The facts in paragraphs A and A.1, A and A.2, A and A.3, A and A.4, A and A.5, a AND a.6 and/or A and A.7;
10. The facts in paragraphs B and B.1, B and B.2, B and B.3, B and B.4, B and B.5 and/or B and B.6.

ELEVENTH SPECIFICATION

**WILFUL OR GROSSLY NEGLIGENT VIOLATION OF A STATE LAW GOVERNING THE
PRACTICE OF MEDICINE**

Respondent is charged with having prescribed controlled substances to an addict or habitual user of controlled substances

in violation of Public health Law Section 3350 in that Petitioner charges:

11. The facts in paragraphs B and B.1, B and B.2, B and B.3, B and B.4, B and B.5 and/or B and B.6.

TWELFTH SPECIFICATION

FRAUDULENT PRACTICE

Respondent is charged with professional misconduct under N.Y. Educ. Law §6530(2) by reason of his having practiced the profession fraudulently, in that Petitioner charges:

12. The facts in paragraphs A and A.7;

THIRTEENTH SPECIFICATION

MORAL UNFITNESS

Respondent is charged with professional misconduct under N.Y. Educ. Law §6530(20) by reason of his having engaged in conduct in the practice of medicine which evidences moral unfitness to practice medicine, in that Petitioner charges:

13. The facts in paragraphs A and A.7;

DATED: *May 18*, 1999
Albany, New York

Peter D. Van Buren
PETER D. VAN BUREN
Deputy Counsel
Bureau of Professional
Medical Conduct

EXHIBIT B

1. I request, agree, and understand that the suspension of my license shall be terminated no earlier than six months from the effective date of this Order and only upon a showing to the satisfaction of a Committee on Professional Conduct of the State Board for Professional Medical Conduct (hereafter "Committee") that I am no longer incapacitated for the active practice of medicine and that I am both fit and competent to practice medicine. I understand that the determination that I am no longer incapacitated for the active practice of medicine shall be made solely by the Committee, and shall include, but not be limited to, a determination of successful completion of an approved course of therapy and/or training.

2. I request, agree, and understand that at the time that I request that a meeting of a Committee be scheduled, pursuant to paragraph 1, I will provide the Director of the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299, with the following:

- a. The signed acknowledgement from the sobriety monitor referred to in Exhibit C paragraph 4.
- b. The signed acknowledgement from the supervising physician referred to in Exhibit C paragraph 5.
- c. The signed acknowledgement from the health care professional referred to in Exhibit C paragraph 6.
- d. Certified true and complete copies of records of all evaluation and treatment, relating to my impairment, whether that evaluation and treatment occurred prior to or during the time this surrender is in effect. These records shall include documentation of the results of all urine/blood/breath tests conducted to detect the presence of drugs and/or alcohol.
- e. Fully executed waivers of patient confidentiality concerning any previous and prospective treatment records.
- f. A current in-depth chemical dependency evaluation by a health care professional in a licensed facility. Also, upon request of the Director of OPMC, an independent current psychiatric evaluation by a board

certified psychiatrist.

- g. A compliance report from the Medical Society of the State of New York Committee for Physician's Health, if I have been a participant in any activity or program thereof.
- h. My attendance at, participation in, and cooperation with any interview conducted by personnel of OPMC, upon the request of the Director thereof.

Provision of the aforesaid documents does not constitute a showing that I am no longer incapacitated for the active practice of medicine.

3. At the proceeding referred to in paragraph 1, I will provide the committee, at a minimum, with the following:

- a. Certified true and complete and current records of all psychiatric, psychological, and/or any other mental health treatment, evaluation, and/or testing, whether in an out-patient, in-patient, office, consultation setting.
- b. Evidence of compliance with the terms of a continuing after-care out-patient treatment plan that addresses the major problems associated with my illness. The aforesaid evidence must be submitted to the Office of Professional Medical Conduct no later than fourteen days prior to the scheduled proceeding. Failure to timely submit any item of such evidence may, in the discretion of the Committee, result in preclusion of such evidence or an adjournment of said proceeding to a later date, in order to provide the Committee with a full opportunity to review such evidence. Such adjournment shall be to a date no earlier than fourteen days after submission of the required evidence to the Office of Professional Medical Conduct, but may be to a later date determined by the members of the Committee. Submission of the aforesaid evidence does not constitute a showing that I am no longer incapacitated for the active practice of medicine.

Submission of the aforesaid evidence does not constitute a showing that I am no longer incapacitated for the active practice of medicine.

4. I request, agree, and understand that if the Chairperson of the

Committee issues an order (Order) finding that I am no longer incapacitated for the active practice of medicine, thereby terminating the suspension of my license, the Order shall further impose a period of probation, pursuant to New York Public Health Law §230-a, during which my practice of medicine shall be subject to conditions as described in Exhibit C.

EXHIBIT C

TERMS OF PROBATION

My practice shall be subject to the following terms of probation for a period of no less than five years:

1. I will remain drug and alcohol free.
2. I will comply with the terms of a continuing after-care treatment plan that addresses the major problems associated with my illness.
3. At the direction of the Director of OPMC, I will submit to periodic interviews with, and evaluations by, a board certified psychiatrist or other licensed mental health practitioner designated by the Director. Said practitioner shall report to the Director regarding my condition and my fitness or incapacity to practice medicine.
4. My sobriety will be monitored by a health care professional, proposed by me and approved in writing by the Director of OPMC.
 - a. Said monitor shall be familiar with my history of chemical dependence, with this suspension and with the terms of probation to be set forth.
 - b. Said monitor shall see me at least twice during a quarter.
 - c. Said monitor shall direct me to submit to unannounced tests of my blood, breath and/or urine for the presence of drugs or alcohol and shall report to OPMC within 24 hours if at any time such a test is refused by me or is positive.
 - d. Said monitor shall report to OPMC any noncompliance with the imposed conditions.
 - e. Said monitor shall not be a personal friend.
 - f. Said monitor shall submit to OPMC quarterly reports wither certifying my compliance or detailing my failure to comply with each of the conditions imposed. The reports shall include the results of all body fluid and/or breath tests for drugs and/or

alcohol performed during that quarter.

5. I will be supervised in my medical practice by a licensed physician, proposed by me and approved in writing by the Director of OPMC. Said supervising physician shall be familiar with my history of chemical dependency, with this suspension and with the terms of probation to be set forth. Said supervising physician shall supervise my compliance with the conditions of practice to be imposed. Said supervising physician shall be in a position regularly to observe and assess my medical practice.

- a. Said supervising physician shall have the authority to direct me to submit to unannounced tests of my blood, breath, and/or urine for the presence of drugs or alcohol and shall report to OPMC within 24 hours if at any time such a test is refused by me or is positive.
- b. Said supervising physician shall submit to OPMC quarterly reports regarding the quality of my medical practice, any unexplained absences from work and certifying my compliance or detailing my failure to comply with each condition imposed.
- c. Said supervising physician shall report any suspected impairment, inappropriate behavior, questionable medical practices or possible misconduct to OPMC.

6. I will continue in treatment with a health care professional, proposed by me and approved, in writing, by the Director of OPMC, for as long as the health care professional determines it is necessary.

- a. My treating health care professional or program shall submit to OPMC quarterly reports certifying that I am complying with the treatment.
- b. Said treating health care professional shall report to OPMC immediately if I am noncompliant with my treatment plan or if I demonstrate any significant pattern of absences.

7. I agree that the preceding terms set out in paragraphs 1-6 shall be

the minimum probation terms, related to my fitness to practice, to be imposed on my practice, and that other terms may be added by the Committee at the time of termination of my suspension, and that the costs of complying with all such terms will be my responsibility. I understand that any failure by me to comply with the conditions imposed upon my practice at the time of termination of my suspension, may result in disciplinary action being brought against me charging professional misconduct as defined by the New York State Education Law, including but not limited to N.Y. Educ. Law Section 6530(29) (McKinney Supp. 1999). That section defines professional misconduct to include "violating any... condition... imposed on the licensee pursuant to section two hundred thirty of the public health law."

8. I agree that upon any denial of termination of my suspension made by the Committee, I shall not again request convening of a Committee until a minimum period of six months has elapsed since such denial.

9. I agree that in addition to the terms set out in paragraphs 1-6 and any other terms imposed by added by the Committee upon restoration of my license, I shall also be subject to the following standard terms of probation:

- a. I shall conduct myself in all ways in a manner befitting my professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and by my profession.
- b. I shall submit written notification to the New York State Department of Health addressed to the Director of the Office of Professional Medical Conduct, 433 River Street, Suite 303, Troy, NY 12180-2299; said notice is to include a full description of any employment and practice, professional and residential addresses and telephone numbers within or without New York State, and any and all investigations, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty days of each action.
- c. I shall fully cooperate with and respond in a timely manner to requests from OPMC to provide written periodic verification of my compliance with the terms of this Order. I shall personally meet with a person designated by the Director of OPMC as requested by the

Director.

- d. Any civil penalty not paid by the date prescribed herein shall be subject to all provisions of law relating to debt collection by New York State. This includes but is not limited to the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection; and non-renewal of permits or licenses [Tax Law section 171(27)]; State Finance Law section 18; CPLR section 5001; Executive Law section 32].
- e. The period of probation shall be tolled during periods in which I am not engaged in the active practice of medicine in New York State. I shall notify the Director of OPMC, in writing, if I am not currently engaged in or intend to leave the active practice of medicine in New York State for a period of thirty (30) consecutive days or more. I shall then notify the Director again prior to any change in that status. The period of probation shall resume and any terms of probation which were not fulfilled shall be fulfilled upon my return to practice in New York State. The tolling provision set forth in this paragraph may be waived by the Director of the OPMC, in the Director's discretion.
- f. My professional performance may be reviewed by the Director of OPMC. This review may include, but shall not be limited to, a review of office records, patient records and/or hospital charts, interviews with or periodic visits with me and my staff at practice locations or OPMC offices.
- g. I shall maintain legible and complete medical records which accurately reflect the evaluation and treatment of patients. The medical records shall contain all information required by State rules and regulations regarding controlled substances.
- h. I shall comply with all terms, conditions, restrictions, limitations and penalties to which I am subject pursuant to the Order and I shall assume and bear all costs related to compliance. Upon receipt of evidence of noncompliance with, or any violation of these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding and/or any such other proceeding against me as may be authorized pursuant to the law.

Pharmacy	Rx#/Rfl	Patient	Date Writ	Date Disp	DrugStr	Qty	MDD	Days' Supply
	4540369	R. Fineberg	12/4/97	12/7/97	alprazolam	0.25	120	4 30
Eckrd-Trans								
	4553427	R. Fineberg	2/17/98	2/17/98	alprazolam	0.25	120	6 20
Eckrd-Trans								
	4435762	R. Fineberg	12/24/98	12/24/98	alprazolam	.25	120	4 30
Eckrd-Klein								
	4403273	R. Fineberg	1/22/99	1/23/99	alprazolam	.25	120	4 30
Wegs-Trans								
					alprazolam			Total 480 110
	689459	R. Fineberg	10/2/98	10/2/98	hydroco/APAP7.5	60	6	6 10
CVS-Ntown								
	3448194-0	R. Fineberg	11/3/98	11/3/98	hydroco/APAP7.5	60	6	6 10
VIX-Trans								
					hydroco/APAP			Total 120 20
	2540368	R. Fineberg	12/4/97	12/7/97	methylphen	10	120	4 30
Eckrd-Trans								
	2547214	R. Fineberg	1/16/98	1/16/98	methylphen	10	120	4 30
Eckrd-Trans								
	2200068	R. Fineberg	1/27/98	1/28/98	methylphen	10	120	4 30
Targ-Wms								
	2553426	R. Fineberg	2/17/98	2/17/98	methylphen	10	120	4 30
Eckrd-Trans								
	2200084	R. Fineberg	3/7/98	3/8/98	methylphen	10	120	4 30
Targ-Wms								
	253078	R. Fineberg	3/13/98	3/15/98	methylphen	10	120	6 20
Walgrms-Sher								
	2204674	R. Fineberg	6/12/98	6/13/98	methylphen	10	120	4 30
Wegs-Sher								
	2435763	R. Fineberg	12/24/98	12/24/98	methylphen	10	120	4 30
Eckrd-Klein								
	2200632	R. Fineberg	1/22/99	1/23/99	methylphen	10	180	6 30
Wegs-Trans								
					methylphen			Total 1140 260
	111416	R. Fineberg	10/11/97	10/12/97	Percocet	60	6	6 10
R/A-Sher								

Appendix A

Pharmacy	Rx#/Rfl	Patient	Date Writ	Date Disp	DrugStr	Qty	MDD	Supply
R/A-Sher	85852-0	L. Fineberg	2/13/97	2/14/97	hydroco/APAP7.5	60	6	10
R/A-Sher	85852-1	L. Fineberg	2/13/97	2/22/97	hydroco/APAP7.5	60	6	10
R/A-Sher	85852-2	L. Fineberg	2/13/97	3/1/97	hydroco/APAP7.5	60	6	10
Eckrd-Trans/Mpl	3488607-0	L. Fineberg	3/8/97	3/8/97	hydroco/APAP7.5	60	6	10
Eckrd-Trans/Mpl	3488607-1	L. Fineberg	3/8/97	3/14/97	hydroco/APAP7.5	60	6	10
Eckrd-Trans/Mpl	3491024-0	L. Fineberg	3/21/97	3/21/97	hydroco/APAP7.5	60	6	10
Eckrd-Trans/Mpl	3491024-1	L. Fineberg	3/21/97	3/27/97	hydroco/APAP7.5	60	6	10
Eckrd-Trans/Mpl	3495490	L. Fineberg	4/19/97	4/20/97	hydroco/APAP7.5	60	6	10
R/A-Mapl/N. For	50895-0	L. Fineberg	5/1/97	5/1/97	hydroco/APAP7.5	60	6	10
R/A-Mapl/N. For	50895-1	L. Fineberg	5/1/97	5/5/97	hydroco/APAP7.5	60	6	10
R/A-Mapl/N. For	50895-2	L. Fineberg	5/1/97	5/12/97	hydroco/APAP7.5	60	6	10
Eckrd-NFBld	3695094-0	L. Fineberg	5/20/97	5/20/97	hydroco/APAP7.5	60	6	10
Eckrd-Trans/Mpl	3695094-0	L. Fineberg	5/20/97	5/20/97	hydroco/APAP7.5	60	6	10
Eckrd-NFBld	3695094-1	L. Fineberg	5/20/97	5/25/97	hydroco/APAP7.5	60	6	10
Eckrd-Trans/Mpl	3695094-1	L. Fineberg	5/20/97	5/25/97	hydroco/APAP7.5	60	6	10
Eckrd-NFBld	3695094-2	L. Fineberg	5/20/97	6/6/97	hydroco/APAP7.5	60	6	10
Eckrd-Trans/Mpl	3695094-2	L. Fineberg	5/20/97	6/6/97	hydroco/APAP7.5	60	6	10
Eckrd-Trans/Mpl	3514468-0	L. Fineberg	6/16/97	6/16/97	hydroco/APAP7.5	60	6	10
Eckrd-Trans/Mpl	3514468-1	L. Fineberg	6/16/97	6/23/97	hydroco/APAP7.5	60	6	10

Appendix B

Eckrd-Trans/Mpl

3514468-2	L. Fineberg	6/16/97	6/29/97	hydroco/APAP7.5	60	6	10
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Eckrd-Trans/Mpl

3107212-0	L. Fineberg	7/6/97	7/6/97	hydroco/APAP7.5	60	6	10
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Tops-Trans

3107212-1	L. Fineberg	7/6/97	7/21/97	hydroco/APAP7.5	60	6	10
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Tops-Trans

3107212-2	L. Fineberg	7/6/97	7/27/97	hydroco/APAP7.5	60	6	10
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Tops-Trans

3215904-0	L. Fineberg	8/1/97	8/1/97	hydroco/APAP7.5	60	6	10
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Eckrd-Trans/Mpl

233684-1	L. Fineberg	12/10/97	12/15/97	hydroco/APAP7.5	60	6	10
Walgms-Sher							
233684-2	L. Fineberg	12/10/97	12/19/97	hydroco/APAP7.5	60	6	10
Walgms-Sher							
119509-0	L. Fineberg	12/24/97	12/24/97	hydroco/APAP7.5	60	6	10
R/A-Sher							
119509-2	L. Fineberg	12/24/97	12/28/97	hydroco/APAP7.5	60	6	10
R/A-Sher	MD auth. early fill						
119509-1	L. Fineberg	12/24/97	12/28/97	hydroco/APAP7.5	60	6	10
R/A-Sher							
3231505-0	L. Fineberg	1/21/98	1/21/98	hydroco/APAP7.5	60	6	10
Eckrd-Evans							

Pharmacy	Rx#/Rfl	Patient	Date Writ	Date Disp	DrugStr	Qty	MDD	Days' Supply
Eckrd-Evans	3231505-1	L. Fineberg	1/21/98	1/25/98	hydroco/APAP7.5	60	6	10
Walgrms-Sher	245985-0	L. Fineberg	2/8/98	2/8/98	hydroco/APAP7.5	60	6	10
Eckrd-Lkpt	3813132-0	L. Fineberg	2/17/98	2/17/98	hydroco/APAP7.5	60	6	10
Walgrms-Sher	248654	L. Fineberg T/O, > dose	2/21/98	2/21/98	hydroco/APAP7.5	40	8	5
Eckrd-Lkpt	3613132-1	L. Fineberg	2/17/98	2/24/98	hydroco/APAP7.5	60	6	10
Walgrms-Sher	245985-1	L. Fineberg	2/8/98	2/28/98	hydroco/APAP7.5	60	6	10
R/A-Sher	128344-0	L. Fineberg	3/9/98	3/10/98	hydroco/APAP7.5	60	6	10
Walgrms-Sher	245985-2	L. Fineberg	2/8/98	3/13/98	hydroco/APAP7.5	60	6	10
R/A-Sher	128344-1	L. Fineberg	3/9/98	3/18/98	hydroco/APAP7.5	60	6	10
Eckrd-Trans/Mpl	3561664-0	L. Fineberg	3/23/98	3/23/98	hydroco/APAP7.5	100	8	12.5
Eckrd-Trans/Mpl	3561664-1	L. Fineberg	3/23/98	3/30/98	hydroco/APAP7.5	100	8	12.5
Eckrd-Trans/Mpl	3561664-2	L. Fineberg early fill	3/23/98	4/6/98	hydroco/APAP7.5	100	8	12.5
R/A-Sher	132098-0	L. Fineberg	4/14/98	4/14/98	hydroco/APAP7.5	60	6	10
R/A-Sher	132098-1	L. Fineberg	4/14/98	4/18/98	hydroco/APAP7.5	60	6	10
R/A-Sher	132098-2	L. Fineberg	4/14/98	4/23/98	hydroco/APAP7.5	60	6	10
R/A-Sher	140840-0	L. Fineberg	7/2/98	7/2/98	hydroco/APAP7.5	60	6	10
R/A-Sher	140840-1	L. Fineberg	7/2/98	7/12/98	hydroco/APAP7.5	60	6	10
Eckrd-Trans/Mpl	3584638-0	L. Fineberg	7/17/98	7/17/98	hydroco/APAP7.5	60	6	10
Eckrd-Trans/Mpl	3584638-1	L. Fineberg	7/17/98	7/22/98	hydroco/APAP7.5	60	6	10

