

Sample Patient Profile Report

| Facility | Patient Name | Patient ID# | Drug | Doctor Name | Rx # | Fill Date | Dsp Qty | SIG |
|----------------------------------|--------------|-------------|---------------------------------------|-------------|----------|-----------|---------|---|
| EASTERN CORR INST ANNEX (112) | | | PARICALCITOL (ZEMPLAR) 1MCG | | 15004166 | 1/12/2016 | 30 | TAKE 1 CAPSULE BY MOUTH EVERY DAY >> NON-FORMULARY APPROVED << EXPIRES 4/13/2016 |
| EASTERN CORR INST WEST (109) | | | ARANESP PFS 4X.5ML 100MCG/.5ML SYR | | 15247093 | 1/27/2016 | 2 | INJECT 1 DOSE SUBCUTANEOUSLY WEEKLY X 2 WEEKS >> NON-FORM APPROVED << EXP 02/15/2016 |
| EASTERN CORR INST WEST (109) | | | ARANESP PFS 4X.5ML 100MCG/.5ML SYR | | 15191949 | 1/19/2016 | 1 | INJECT SUBCUTANEOUSLY EVERY OTHER WEEK FOR 6 WEEKS >> NON-FORM APPROVED << EXP 02/28/2016 |
| EASTERN CORR INST WEST (109) | | | ARANESP PFS 4X.5ML 100MCG/.5ML SYR | | 15191949 | 1/18/2016 | 1 | INJECT SUBCUTANEOUSLY EVERY OTHER WEEK FOR 6 WEEKS >> NON-FORM APPROVED << EXP 02/28/2016 |
| EASTERN CORR INST WEST (109) | | | ARANESP PFS 4X.5ML 100MCG/.5ML SYR | | 15016751 | 1/4/2016 | 1 | INJECT 100MCG AS DIRECTED EVERY OTHER WEEK >> NON-FORMULARY APPROVED << (1/28/16) |
| EASTERN CORR INST WEST (109) | | | ARANESP PFS 4X.5ML 100MCG/.5ML SYR | | 15246862 | 1/27/2016 | 0 | ONE DOSE SUBCUT ONCE WEEKLY X 2 WEEKS >>NEED NON-FORM APPROVAL<< |
| HAGERSTOWN MCIH INF (102) | | | PROCRIT 2ML 10,000U/ML VIAL | | 15235966 | 1/26/2016 | 16 | 1ML SUBCUTANEOUSLY EVERY MON AND THURSDAY FOLLOWING WITH H/H IN FOUR WEEKS DX ANEMIA |