



An electronic prescription was created & transmitted to you on Dec-23-2021 CST by WENO Exchange (WENO).

Until your system is capable, retrieve transmission on WENO Online: go to [online.wenoexchange.com](http://online.wenoexchange.com) & enter pharmacy code XXXXXX. View its DEA Part 1311.205 pharmacy application audit before accessing this free service.

**Warning:** Unless reporting a temporary failure, dispense from the electronic version OR this fax notice if fax is an otherwise valid prescription. Requiring a new version before dispensing, without a qualifying exception, will obstruct the patient from obtaining their prescription which was electronically prescribed according to state/federal laws.

To report a temporary failure or get help: Contact Kara from WENO at 877-890-3726 [wenoexchange.com](http://wenoexchange.com)

Prescriber	Supervising Prescriber	Pharmacy
Kimberly Whitesell NPI #: 1093910317 DEA # BW4441313 State License #: 9759 PH: 603-742-9550 3 LAKEVIEW DR, DOVER, NH 03820		CVS PHARMACY #10463 NCPDP ID: 3061594 NPI #: 1225470966 PH: 603-742-3995 Fax: 603-742-8180 118 CENTRAL AVE, DOVER, NH 03820

Message ID: 5d42fa09838c49c69df9836142bca343 Rx Reference/Serial #:

Patient: [REDACTED] Gender: M DOB: [REDACTED]  
[REDACTED], DOVER, NH 03820, USA

Vitals:

Allergies:

PH: Responsible Party:

Written: Dec-23-2021 CST Effective: Dec-23-2021 CST

Drug: LOrazepam 0.5 MG Oral Tablet

Quantity: 30 (thirty) tablet Days Supply: 30 (thirty) Refills: 1 (one) DEA Schedule: IV

Directions: 1 tab po daily prn anxiety

Note:

Diagnosis: Generalized anxiety disorder

Substitution: Allowed

Signature on the electronic version: Digital

If prescriber manually signed this version it was device captured.

Benefit Coordination					
IIN (BIN)	PCN	Group ID	Card Holder ID	Payer Type	Support PH#
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Discount Program	877-459-8-74

Confidential: If you are not the intended recipient email the message ID to [admin@wenoexchange.com](mailto:admin@wenoexchange.com) then destroy.

NOTE: While the Rx details herein will not change, the format & supplemental details are subject to version changes



An electronic prescription was created & transmitted to you on Jan-24-2022 CST by WENO Exchange (WENO)

Until your system is capable, retrieve transmission on WENO Online: go to online [wenoexchange.com](http://wenoexchange.com) & enter pharmacy code 4154797. View its DEA Part 1311.205 pharmacy application audit before accessing this free service.

**Warning:** Unless reporting a temporary failure, dispense from the electronic version OR this fax notice if fax is an otherwise valid prescription. Requiring a new version before dispensing, without a qualifying exception, will obstruct the patient from obtaining their prescription which was electronically prescribed according to state/federal laws

To report a temporary failure or get help: Contact Kara from WENO at 877-890-3726 [wenoexchange.com](http://wenoexchange.com)

Prescriber	Supervising Prescriber	Pharmacy
Kimberly Whitesell NPI #: 1093910317 DEA # BW4441313 State License #: 9759 PH: 603-742-9550 3 LAKEVIEW DR, DOVER, NH 03820		OMNICARE OF NEW HAMPSHIRE NCPDP ID: 3004710 NPI #: 1477646982 PH: 603-625-6406 Fax: 800-540-8060 13 COMMERCE AVENUE, LONDONDERRY, NH 03053

Message ID: 1e9201c761ad4c939dd09e053135335b

Rx Reference/Serial #:

Patient: [REDACTED] Gender: M DOB: Jul-09-1990  
 [REDACTED] NH 03301, USA

Vitals:

Allergies:

PH: Responsible Party: [REDACTED]

Written: Jan-24-2022 CST Effective: Jan-24-2022 CST

Drug: LORazepam 0.5 MG Oral Tablet

Quantity: 30 (thirty) tablet Days Supply: 30 (thirty) Refills: 0 (zero) DEA Schedule: IV

Directions: 1 TAB PO DAILY

Note:

Diagnosis: Anxiety disorder, unspecified

*K Whitesell*

Substitution: Allowed

Signature on the electronic version: Digital

If prescriber manually signed this version it was device captured.

Benefit Coordination					
HN (BIN)	PCN	Group ID	Card Holder ID	Payer Type	Support PH#
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Discount Program	877-459-8474

Confidential: If you are not the intended recipient email the message ID to [admin@wenoexchange.com](mailto:admin@wenoexchange.com) then destroy.

NOTE: While the Rx details herein will not change, the format & supplemental details are subject to version changes

*Handwritten notes:*  
 1/24/22  
 1/24/22  
 Confirmed  
 LTCF P...

*Handwritten note:* positive only due to digital signature



DWF0027

Order Status Display

05/03/2022

Filling Company : 2 Omnicare of New Hampshire

-----  
Rx #: R11326594    Fill date : 01/25/2022    Status : MANIFEST  
Delivery code    : R1600            (WF ID:71739941)    Delivery tote    : G2-2020C  
Facility #/name : 433 NeuroInternational Concord    Station        : ALPHA/8/A  
Patient #/name   : ████████████████████            Trans. type     : NEW  
Item description : 53222 LORAZEPAM 0.5MG TABLET (    Shipped qty    : 0  
SIG directions   : 1 TAB PO QD - NRR

Order Entered    : ALITTLE1 @ 10:31am EST on 01/25/2022    Ship date    : 01/25/2022  
PV1 Batch        : 321261S\_50CF9CNR200000J  
PV1 Held         :  
PV1 Verified    : ESEKNAL @ 11:00am EST on 01/25/2022  
Labeled         :  
Last PV2 Scan   :  
Last Tote Scan   :  
Manifested      :  
Notes            :

-----  
ENTER (F)INISHED TO EXIT, (M)TS INFO, (R)EASON LABEL WAS NOT SUPPRESSED,    ..  
(S)CAN DETAIL, (D)ELIVERY CODE HISTORY, (V)IEW THE ASSOCIATED DOCUMENT

KIMBERLY WHITESELL MD  
3 LAKEVIEW DR, DOVER NH 03820  
603-742-9550 fax: 603-749-4636

LIC: 9759  
DEA: BW44413-3  
NPI: 1093910317

Name:	[REDACTED]	Date written:	2/25/2022
DOB:	[REDACTED]		
Address:	[REDACTED]		
Rx:	D/C LORAZEPAM 1 MG TAB PRN AT THE RESIDENCE WHILE HOME VISITING, MOTHER MAY GIVE		
	LORAZEPAM 1 MG TAB	Quantity:	30
	1 TAB PO BID PRN AGITATION WITH AT LEAST 4 HOUR BETWEEN DOSES	Refills:	0
	QTY: 30 EA		
	DRUG: LORAZEPAM 1MG TABLET		
	DATE: 02/25/2022		
	A generic or controlled substance may be dispensed provided no check mark appears in the box. <input type="checkbox"/>		
Signature:	[Handwritten Signature]		

RX#: R11369171  
PRESCRIBER:  
KIMBERLY WHITESELL  
DOVER NH 03820-2111  
DEA# KIMBERLY WHITESELL

R11369171  
**RX:**  
**LTCF PATIENT CONTROL**  
**2/26/2022**

*Copy  
not for  
dispensing*

KIMBERLY WHITESELL MD  
3 LAKEVIEW DR, DOVER NH 03820  
603-742-9550 fax 603-745-4536

LIC. 9759  
DEA BWA4413-3  
NPI 1093910377

Name	[REDACTED]	Date written	2/25/2022
DOB	[REDACTED]		
Address	[REDACTED]		
Rx:	D/C LORAZEPAM 1 MG TAB PRN AT THE RESIDENCE WHILE HOME VISITING, MOTHER MAY GIVE LORAZEPAM 1 MG TAB		
	1 TAB PO BID PRN AGITATION WITH	AT LEAST 4 HOURS BETWEEN DOSES	Quantity: 30
		DRUG: LORAZEPAM 1MG TABLET	Refill: 0
		DATE: 02/25/2022	
Signature:	[Handwritten Signature]	A generic or controlled substance may be dispensed provided no check mark appears in the box <input type="checkbox"/>	

RX#: R11369171  
5031549885  
PRESCRIBER:  
KIMBERLY WHITESELL  
DOVER NH 03820  
DEA# KIMBERLY WHITESELL

R11369171  
**RX:**  
**LTCF PATIENT CONTROL**  
**2/26/2022**



DWF0027

Filling Company : 2 Omnicare of New Hampshire

05/03/2022

Order Status Display

Rx #: R11369171      Fill date : 02/26/2022      Status : MANIFEST  
 Delivery code : R2030SA      (WF ID:71995202)      Delivery tote : B2-2070C  
 Facility #/name : 432 Neurointernational Belmont Station      Trans. type : ALPHA//  
 Patient #/name : [REDACTED]      Shipped qty : 30  
 Item description : 55266 LORAZEPAM 1MG TABLET LEA      SIG directions : 1 TAB PO BID PRN F AG C AT LEAST 1 HOUR BETWEEN DOSES  
 Order Entered : DGOWIN @ 12:58pm EST on 02/26/2022      Ship date : 02/26/2022  
 PV1 Batch : 321Z62S\_520FH1WM800006J  
 PV1 Held :  
 PV1 Verified : ESEHNAL @ 01:14pm EST on 02/26/2022  
 Labeled : CBONANNO @ 01:43pm EST on 02/26/2022, Batch#4571409, 1/1 lab  
 Last PV2 Scan : ANMEDINA @ 04:31pm EST on 02/26/2022, 1/1 scan (Filler CBON  
 Last Tote Scan : SALQAYSI @ 06:25pm EST on 02/26/2022, 1/1 scan  
 Manifested : CBONANNO @ 06:34pm EST on 02/26/22, Batch# 2200973  
 Notes :

ENTER (F)INISHED TO EXIT, (A)LV INFO, (M)TS INFO, (R)EASON LABEL WAS NOT  
 SUPPRESSED, (S)CAN DETAIL, (D)ELIVERY CODE HISTORY, (V)IEW THE ASSOCIATED  
 DOCUMENT



**Omnicare**  
a CVS Health company

R1600!

Controlled Substance Verbal  
Prescription Order from Practitioner



Date: 2/23/22

Time: 12:13 PM

Paged Time: \_\_\_\_\_

Facility Name

432 New Balance

Resident Full Name

[Redacted]

D.O.B.

R11364625

Resident Address

[Redacted]

Allergies

RX:

City

[Redacted]

LTCF PATIENT CONTROL

Medication Name/Strength

Ativan

RX#: R11364625  
NDC: 69315096406  
QT: 60 EA TAB  
DATE: 02/23/2022  
PATIENT ADDRESS:  
[Redacted]

CII Dispense Quantity

Numeric

Quantity to be withdrawn from CII eKit

CIII-CV Dispense Quantity

Numeric

Quantity to be withdrawn from CIII-CV eKit

Directions

T po BID

PRESCRIBER:  
KIMBERLY WHITESELL  
3 LAKEVIEW DR  
DOVER NH 03820-2111  
DEA#: BW4441313

Supply not for dispensing

Refills

5

(valid for CIII-CV only)

Maximum Daily Dose

Indications

Practitioner Name

Kimberly Whitesell

Practitioner Address

3 Lakeview Dr

City

Dover

State

NH

Zip

Supervisor MD (if ARNP or PA)

Practitioner DEA#

BW4441313

Dispensed as written

Nurse/Agent

CALLER BY KIMBERLY WHITESELL

(only CIII-CV)

Signature of Pharmacist

[Signature]

Printed Name

Erik Schmal

Rx Number

For CII Emergency Practitioner will:

- Fax written, signed prescription
- Mail written, signed prescription
- LTCF patient emergency CII dispensing
- Other

Authorization for Emergency Dispensing on \_\_\_\_\_ (Date)

Notes:

pt not send R1600

DAW

Check if Rx needs to be dispensed as written



R1600!

Controlled Substance Verbal  
Prescription Order from Practitioner



Date: 2/23/22

Time: 12:13 AM

Paged Time:

Facility Name

432 Newns Belmont

Resident Full Name

D.O.B.

R11364625

Resident Address

Allergies

RX:

City

LTCF PATIENT CONTROL

Medication Name/Strength

Ativan

RX#: R11364625  
NDC: 69315090406  
QTY: 60 EA TAB  
DRUG: LORAZEPAM 0.5MG TABLETS  
DATE: 02/23/2022  
PATIENT ADDRESS:  
[Redacted]

CII Dispense Quantity  
Quantity to be withdrawn from CII eKit

Numeric

CIII-CV Dispense Quantity  
Quantity to be withdrawn from CIII-CV eKit

Numeric

60

PRESCRIBER:  
KIMBERLY WHITESELL  
3 LAKEVIEW DR  
DOVER NH 03820-2111  
DEA#: BW4441313

Directions

T po BID

Refills

5

(valid for CIII-CV only)

Maximum Daily Dose

Indications

Dependent

Practitioner Name

Kimberly Whitesell

Practitioner Address

3 Lakeview Dr

City

Dover

State

NH

Zip

Supervisor MD (if ARNP or PA)

Practitioner DEA#

BW4441313

Dispensed as written

Nurse/Agent

CALLER IN BY KIMBERLY WHITESELL

Signature of Pharmacist

(only CIII-CV)

Printed Name

Erik Schmal

Rx Number

For CII Emergency Practitioner will:

- Fax written, signed prescription
- Mail written, signed prescription
- LTCF patient emergency CII dispensing
- Other

Authorization for Emergency Dispensing

on (Date)

Notes:

pt not send R1600

DAW

Check if Rx needs to be dispensed as written





KIMBERLY WHITESELL MD  
3 LAKEVIEW DR, DOVER NH 03820  
603-742-9550, fax: 603-749-4636

RX: R11356687

LIC: 9759  
DEA#: 441313  
093910317

**ETCF PATIENT CONTROL**

2/17/2022

Date written: 2/16/2022

Name:	[REDACTED]	✓
DOB:	[REDACTED]	
Address:	[REDACTED]	✓
Rx:	LORAZEPAM 1 MG TAB	✓
1 TAB PO BID PRN ANXIETY WITH AT LEAST ONE HOUR BETWEEN DOSES		
FAXED TO 800-540-8060		
NOTE: THIS SCRIPT REPLACES ELECTRONIC VERSION SENT TO		
OMNICARE 2/15/2022	RX#: R11356687	Quantity: 30
	NDC: 69315090505	Refills: 5
	QTY: 30 EA	
	DRUG: LORAZEPAM 1 MG TAB	
	DATE: 02/17/2022	
Signature: <i>K White</i>	PATIENT ADDRESS: [REDACTED]	

PRESCRIBER:  
KIMBERLY WHITESELL  
3 LAKEVIEW DR  
DOVER NH 03820-2111  
DEA#: BW4441313

*Handwritten notes:*  
2/17/2022  
[unclear]

KIMBERLY WHITESELL MD  
3 LAKEVIEW DR, DOVER NH 03820  
603-742-9550, fax: 603-749-4636

RX: R11356687

LIC: 9759  
BW4441313  
093910317

LTCF PATIENT CONTROL

2/17/2022

Date written: 2/16/2022

Name:	[REDACTED]
DOB:	[REDACTED]
Address:	[REDACTED]
Rx	LORAZEPAM 1 MG TAB
	1 TAB PO BID PRN ANXIETY WITH AT LEAST ONE HOUR BETWEEN DOSES
	FAXED TO 800-540-8060
NOTE: THIS SCRIPT REPLACES	ELECTRONIC VERSION SENT TO
OMNICARE 2/15/2022	RX#: R11356687
	NDC: 69315090505
	QTY: 30 EA
	DRUG: LORAZEPAM 1MG TAB
	DATE: 02/17/2022
	PATIENT ADDRESS:
	[REDACTED]
Signature:	<i>[Handwritten Signature]</i>
	<input type="checkbox"/> A generic or chemically equivalent drug is being dispensed. If no check mark appears in the box <input checked="" type="checkbox"/>

PRESCRIBER:  
KIMBERLY WHITESELL  
3 LAKEVIEW DR  
DOVER NH 03820-2111  
DEA#: BW4441313

*Copy not for dispensing*

DWF0027

Order Status Display

05/03/2022

Filling Company : 2 Omnicare of New Hampshire

-----  
Rx #: R11356687    Fill date : 02/22/2022    Status : MANIFEST  
Delivery code    : R1600            (WF ID:71957095)    Delivery tote    : 82-2075C  
Facility #/name : 434 Neurointernational Webster Station    : ALPHA/6/A  
Patient #/name   : ████████████████████                            Trans. type     : REFILL  
Item description : 53266 LORAZEPAM 1MG TABLET LEA    Shipped qty     : 30  
SIG directions   : 1 TAB PO BID PRN F ANX (AT LEAST 1 HOUR BETWEEN DOSES)

Order Entered    : NONMENU @ 07:36am EST on 02/22/2022    Ship date : 02/22/2022  
PVi Batch        :  
PVi Held         :  
PVi Verified     :  
Labeled          : CINCHAMB @ 09:37am EST on 02/22/2022, Batch#4567580, 1/1 lab  
Last PV2 Scan    : EJONES2 @ 01:11pm EST on 02/22/2022, 1/1 scan (Filler CINC  
Last Tote Scan   : SALQAYSI @ 03:22pm EST on 02/22/2022, 1/1 scan  
Manifested       : CINCHAMB @ 03:27pm EST on 02/22/22, Batch# 2200035  
Notes            :

-----  
ENTER (F)INISHED TO EXIT, (A)LV INFO, (M)TS INFO, (R)EASON LABEL WAS NOT  
SUPPRESSED, (S)CAN DETAIL, (D)ELIVERY CODE HISTORY, (V)IEW THE ASSOCIATED  
DOCUMENT, (E)LECTRONIC ORDER TIMESTAMPS





KIMBERLY WHITESELL MD  
3 LAKEVIEW DR, DOVER NH 03820  
603-742-9550

**RX: R11383482**  
**LTCF PATIENT CONTROL**

LIC: 9759  
DEA: BW4441313  
NPI: 1093910317

Name:	[REDACTED]	Date written:	2/8/2022
DOB:	[REDACTED]	To be filled on/after:	2/9/2022
Address:	[REDACTED]		
Medication:	VYVANSE 70 MG CAP		
Instructions:	ONE CAP PO DAILY FOR ADD		
THIS SCRIPT REPLACES AN ELECTRONIC SCRIPT SENT TO OMNICARE NH 1/12/2022			
	RX#: R11383482	Quantity:	30
	NDC: 59417010710	Refills:	0
	QTY: 5 EA		
	DRUG: VYVANSE 70MG CAPSULE		
	DATE: 02/09/2022		
Signature:	[Handwritten Signature]	A generic or chemically equivalent drug may be dispensed provided no check mark appears in the box. <input type="checkbox"/>	

KIMBERLY WHITESELL MD  
3 LAKEVIEW DR, DOVER NH 03820  
603-742-9550

PRESCRIBER:  
KIMBERLY WHITESELL  
3 LAKEVIEW DR  
DOVER NH 03820-2111  
DEA#: BW4441313

LIC: 9759  
DEA: BW4441313  
NPI: 1093910317

Name:	[REDACTED]	Date written:	2/9/2022
DOB:	[REDACTED]	To be filled on/after:	3/9/2022
Address:	[REDACTED]		
Medication:	VYVANSE 70 MG CAP		
Instructions:	ONE CAP PO DAILY FOR ADD		
THIS SCRIPT REPLACES AN ELECTRONIC SCRIPT SENT TO OMNICARE NH 1/12/2022			
		Quantity:	30
		Refills:	0
Signature:	[Handwritten Signature]	A generic or chemically equivalent drug may be dispensed provided no check mark appears in the box. <input type="checkbox"/>	

KIMBERLY WHITESELL MD  
3 LAKEVIEW DR, DOVER NH 03820  
603-742-9550

LIC: 9759  
DEA: BW4441313  
NPI: 1093910317

Name:	[REDACTED]	Date written:	2/9/2022
DOB:	[REDACTED]	To be filled on/after:	4/7/2022
Address:	[REDACTED]		
Medication:	VYVANSE 70 MG CAP		
Instructions:	ONE CAP PO DAILY FOR ADD		
THIS SCRIPT REPLACES AN ELECTRONIC SCRIPT SENT TO OMNICARE NH 1/12/2022			
		Quantity:	30
		Refills:	0
Signature:	[Handwritten Signature]	A generic or chemically equivalent drug may be dispensed provided no check mark appears in the box. <input type="checkbox"/>	

KIMBERLY WHITESELL MD  
3 LAKEVIEW DR, DOVER NH 03820  
603-742-9550

**RX: R11383482**  
**LTCF PATIENT CONTROL**

LIC: 9759  
DEA: BW4441313  
NPI: 1093910317

Name:	[REDACTED]	Date written:	2/9/2022
DOB:	[REDACTED]	To be filled on/after:	2/9/2022
Address:	[REDACTED]		
Medication:	VYVANSE 70 MG CAP		
Instructions:	ONE CAP PO DAILY FOR ADD		
THIS SCRIPT REPLACES AN ELECTRONIC SCRIPT SENT TO OMNICARE NH 1/12/2022			
	RX#: R11383482	Quantity:	30
	NDC: 59417010710	Refills:	0
	QTY: 5 EA		
	DRUG: VYVANSE 70MG CAPSULE		
A generic or chemically equivalent drug may be dispensed provided no check mark appears in the box. <input type="checkbox"/>			
Signature:	[Handwritten Signature]		
	PATIENT ADDRESS		
	PRESCRIBER:		
	KIMBERLY WHITESELL		LIC: 9759
	3 LAKEVIEW DR		DEA: BW4441313
	DOVER NH 03820-2111		NPI: 1093910317
	DEA#: BW4441313		

Name:	[REDACTED]	Date written:	2/9/2022
DOB:	[REDACTED]	To be filled on/after:	3/9/2022
Address:	[REDACTED]		
Medication:	VYVANSE 70 MG CAP		
Instructions:	ONE CAP PO DAILY FOR ADD		
THIS SCRIPT REPLACES AN ELECTRONIC SCRIPT SENT TO OMNICARE NH 1/12/2022			
		Quantity:	30
		Refills:	0
A generic or chemically equivalent drug may be dispensed provided no check mark appears in the box. <input type="checkbox"/>			
Signature:	[Handwritten Signature]		

Name:	[REDACTED]	Date written:	2/9/2022
DOB:	[REDACTED]	To be filled on/after:	4/7/2022
Address:	[REDACTED]		
Medication:	VYVANSE 70 MG CAP		
Instructions:	ONE CAP PO DAILY FOR ADD		
THIS SCRIPT REPLACES AN ELECTRONIC SCRIPT SENT TO OMNICARE NH 1/12/2022			
		Quantity:	30
		Refills:	0
A generic or chemically equivalent drug may be dispensed provided no check mark appears in the box. <input type="checkbox"/>			
Signature:	[Handwritten Signature]		



DWF0027

Order Status Display

05/03/2022

Filling Company : 2 Omnicare of New Hampshire

.....  
Rx #: R11351779    Fill date : 02/14/2022    Status : MANIFEST  
Delivery code    : R1600            (WF ID:71895151)    Delivery tote    : G2-2020C  
Facility #/name : 433 Neurointernational Concord Station    : ALPHA//  
Patient #/name   : ████████████████████                    Trans. type    : NEW  
Item description : 27445 VYVANSE 70MG CAPSULE SHI    Shipped qty    : 30  
SIG directions   : 1 CAP PO DA FOR ADD

Order Entered    : CGILLIAM @ 02:21pm EST on 02/14/2022    Ship date    : 02/14/2022  
PV1 Batch        : 321Z62F\_51FQ1XZZX00001J  
PV1 Held         :  
PV1 Verified    : GKOBIAR @ 02:25pm EST on 02/14/2022  
Labeled         : SALQAYSI @ 02:41pm EST on 02/14/2022, Batch#4561465, 1/1 lab  
Last PV2 Scan   : JLLOYD @ 03:20pm EST on 02/14/2022, 1/1 scan (Filler CBON  
Last Tote Scan   : SALQAYSI @ 03:46pm EST on 02/14/2022, 1/1 scan  
Manifested      : SALQAYSI @ 03:51pm EST on 02/14/22, Batch# 2198304  
Notes            :

.....  
ENTER (F)INISHED TO EXIT, (A)LV INFO, (M)TS INFO, (R)EASON LABEL WAS NOT ..  
SUPPRESSED, (S)CAN DETAIL, (D)ELIVERY CODE HISTORY, (V)IEW THE ASSOCIATED  
DOCUMENT

DWF0027

Order Status Display

05/03/2022

Filling Company : 2 Omnicare of New Hampshire

-----  
Rx #: R11383482    Fill date : 03/09/2022    Status : BACKORDERED  
Delivery code    : R1600            (WF ID:72081869)    Delivery tote    : G2-2020C  
Facility #/name : 433 Neurointernational Concord Station    : ALPHA//  
Patient #/name   : ████████████████████                            Trans. type     : NEW  
Item description : 27445 VYVANSE 70MG CAPSULE SHI    Shipped qty     : 30 (B/O)  
SIG directions   : 1 CAP PO DA FOR ADD

Order Entered    : CGILLIAM @ 09:41am EST on 03/09/2022    Ship date    : 03/09/2022  
PV1 Batch        : 321Z62F\_51FQ1XZZX00001Q  
PV1 Held         :  
PV1 Verified     : EJONES2 @ 11:07am EST on 03/09/2022  
Labeled          : CINCHAMB @ 02:10pm EST on 03/09/2022, Batch#4579336, 1/1 lab  
Last PV2 Scan    :  
Last Tote Scan   :  
Manifested       :  
Notes            :

-----  
ENTER (F)INISHED TO EXIT, (A)LV INFO, (M)TS INFO, (R)EASON LABEL WAS NOT ..  
SUPPRESSED, (S)CAN DETAIL, (D)ELIVERY CODE HISTORY, (V)IEW THE ASSOCIATED  
DOCUMENT

KIMBERLY WHITESELL MD  
3 LAKEVIEW DR DOVER NH 03820  
603-742-9550 fax 603-749-4636

LIC: 9759  
DEA: BW4441313  
NPI: 1093910317

Name	[REDACTED]	Date written	1/26/2022
DOB	[REDACTED]		
Address	[REDACTED]	PT ADDRESS PER INTAKE	
Rx	ATIVAN 0.5 MG TAB 1 TAB PO QAM		
	THIS SCRIPT REPLACES AN ELECTRONIC SCRIPT FOR A 30 DAY SUPPLY SENT 1/24/2022 FAXED TO OMNICARE AT 800-540-8080		
	8080#:	R11328545	Quantity: 30
	NDC:	69315090405	Refills: 5
	QTY:	30 EA	
	DRUG:	LORAZEPAM 0.5MG-TABLET	
	A generic or chemically equivalent drug may be dispensed provided no check mark appears in the box <input type="checkbox"/>		
Signature	[Handwritten Signature]	PATIENT ADDRESS:	[REDACTED]

**R11328545**

**RX: \_\_\_\_\_**  
**LTCF PATIENT CONTROL**  
**1/26/2022**

*Copy not for dispensing*









DWF0027

Order Status Display

05/03/2022

Filling Company : 2 Omnicare of New Hampshire

-----  
Rx #: R11383482    Fill date : 03/09/2022    Status : BACKORDERED  
Delivery code    : R1600            (WF ID:72081869)    Delivery tote    : G2-2020C  
Facility #/name : 433 Neurointernational Concord Station    : ALPHA//  
Patient #/name  : ████████████████████            Trans. type     : NEW  
Item description : 27445 VYVANSE 70MG CAPSULE SHI    Shipped qty    : 30 (B/O)  
SIG directions  : 1 CAP PO DA FOR ADD

Order Entered    : CGILLIAM @ 09:41am EST on 03/09/2022    Ship date    : 03/09/2022  
PVI Batch        : 321Z62F\_51FQ1XZZX00001Q  
PVI Held         :  
PVI Verified    : EJONES2 @ 11:07am EST on 03/09/2022  
Labeled         : CINCHAMB @ 02:10pm EST on 03/09/2022, Batch#4579336, 1/1 lab  
Last PV2 Scan   :  
Last Tote Scan   :  
Manifested       :  
Notes            :

-----  
ENTER (F)INISHED TO EXIT, (A)LV INFO, (M)TS INFO, (R)EASON LABEL WAS NOT ..  
SUPPRESSED, (S)CAN DETAIL, (D)ELIVERY CODE HISTORY, (V)IEW THE ASSOCIATED  
DOCUMENT

**KIMBERLY WHITESELL MD**  
3 LAKEVIEW DR DOVER NH 03820  
603-742-9550 fax 603-749-4636

LIC: 9751  
DEA: BW4441313  
NPI: 1093910317

Name

Date written 1/26/2022

DOB

Address

PT ADDRESS PER INTAKE

Rx

ATIVAN 0.5 MG TAB

1 TAB PO QAM

THIS SCRIPT REPLACES AN ELECTRONIC SCRIPT FOR A 30 DAY SUPPLY SENT 1/24/2022

FAXED TO OMNICARE AT 800-540-3088

RX#: R11328545  
NDC: 69315090405  
QTY: 30 EA

Quantity 30

Refills 5

Drug: LORAZEPAM 0.5MG TABLET  
DATE: 01/26/2022

A generic or chemically equivalent drug may be dispensed provided no check mark appears in the box.

PATIENT ADDRESS:

Signature

PRESCRIBER:  
KIMBERLY WHITESELL  
3 LAKEVIEW DR  
DOVER NH 03820-2111  
DEA#: BW4441313

**R11328545**

**RX: \_\_\_\_\_**  
**LTCF PATIENT CONTROL**  
**1/26/2022**

1/26/2022  
10:28:00 AM  
1/26/2022

DWF0027

Order Status Display

05/03/2022

Filling Company : 2 Omnicare of New Hampshire

.....  
Rx #: R11328545    Fill date : 01/26/2022    Status : MANIFEST  
Delivery code    : R1600            (WF ID:71750897)    Delivery tote    : G2-2020C  
Facility #/name : 433 Neurointernational Concord Station    : ALPHA/8/A  
Patient #/name   : ████████████████████                    Trans. type    : NEW  
Item description : 53222 LORAZEPAM 0.5MG TABLET ( Shipped qty    : 30  
SIG directions   : 1 TAB PO OAM

Order Entered    : EKILCOYN @ 03:33pm EST on 01/26/2022    Ship date    : 01/27/2022  
PV1 Batch        : 321Z61T\_50F5CLZ5L00002P  
PV1 Held         :  
PV1 Verified    : JLLOYD    @ 03:38pm EST on 01/26/2022  
Labeled         : CABARRET @ 07:45pm EST on 01/26/2022, Batch#4547208, 1/1 lab  
Last PV2 Scan   : RJAIME    @ 11:29am EST on 01/27/2022, 1/1 scan (Filler CINC  
Last Tote Scan   : CINCHAMB @ 02:29pm EST on 01/27/2022, 1/1 scan  
Manifested       : CINCHAMB @ 03:16pm EST on 01/27/22, Batch# 2194974  
Notes            :

.....  
ENTER (F)INISHED TO EXIT, (A)LV INFO, (M)TS INFO, (R)EASON LABEL WAS NOT ..  
SUPPRESSED, (S)CAN DETAIL, (D)ELIVERY CODE HISTORY, (V)IEW THE ASSOCIATED  
DOCUMENT

**KIMBERLY WHITESELL MD**  
 LAKEVIEW DR DOVER NH 03820  
 603-742-9550 fax 603-749-4636

LIC 9759  
 DEA BW4441313  
 NPI 1093910317

Name	[REDACTED]	Date written	2/16/2022
DOB	[REDACTED]		
Address	[REDACTED]		
Rx	CLONAZEPAM 1 MG TAB		
	1 TAB PO BID		
	THIS FAXED SCRIPT REPLACES ELECTRONIC VERSION SENT TO OMNICARE EARLIER TODAY		
	RX#: R11356425	Quantity	60
FAXED TO 800-540-8060	NDC: 16729013716	Refills	5
	QTY: 60 EA		
Signature	A generic or chemically equivalent drug may be dispensed if no check mark appears in the box <input type="checkbox"/>		
	DATE: 02/17/2022		
	PATIENT ADDRESS:		
	[REDACTED]		
	PRESCRIBER: KIMBERLY WHITESELL 3 LAKEVIEW DR DOVER NH 03820-2111 DEA#: BW4441313		

**RX:**  
**LTCF PATIENT CONTROL**  
**2/17/2022**

*Handwritten note:*  
 Please Note: For  
 02/17/2022

DWF0027

Order Status Display

05/03/2022

Filling Company : 2 Omnicare of New Hampshire

.....  
Rx #: R11356425    Fill date : 02/17/2022    Status : MANIFEST  
Delivery code    : R1600            (WF ID:71920513)    Delivery tote    : B2-2075C  
Facility #/name : 434 NeuroInternational Webster Station    : ALPHA/8/A  
Patient #/name   : ████████████████████            Trans. type    : NEW  
Item description : 55428 CLONAZEPAM 1MG TABLET AC    Shipped qty    : 60  
SIG directions   : 1 TAB PO BID

Order Entered    : BFULLAM @ 10:09am EST on 02/17/2022    Ship date    : 02/17/2022  
PV1 Batch        : 321Z62J\_51KGJSWX200002C  
PV1 Held         :  
PV1 Verified    : ESEHNAL @ 10:30am EST on 02/17/2022  
Labeled         : CINCHAMB @ 11:22am EST on 02/17/2022, Batch#4563969, 2/2 lab  
Last PV2 Scan   : EJONES2 @ 01:56pm EST on 02/17/2022, 2/2 scans (Filler CIN  
Last Tote Scan   : CINCHAMB @ 03:16pm EST on 02/17/2022, 2/2 scans  
Manifested       : CINCHAMB @ 03:40pm EST on 02/17/22, Batch# 2199049  
Notes            :

.....  
ENTER (F)INISHED TO EXIT, (A)LV INFO, (M)TS INFO, (R)EASON LABEL WAS NOT ..  
SUPPRESSED, (C)OMMENTS, (S)CAN DETAIL, (D)ELIVERY CODE HISTORY, (V)IEW THE  
ASSOCIATED DOCUMENT

**RX: R11312159**  
**LTCF PATIENT CONTROL**  
**1/12/2022**

KIMBERLY WHITESELL MD  
3 LAKEVIEW DR DOVER NH 03820  
603-749-9550, fax 603-749-4636

LIC: 9759  
DEA: BW4441313  
NPI: 1093910317

Name: [REDACTED] Date written: 1/11/2022

DOB: [REDACTED]

Address: [REDACTED]

Rx: CLONAZEPAM 0.5 MG TAB

1 TAB PO BID PRN ANXIETY OR AGITATION

RX#: R11312159	Quantity: 30
NDC: 16729013616	Refills: 2
QTY: 30 EA	
DRUG: CLONAZEPAM 0.5MG TABLET	
DATE: 01/12/2022	
PATIENT ADDRESS:	

Signature: *K Whitesell* [REDACTED] A generic or chemical name is required. Dispensed provided no check mark appears in the box. [ ]

PRESCRIBER:  
KIMBERLY WHITESELL  
3 LAKEVIEW DR  
DOVER NH 03820-2111  
DEA#: BW4441313  
mailcare at 800-540-8060

✓ Fax to 0

*copy not for dispensing*

DWF0027

Order Status Display

05/03/2022

Filling Company : 2 Omnicare of New Hampshire

-----  
Rx #: R11312159    Fill date : 01/12/2022    Status : MANIFEST  
Delivery code    : R1600            (WF ID:71644619)    Delivery tote    : B2-2070C  
Facility #/name : 432 Neurointernational Belmont Station        : ALPHA/3/A  
Patient #/name   : ████████████████████                            Trans. type     : NEW  
Item description : 55770 CLONAZEPAM 0.5MG TABLET    Shipped qty     : 30  
SIG directions   : 1 TAB PO BID PRN ANXIETY OR AGITATION

Order Entered    : BFULLAM @ 08:51am EST on 01/12/2022    Ship date    : 01/12/2022  
PVI Batch        : 321Z61D\_4ZMMSHKVY000012  
PVI Held         :  
PVI Verified    : EJONES2 @ 09:37am EST on 01/12/2022  
Labeled         : CINCHAMB @ 12:08pm EST on 01/12/2022, Batch#4535747, 1/1 lab  
Last PV2 Scan   : RJAIME @ 02:37pm EST on 01/12/2022, 1/1 scan (Filler CINC  
Last Tote Scan   : CINCHAMB @ 03:20pm EST on 01/12/2022, 1/1 scan  
Manifested      : CINCHAMB @ 03:50pm EST on 01/12/22, Batch# 2191969  
Notes            :

-----  
ENTER (F)INISHED TO EXIT, (A)LV INFO, (M)TS INFO, (R)EASON LABEL WAS NOT ..  
SUPPRESSED, (C)OMMENTS, (S)CAN DETAIL, (D)ELIVERY CODE HISTORY, (V)IEW THE  
ASSOCIATED DOCUMENT



**RX: R11312160**  
**LTCF PATIENT CONTROL**  
**1/12/2022**

KIMBERLY WHITESELL MD  
3 LAKEVIEW DR. DOVER NH 03820  
603-742-9550, fax 603-749-4636

LIC 9769  
DIEA BW4441313  
NPI 1093910317

Name: [REDACTED] Date written: 1/11/2022  
DOB: [REDACTED]  
Address: [REDACTED]  
Rx: ZOLPIDEM 10 MG TAB  
1 TAB PO AT HS PRN INSOMNIA

Signature: *K Whitesell*

RX#: R11312160	Quantity	30
NDC: 65862016001		
QTY: 30 EA	Refills	2
DRUG: ZOLPIDEM TARTRATE F/C 10MG TABLET		
A generic or chemically equivalent drug may be dispensed provided no check mark appears in the box. <input type="checkbox"/>		
PATIENT ADDRESS: [REDACTED]		
PRESCRIBER: KIMBERLY WHITESELL 3 LAKEVIEW DR DOVER NH 03820-2111 DEAN: BW4441313		

fax to Omnica at 800-540-8060

*Copy not for dispensing*

DWF0027

Order Status Display

05/03/2022

Filling Company : 2 Omnicare of New Hampshire

-----  
Rx #: R11312160 Fill date : 01/12/2022 Status : MANIFEST  
Delivery code : R1600 (WF ID:71644606) Delivery tote : B2-2070C  
Facility #/name : 432 Neurointernational Belmont Station : ALPHA/3/A  
Patient #/name : ██████████ Trans. type : NEW  
Item description : 55929 ZOLPIDEM TARTRATE F/C 10 Shipped qty : 30  
SIG directions : 1 TAB PO QHS PRN INSOMNIA

Order Entered : 8FULLAM @ 08:48am EST on 01/12/2022 Ship date : 01/12/2022  
PV1 Batch : 321Z61D\_4ZMZ60864000004  
PV1 Held : EJONES2 @ 09:33am EST on 01/12/2022  
PV1 Verified : EJONES2 @ 09:39am EST on 01/12/2022  
Labeled : CINCHAMB @ 12:08pm EST on 01/12/2022, Batch#4535747, 1/1 lab  
Last PV2 Scan : RJAIME @ 03:22pm EST on 01/12/2022, 1/1 scan (Filler CBON  
Last Tote Scan : CINCHAMB @ 03:31pm EST on 01/12/2022, 1/1 scan  
Manifested : CINCHAMB @ 03:50pm EST on 01/12/22, Batch# 2191969  
Notes :

-----  
ENTER (F)INISHED TO EXIT, (A)LV INFO, (M)TS INFO, (R)EASON LABEL WAS NOT ..  
SUPPRESSED, (C)OMMENTS, (S)CAN DETAIL, (D)ELIVERY CODE HISTORY, (V)IEW THE  
ASSOCIATED DOCUMENT

**RX: R11312159**  
**LTCF PATIENT CONTROL**  
**1/12/2022**

KIMBERLY WHITESELL MD  
3 LAKEVIEW DR DOVER NH 03820  
603-749-4636 fax 603-749-4636

LC 9779  
DEA: BW4441313  
NPI: 1093910317

Name: [REDACTED] Date written: 1/11/2022

DOB: [REDACTED]

Address: [REDACTED]

Rx: CLONAZEPAM 0.5 MG TAB  
1 TAB PO BID PRN ANXIETY OR AGITATION

RX#: R11312159	Quantity	30
NDC: 16729013616	Refills	2
QTY: 30 EA		
DRUG: CLONAZEPAM 0.5MG TABLET		
DATE: 01/12/2022		
PATIENT ADDRESS:		

Signature: *K Whitesell*  
Ageneric or chemically equivalent drug is substituted for the prescribed drug if the check mark appears in the box

PRESCRIBER:  
KIMBERLY WHITESELL  
3 LAKEVIEW DR  
DOVER NH 03820-2111  
DEA#: BW4441313  
Mnize at 800-540-8060

Fax to 800-540-8060

*Handwritten note:*  
Good patient  
to [unclear]

D:WF0027

Order Status Display

05/03/2022

Filling Company : 2 Omnicare of New Hampshire

-----  
Rx #: R11312159    Fill date : 01/12/2022    Status : MANIFEST  
Delivery code    : R1600            (WF ID:71644619)    Delivery tote    : 82-2070C  
Facility #/name : 432 Neurointernational Belmont Station    : ALPHA/3/A  
Patient #/name   : ████████████████████                            Trans. type    : NEW  
Item description : 55770 CLONAZEPAM 0.5MG TABLET    Shipped qty    : 30  
SIG directions   : 1 TAB PO BID PRN ANXIETY OR AGITATION

Order Entered    : BFULLAM @ 08:51am EST on 01/12/2022    Ship date    : 01/12/2022  
PVI Batch        : 321Z61D\_4ZMHSKVVY000012  
PVI Held         :  
PVI Verified    : EJONES2 @ 09:37am EST on 01/12/2022  
Labeled         : CINCHAMB @ 12:08pm EST on 01/12/2022, Batch#4535747, 1/1 lab  
Last PV2 Scan   : RJAIME @ 02:37pm EST on 01/12/2022, 1/1 scan (Filler CINC  
Last Tote Scan   : CINCHAMB @ 03:20pm EST on 01/12/2022, 1/1 scan  
Manifested       : CINCHAMB @ 03:50pm EST on 01/12/22, Batch# 2191969  
Notes            :

-----  
ENTER (F)INISHED TO EXIT, (A)LV INFO, (M)TS INFO, (R)EASON LABEL WAS NOT ..  
SUPPRESSED, (C)OMMENTS, (S)CAN DETAIL, (D)ELIVERY CODE HISTORY, (V)IEW THE  
ASSOCIATED DOCUMENT

**RX: R11312160**  
**LTCF PATIENT CONTROL**  
**1/12/2022**

KIMBERLY WHITESELL MD  
3 LAKEVIEW DR, DOVER NH 03820  
603-749-4636, fax 603-749-4636

LC 9754  
EA BW4441313  
PI 1093910017

Name

[Redacted]

Date written 1/11/2022

DOB

[Redacted]

Address

[Redacted]

Rx

ZOLPIDEM 10 MG TAB

1 TAB PO AT HS PRN INSOMNIA

RX#: R11312160	Quantity	30
NDC: 65862016001		
QTY: 30 EA	Refills	2
DRUG: ZOLPIDEM TARTRATE F/C 10MG TABLET		

Ageneric or chemically equivalent drug may be dispensed provided no check mark appears in the box

Signature

*[Handwritten Signature]*

PATIENT ADDRESS:

[Redacted]

PRESCRIBER:  
KIMBERLY WHITESELL  
3 LAKEVIEW DR  
DOVER NH 03820-2111  
DEAN: BW4441313

fax to Omnicare at 800-540-8060

*[Faint handwritten notes]*

DwF0027

Order Status Display

05/03/2022

Filling Company : 2 Omnicare of New Hampshire

-----  
Rx #: R11312160    Fill date : 01/12/2022    Status : MANIFEST  
Delivery code    : R1600            (WF ID:71644606)    Delivery tote    : B2-2070C  
Facility #/name : 432 Neurointernational Belmont Station    : ALPHA/3/A  
Patient #/name   : ████████████████████                            Trans. type    : NEW  
Item description : 55929 ZOLPIDEM TARTRATE F/C 10    Shipped qty    : 30  
SIG directions   : 1 TAB PO QHS PRN INSOMNIA

Order Entered    : BFULLAM @ 08:48am EST on 01/12/2022    Ship date    : 01/12/2022  
PV1 Batch        : 321Z61D\_4ZMZ60864000004  
PV1 Held         : EJONES2 @ 09:33am EST on 01/12/2022  
PV1 Verified    : EJONES2 @ 09:39am EST on 01/12/2022  
Labeled          : CINCHAMB @ 12:08pm EST on 01/12/2022, Batch#4535747, 1/1 lab  
Last PV2 Scan   : RJAIME @ 03:22pm EST on 01/12/2022, 1/1 scan (Filler CBON  
Last Tote Scan   : CINCHAMB @ 03:31pm EST on 01/12/2022, 1/1 scan  
Manifested       : CINCHAMB @ 03:50pm EST on 01/12/22, Batch# 2191969  
Notes            :

-----  
ENTER (F)INISHED TO EXIT, (A)LV INFO, (M)TS INFO, (R)EASON LABEL WAS NOT ..  
SUPPRESSED, (C)OMMENTS, (S)CAN DETAIL, (D)ELIVERY CODE HISTORY, (V)IEW THE  
ASSOCIATED DOCUMENT



Controlled Substance Verbal  
Prescription Order from Practitioner

*Need today*



Date: 2/26/2022 Time: 10:43 AM Paged Time: \_\_\_\_\_

Facility Name: Neuro International Cmcord

Resident Full Name: [Redacted]

D.O.B.: [Redacted] Allergies: \_\_\_\_\_

Resident Address: [Redacted]

City: Cmcord State: NH Zip: 03301

Medication Name/Strength: gabapentin 300mg tablets

CII Dispense Quantity: \_\_\_\_\_ Numeric: \_\_\_\_\_  
Quantity to be withdrawn from CII eKit: \_\_\_\_\_

CIII-CV Dispense Quantity: \_\_\_\_\_ Numeric: #30  
Quantity to be withdrawn from CIII-CV eKit: \_\_\_\_\_

Directions: 1 po qd (am)  
RX#: R11369091 NDC: 69315099405 QTY: 30 EA  
DATE: 02/26/2022 PATIENT ADDRESS: [Redacted]  
DEA#: BW4441313 R11369091

**LTCF PATIENT CONTROL**

Refills: 5 refills (valid for CIII-CV only) Maximum Daily Dose: \_\_\_\_\_  
Indications: \_\_\_\_\_

Practitioner Name: Kimberly Whitesell

Practitioner Address: 3 Lakeview Dr.

City: Dover State: N.H. Zip: 03820

Supervisor MD (if ARNP or PA): \_\_\_\_\_ Dispensed as written: \_\_\_\_\_

Practitioner DEA#: BW4441313 Practitioner Phone: \_\_\_\_\_

Nurse/Agent: Called in by Kimberly Whitesell (only CIII-CV)

Signature of Pharmacist: [Signature]

Printed Name: Angela's Medicine

Rx Number: \_\_\_\_\_

For CII Emergency Practitioner will:  Fax written, signed prescription  Mail written, signed prescription  LTCF patient emergency CII dispensing  Other

Authorization for Emergency Dispensing on \_\_\_\_\_ (Date)

Notes: \_\_\_\_\_

DAW  Check if Rx needs to be dispensed as written

DWF0027

Order Status Display

05/03/2022

Filling Company : 2 Omnicare of New Hampshire

-----  
Rx #: R11369091    Fill date : 02/26/2022    Status : MANIFEST  
Delivery code    : R2030SA    (WF ID:71994728)    Delivery tote    : G2-2020C  
Facility #/name : 433 Neurointernational Concord Station    : ALPHA/8/A  
Patient #/name   : ████████████████████    Trans. type    : NEW  
Item description : 53222 LORAZEPAM 0.5MG TABLET L    Shipped qty    : 30  
SIG directions   : 1 TAB PO QAM

Order Entered    : EKILCOYN @ 11:18am EST on 02/26/2022    Ship date    : 02/26/2022  
PV1 Batch        : 321Z62T\_521X88893000000  
PV1 Held         :  
PV1 Verified    : ESEHNAL @ 12:03pm EST on 02/26/2022  
Labeled         : CBONANNO @ 12:46pm EST on 02/26/2022, Batch#4571378, 1/1 lab  
Last PV2 Scan   : ANMEDINA @ 04:32pm EST on 02/26/2022, 1/1 scan (Filler CBON  
Last Tote Scan   : CBONANNO @ 06:05pm EST on 02/26/2022, 1/1 scan  
Manifested      : CBONANNO @ 06:34pm EST on 02/26/22, Batch# 2200973  
Notes            :

-----  
ENTER (F)INISHED TO EXIT, (A)LV INFO, (M)TS INFO, (R)EASON LABEL WAS NOT ..  
SUPPRESSED, (S)CAN DETAIL, (D)ELIVERY CODE HISTORY, (V)IEW THE ASSOCIATED  
DOCUMENT



**Omnicare**  
a CVS Health company

Controlled Substance Virtual  
Prescription Order from Practitioner

*Need to be*



Date: 2/26/2022 Time: 10:43 AM Paged Time: \_\_\_\_\_

Facility Name: Neuro International Concord

Resident Full Name: [Redacted]

D.O.B: [Redacted]

Resident Address: [Redacted]

City: Concord

Medication Name/Strength: lorazepam 1.5mg tablets

CII Dispense Quantity: 30

Quantity to be withdrawn from CII eKit: \_\_\_\_\_

CIII-CV Dispense Quantity: 30

Quantity to be withdrawn from CIII-CV eKit: \_\_\_\_\_

Directions: 1 po qd

RX#: R11369091  
NDC: 69715096405  
QTY: 30 EA  
DATE: 02/26/2022  
PATIENT ADDRESS: [Redacted]  
PRactitioner: Kimberly Whitesell  
3 LAKEVIEW DR  
DOVER NH 03820-2111  
DEA#: BW4441313

Zip: 03301  
Form: tablets

**LTCF PATIENT CONTROL**

Refills: 5 refills (Valid for CIII-CV only) Maximum Daily Dose: \_\_\_\_\_  
Indications: \_\_\_\_\_

Practitioner Name: Kimberly Whitesell

Practitioner Address: 3 Lakeview Dr.

City: Dover State: N.H. Zip: 03820

Supervisor MD (If ARNP or PA): \_\_\_\_\_ Dispensed as written: \_\_\_\_\_

Practitioner DEA#: BW4441313 Practitioner Phone: \_\_\_\_\_

Nurse/Agent: Added Rx by Kimberly Whitesell (only CIII-CV)

Signature of Pharmacist: Angel's Medicine RPL.

Printed Name: Angel's Medicine

Rx Number: \_\_\_\_\_

For CII Emergency Practitioner will:  
 Fax written, signed prescription  
 Mail written, signed prescription  
 LTCF patient emergency CII dispensing  
 Other  
Authorization for Emergency Dispensing on \_\_\_\_\_ (Date)

Notes: \_\_\_\_\_

DAW  
 Check if Rx needs to be dispensed as written

DWF0027

Order Status Display

05/03/2022

Filling Company : 2 Omnicare of New Hampshire

-----  
Rx #: R11369091    Fill date : 02/26/2022    Status : MANIFEST  
Delivery code    : R2030SA    (WF ID:71994728)    Delivery tote    : G2-2020C  
Facility #/name : 433 Neurointernational Concord Station    : ALPHA/8/A  
Patient #/name   : ████████████████████    Trans. type    : NEW  
Item description : 53222 LORAZEPAM 0.5MG TABLET L    Shipped qty    : 30  
SIG directions   : 1 TAB PO QAM

Order Entered    : EKILCOYN @ 11:18am EST on 02/26/2022    Ship date    : 02/26/2022  
PV1 Batch        : 321Z62T\_521X8B893000000  
PV1 Held         :  
PV1 Verified    : ESEHNAL @ 12:03pm EST on 02/26/2022  
Labeled         : CBONANNO @ 12:46pm EST on 02/26/2022, Batch#4571378, 1/1 lab  
Last PV2 Scan   : ANMEDINA @ 04:32pm EST on 02/26/2022, 1/1 scan (Filler CBON  
Last Tote Scan   : CBONANNO @ 06:05pm EST on 02/26/2022, 1/1 scan  
Manifested       : CBONANNO @ 06:34pm EST on 02/26/22, Batch# 2200973  
Notes            :

-----  
ENTER (F)INISHED TO EXIT, (A)LV INFO, (M)TS INFO, (R)EASON LABEL WAS NOT ..  
SUPPRESSED, (S)CAN DETAIL, (D)ELIVERY CODE HISTORY, (V)IEW THE ASSOCIATED  
DOCUMENT

PRESCRIPTION HARDCOPY REPORT  
FOR FILL DATES BETWEEN : 01/01/22 AND 03/18/22  
FOR COMPANY : 2 - Omnicare of New Hampshire

RX NUMBER : R11122552    DISPENSE DATE: 01/11/2022    ORIGINAL ORDER DATE: 10/20/2020  
QTY DISP : 60    QTY ORDERED : 60    QUANTITY REMAINING : 300    DAYS SUPPLY : 30  
PATIENT : [REDACTED]    RPh : AS

ITEM : CLONAZEPAM 1MG TABLET

DIRECTIONS: 1 TAB PO BID (ANXIETY)

PHYSICIAN : WHITESELL, KIMBERLY    DEA# BW4441313    STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

RX NUMBER : R11123816    DISPENSE DATE: 01/17/2022    ORIGINAL ORDER DATE: 03/25/2021  
QTY DISP : 60    QTY ORDERED : 60    QUANTITY REMAINING : 240    DAYS SUPPLY : 30  
PATIENT : [REDACTED]    RPH : TAB

ITEM : LORAZEPAM 0.5MG TABLET

DIRECTIONS: 1 TAB PO BID

PHYSICIAN : WHITESELL, KIMBERLY    DEA# BW4441313    STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

RX NUMBER : R11137955    DISPENSE DATE: 02/10/2022    ORIGINAL ORDER DATE: 08/17/2021  
QTY DISP : 30    QTY ORDERED : 30    QUANTITY REMAINING : 120    DAYS SUPPLY : 15  
PATIENT : [REDACTED]    RPH : GK

ITEM : LORAZEPAM 1MG TABLET

DIRECTIONS: 1 TAB PO BID PRN F ANX - C ATLEAST 1HR IN BETWEEN DOSES

PHYSICIAN : WHITESELL, KIMBERLY    DEA# BW4441313    STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

RX NUMBER : R11312159    DISPENSE DATE: 01/12/2022    ORIGINAL ORDER DATE: 07/14/2021  
QTY DISP : 30    QTY ORDERED : 30    QUANTITY REMAINING : 60    DAYS SUPPLY : 15  
PATIENT : [REDACTED]    RPH : EAJ

ITEM : CLONAZEPAM 0.5MG TABLET

DIRECTIONS: 1 TAB PO BID PRN ANXIETY OR AGITATION

PHYSICIAN : WHITESELL, KIMBERLY    DEA# BW4441313    STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

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PRESCRIPTION HARDCOPY REPORT  
FOR FILL DATES BETWEEN : 01/01/22 AND 03/18/22  
FOR COMPANY : 2 - Omnicare of New Hampshire

-----  
RX NUMBER : R11312160    DISPENSE DATE: 01/12/2022    ORIGINAL ORDER DATE: 07/14/2021  
QTY DISP : 30    QTY ORDERED : 30    QUANTITY REMAINING : 60    DAYS SUPPLY : 30  
PATIENT : [REDACTED]    RPh : EAJ

ITEM : ZOLPIDEM TARTRATE F/C 10MG TABLET

DIRECTIONS: 1 TAB PO QHS PRN INSOMNIA

PHYSICIAN : WHITESELL, KIMBERLY    DEA# BW4441313    STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

-----  
RX NUMBER : R11312165    DISPENSE DATE: 01/12/2022    ORIGINAL ORDER DATE: 11/12/2021  
QTY DISP : 30    QTY ORDERED : 30    QUANTITY REMAINING : 0    DAYS SUPPLY : 30  
PATIENT : [REDACTED]    RPh : EAJ

ITEM : VYVANSE 70MG CAPSULE

DIRECTIONS: 1 CAP PO DA FOR ADD

PHYSICIAN : WHITESELL, KIMBERLY    DEA# BW4441313    STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

-----  
RX NUMBER : R11326594    DISPENSE DATE: 01/25/2022    ORIGINAL ORDER DATE: 12/22/2021  
QTY DISP : 0    QTY ORDERED : 30    AUTHORIZED REFILLS : 5    DAYS SUPPLY : 30  
PATIENT : [REDACTED]    RPh : ES

ITEM : LORAZEPAM 0.5MG TABLET (RP:ATIVAN)

DIRECTIONS: 1 TAB PO QD - NRR

PHYSICIAN : WHITESELL, KIMBERLY    DEA# BW4441313    STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

-----  
RX NUMBER : R11328545    DISPENSE DATE: 01/26/2022    ORIGINAL ORDER DATE: 01/26/2022  
QTY DISP : 30    QTY ORDERED : 30    QUANTITY REMAINING : 150    DAYS SUPPLY : 30  
PATIENT : [REDACTED]    RPh : JLL

ITEM : LORAZEPAM 0.5MG TABLET (RP:ATIVAN)

DIRECTIONS: 1 TAB PO QAM

PHYSICIAN : WHITESELL, KIMBERLY    DEA# BW4441313    STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

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PRESCRIPTION HARDCOPY REPORT  
FOR FILL DATES BETWEEN : 01/01/22 AND 03/18/22  
FOR COMPANY : 2 - Omnicare of New Hampshire

RX NUMBER : R11351779 DISPENSE DATE: 02/14/2022 ORIGINAL ORDER DATE: 02/14/2022  
QTY DISP : 30 QTY ORDERED : 30 QUANTITY REMAINING : 0 DAYS SUPPLY : 30  
PATIENT : [REDACTED] RPh : GK

ITEM : VYVANSE 70MG CAPSULE

DIRECTIONS: 1 CAP PO DA FOR ADD

PHYSICIAN : WHITESELL, KIMBERLY DEA# BW4441313 STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

RX NUMBER : R11353283 DISPENSE DATE: 02/15/2022 ORIGINAL ORDER DATE: 12/09/2021  
QTY DISP : 120 QTY ORDERED : 120 QUANTITY REMAINING : 120 DAYS SUPPLY : 30  
PATIENT : [REDACTED] RPh : PAB

ITEM : PHENOBARBITAL 1/4GR 16.2MG TABLET

DIRECTIONS: G 4 TABS (64.8MG) PO QHS F EPILEPSY

PHYSICIAN : WHITESELL, KIMBERLY DEA# BW4441313 STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

RX NUMBER : R11353283 DISPENSE DATE: 03/11/2022 ORIGINAL ORDER DATE: 12/09/2021  
QTY DISP : 120 QTY ORDERED : 120 QUANTITY REMAINING : 120 DAYS SUPPLY : 30  
PATIENT : [REDACTED] RPh : ES

ITEM : PHENOBARBITAL 1/4GR 16.2MG TABLET

DIRECTIONS: G 4 TABS (64.8MG) PO QHS F EPILEPSY

PHYSICIAN : WHITESELL, KIMBERLY DEA# BW4441313 STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

RX NUMBER : R11356425 DISPENSE DATE: 02/17/2022 ORIGINAL ORDER DATE: 02/16/2022  
QTY DISP : 60 QTY ORDERED : 60 QUANTITY REMAINING : 180 DAYS SUPPLY : 30  
PATIENT : [REDACTED] RPh : ES

ITEM : CLONAZEPAM 1MG TABLET

DIRECTIONS: 1 TAB PO BID

PHYSICIAN : WHITESELL, KIMBERLY DEA# BW4441313 STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

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PRESCRIPTION HARDCOPY REPORT  
FOR FILL DATES BETWEEN : 01/01/22 AND 03/18/22  
FOR COMPANY : 2 - Omnicare of New Hampshire

-----  
RX NUMBER : R11356425    DISPENSE DATE: 03/14/2022    ORIGINAL ORDER DATE: 02/16/2022  
QTY DISP : 60    QTY ORDERED : 60    QUANTITY REMAINING : 180    DAYS SUPPLY : 30  
PATIENT : [REDACTED]    RPh : ES

ITEM : CLONAZEPAM 1MG TABLET

DIRECTIONS: 1 TAB PO BID

PHYSICIAN : WHITESELL, KIMBERLY    DEA# BW4441313    STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

-----  
RX NUMBER : R11356687    DISPENSE DATE: 02/22/2022    ORIGINAL ORDER DATE: 02/16/2022  
QTY DISP : 30    QTY ORDERED : 30    QUANTITY REMAINING : 150    DAYS SUPPLY : 15  
PATIENT : [REDACTED]    RPh : ALM

ITEM : LORAZEPAM 1MG TABLET

DIRECTIONS: 1 TAB PO BID PRN F ANX (AT LEAST 1 HOUR BETWEEN DOSES)

PHYSICIAN : WHITESELL, KIMBERLY    DEA# BW4441313    STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

-----  
RX NUMBER : R11364625    DISPENSE DATE: 02/23/2022    ORIGINAL ORDER DATE: 02/23/2022  
QTY DISP : 60    QTY ORDERED : 60    QUANTITY REMAINING : 180    DAYS SUPPLY : 30  
PATIENT : [REDACTED]    RPh : ES

ITEM : LORAZEPAM 0.5MG TABLET (RP:ATIVAN)

DIRECTIONS: 1 TAB PO BID

PHYSICIAN : WHITESELL, KIMBERLY    DEA# BW4441313    STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

-----  
RX NUMBER : R11369091    DISPENSE DATE: 02/26/2022    ORIGINAL ORDER DATE: 02/26/2022  
QTY DISP : 30    QTY ORDERED : 30    QUANTITY REMAINING : 150    DAYS SUPPLY : 30  
PATIENT : [REDACTED]    RPh : ES

ITEM : LORAZEPAM 0.5MG TABLET

DIRECTIONS: 1 TAB PO QAM

PHYSICIAN : WHITESELL, KIMBERLY    DEA# BW4441313    STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

PRESCRIPTION HARDCOPY REPORT  
FOR FILL DATES BETWEEN : 01/01/22 AND 03/18/22  
FOR COMPANY : 2 - Omnicare of New Hampshire

RX NUMBER : R11369171 DISPENSE DATE: 02/26/2022 ORIGINAL ORDER DATE: 02/26/2022  
QTY DISP : 30 QTY ORDERED : 30 QUANTITY REMAINING : 0 DAYS SUPPLY : 15  
PATIENT : [REDACTED] Rph : ES

ITEM : LORAZEPAM 1MG TABLET

DIRECTIONS: 1 TAB PO BID PRN F AG C AT LEAST 1 HOUR BETWEEN DOSES

PHYSICIAN : WHITESELL, KIMBERLY DEA# Bw4441313 STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

RX NUMBER : R11374580 DISPENSE DATE: 03/02/2022 ORIGINAL ORDER DATE: 02/26/2022  
QTY DISP : 30 QTY ORDERED : 30 QUANTITY REMAINING : 90 DAYS SUPPLY : 30  
PATIENT : [REDACTED] Rph : ES

ITEM : LORAZEPAM 0.5MG TABLET

DIRECTIONS: 1 TAB PO QAM

PHYSICIAN : WHITESELL, KIMBERLY DEA# Bw4441313 STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

RX NUMBER : R11383482 DISPENSE DATE: 03/09/2022 ORIGINAL ORDER DATE: 03/09/2022  
QTY DISP : 5 QTY ORDERED : 30 QUANTITY REMAINING : 0 DAYS SUPPLY : 30  
PATIENT : [REDACTED] Rph : EAJ

ITEM : VYVANSE 70MG CAPSULE

DIRECTIONS: 1 CAP PO DA FOR ADD

PHYSICIAN : WHITESELL, KIMBERLY DEA# Bw4441313 STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

RX NUMBER : R11385149 DISPENSE DATE: 03/10/2022 ORIGINAL ORDER DATE: 03/09/2022  
QTY DISP : 30 QTY ORDERED : 30 QUANTITY REMAINING : 30 DAYS SUPPLY : 30  
PATIENT : [REDACTED] Rph : EAJ

ITEM : LORAZEPAM 1MG TABLET

DIRECTIONS: 1 TAB PO QD PRN F AX

PHYSICIAN : WHITESELL, KIMBERLY DEA# Bw4441313 STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

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PRESCRIPTION HARDCOPY REPORT  
FOR FILL DATES BETWEEN : 01/01/22 AND 03/18/22  
FOR COMPANY : 2 - Omnicare of New Hampshire

-----  
RX NUMBER : R11393343    DISPENSE DATE: 03/16/2022    ORIGINAL ORDER DATE: 03/09/2022  
QTY DISP : 0    QTY ORDERED : 0    AUTHORIZED REFILLS :    DAYS SUPPLY : 30  
PATIENT : [REDACTED]    RPh : GK

ITEM : VYVANSE 70MG CAPSULE

DIRECTIONS: 1 CAP PO QD -ADD - NRR

PHYSICIAN : WHITESELL, KIMBERLY    DEA# BW4441313    STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

-----  
RX NUMBER : R11393458    DISPENSE DATE: 03/16/2022    ORIGINAL ORDER DATE: 03/09/2022  
QTY DISP : 0    QTY ORDERED : 30    QUANTITY REMAINING : 0    DAYS SUPPLY : 30  
PATIENT : [REDACTED]    RPh : GK

ITEM : LORAZEPAM 1MG TABLET

DIRECTIONS: 1 TAB PO QD PRN ANXIETY

PHYSICIAN : WHITESELL, KIMBERLY    DEA# BW4441313    STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

-----  
RX NUMBER : R11393459    DISPENSE DATE: 03/16/2022    ORIGINAL ORDER DATE: 03/11/2022  
QTY DISP : 60    QTY ORDERED : 60    QUANTITY REMAINING : 300    DAYS SUPPLY : 30  
PATIENT : [REDACTED]    RPh : GK

ITEM : LORAZEPAM 0.5MG TABLET

DIRECTIONS: 1 TAB PO BID WITH AT LEAST 1 HOUR BETWEEN DOSES PRN ANXIETY OR AGITATION

PHYSICIAN : WHITESELL, KIMBERLY    DEA# BW4441313    STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111



PRESCRIPTION HARDCOPY REPORT  
FOR FILL DATES BETWEEN : 01/01/22 AND 03/18/22  
FOR COMPANY : 2 - Omnicare of New Hampshire

RX NUMBER : R11122552 DISPENSE DATE: 01/11/2022 ORIGINAL ORDER DATE: 10/20/2020  
QTY DISP : 60 QTY ORDERED : 60 QUANTITY REMAINING : 300 DAYS SUPPLY : 30  
PATIENT : [REDACTED] Rph : AS

ITEM : CLONAZEPAM 1MG TABLET

DIRECTIONS: 1 TAB PO BID (ANXIETY)

PHYSICIAN : WHITESELL, KIMBERLY DEA# BW4441313 STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

RX NUMBER : R11123816 DISPENSE DATE: 01/17/2022 ORIGINAL ORDER DATE: 03/25/2021  
QTY DISP : 60 QTY ORDERED : 60 QUANTITY REMAINING : 240 DAYS SUPPLY : 30  
PATIENT : [REDACTED] Rph : TAB

ITEM : LORAZEPAM 0.5MG TABLET

DIRECTIONS: 1 TAB PO BID

PHYSICIAN : WHITESELL, KIMBERLY DEA# BW4441313 STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

RX NUMBER : R11137955 DISPENSE DATE: 02/10/2022 ORIGINAL ORDER DATE: 08/17/2021  
QTY DISP : 30 QTY ORDERED : 30 QUANTITY REMAINING : 120 DAYS SUPPLY : 15  
PATIENT : [REDACTED] Rph : GK

ITEM : LORAZEPAM 1MG TABLET

DIRECTIONS: 1 TAB PO BID PRN F ANX - C ATLEAST 1HR IN BETWEEN DOSES

PHYSICIAN : WHITESELL, KIMBERLY DEA# BW4441313 STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

RX NUMBER : R11312159 DISPENSE DATE: 01/12/2022 ORIGINAL ORDER DATE: 07/14/2021  
QTY DISP : 30 QTY ORDERED : 30 QUANTITY REMAINING : 60 DAYS SUPPLY : 15  
PATIENT : [REDACTED] Rph : EAJ

ITEM : CLONAZEPAM 0.5MG TABLET

DIRECTIONS: 1 TAB PO BID PRN ANXIETY OR AGITATION

PHYSICIAN : WHITESELL, KIMBERLY DEA# BW4441313 STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

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PRESCRIPTION HARDCOPY REPORT  
FOR FILL DATES BETWEEN : 01/01/22 AND 03/18/22  
FOR COMPANY : 2 - Omnicare of New Hampshire

RX NUMBER : R11312160 DISPENSE DATE: 01/12/2022 ORIGINAL ORDER DATE: 07/14/2021  
QTY DISP : 30 QTY ORDERED : 30 QUANTITY REMAINING : 60 DAYS SUPPLY : 30  
PATIENT : [REDACTED] RPh : EAJ

ITEM : ZOLPIDEM TARTRATE F/C 10MG TABLET

DIRECTIONS: 1 TAB PO QHS PRN INSOMNIA

PHYSICIAN : WHITESELL, KIMBERLY DEA# BW4441313 STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

RX NUMBER : R11312165 DISPENSE DATE: 01/12/2022 ORIGINAL ORDER DATE: 11/12/2021  
QTY DISP : 30 QTY ORDERED : 30 QUANTITY REMAINING : 0 DAYS SUPPLY : 30  
PATIENT : [REDACTED] RPh : EAJ

ITEM : VYVANSE 70MG CAPSULE

DIRECTIONS: 1 CAP PO DA FOR ADD

PHYSICIAN : WHITESELL, KIMBERLY DEA# BW4441313 STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

RX NUMBER : R11326594 DISPENSE DATE: 01/25/2022 ORIGINAL ORDER DATE: 12/22/2021  
QTY DISP : 0 QTY ORDERED : 30 AUTHORIZED REFILLS : 5 DAYS SUPPLY : 30  
PATIENT : [REDACTED] RPh : ES

ITEM : LORAZEPAM 0.5MG TABLET (RP:ATIVAN)

DIRECTIONS: 1 TAB PO QD - NRR

PHYSICIAN : WHITESELL, KIMBERLY DEA# BW4441313 STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

RX NUMBER : R11328545 DISPENSE DATE: 01/26/2022 ORIGINAL ORDER DATE: 01/26/2022  
QTY DISP : 30 QTY ORDERED : 30 QUANTITY REMAINING : 150 DAYS SUPPLY : 30  
PATIENT : [REDACTED] RPh : JLL

ITEM : LORAZEPAM 0.5MG TABLET (RP:ATIVAN)

DIRECTIONS: 1 TAB PO QAM

PHYSICIAN : WHITESELL, KIMBERLY DEA# BW4441313 STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

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PRESCRIPTION HARDCOPY REPORT  
FOR FILL DATES BETWEEN : 01/01/22 AND 03/18/22  
FOR COMPANY : 2 - Omnicare of New Hampshire

RX NUMBER : R11351779    DISPENSE DATE: 02/14/2022    ORIGINAL ORDER DATE: 02/14/2022  
QTY DISP : 30    QTY ORDERED : 30    QUANTITY REMAINING : 0    DAYS SUPPLY : 30  
PATIENT : [REDACTED]    RPh : GK

ITEM : VYVANSE 70MG CAPSULE

DIRECTIONS: 1 CAP PO DA FOR ADD

PHYSICIAN : WHITESELL, KIMBERLY    DEA# BW4441313    STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

RX NUMBER : R11353283    DISPENSE DATE: 02/15/2022    ORIGINAL ORDER DATE: 12/09/2021  
QTY DISP : 120    QTY ORDERED : 120    QUANTITY REMAINING : 120    DAYS SUPPLY : 30  
PATIENT : [REDACTED]    RPh : PAB

ITEM : PHENOBARBITAL 1/4GR 16.2MG TABLET

DIRECTIONS: G 4 TABS (64.8MG) PO QHS F EPILEPSY

PHYSICIAN : WHITESELL, KIMBERLY    DEA# BW4441313    STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

RX NUMBER : R11353283    DISPENSE DATE: 03/11/2022    ORIGINAL ORDER DATE: 12/09/2021  
QTY DISP : 120    QTY ORDERED : 120    QUANTITY REMAINING : 120    DAYS SUPPLY : 30  
PATIENT : [REDACTED]    RPh : ES

ITEM : PHENOBARBITAL 1/4GR 16.2MG TABLET

DIRECTIONS: G 4 TABS (64.8MG) PO QHS F EPILEPSY

PHYSICIAN : WHITESELL, KIMBERLY    DEA# BW4441313    STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

RX NUMBER : R11356425    DISPENSE DATE: 02/17/2022    ORIGINAL ORDER DATE: 02/16/2022  
QTY DISP : 60    QTY ORDERED : 60    QUANTITY REMAINING : 180    DAYS SUPPLY : 30  
PATIENT : [REDACTED]    RPh : ES

ITEM : CLONAZEPAM 1MG TABLET

DIRECTIONS: 1 TAB PO BID

PHYSICIAN : WHITESELL, KIMBERLY    DEA# BW4441313    STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

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PRESCRIPTION HARDCOPY REPORT  
FOR FILL DATES BETWEEN : 01/01/22 AND 03/13/22  
FOR COMPANY : 2 - Omnicare of New Hampshire

RX NUMBER : R11356425    DISPENSE DATE: 03/14/2022    ORIGINAL ORDER DATE: 02/16/2022  
QTY DISP : 60    QTY ORDERED : 60    QUANTITY REMAINING : 180    DAYS SUPPLY : 30  
PATIENT : [REDACTED]    RPh : ES

ITEM : CLONAZEPAM 1MG TABLET

DIRECTIONS: 1 TAB PO BID

PHYSICIAN : WHITESELL, KIMBERLY    DEA# BW4441313    STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

RX NUMBER : R11356687    DISPENSE DATE: 02/22/2022    ORIGINAL ORDER DATE: 02/16/2022  
QTY DISP : 30    QTY ORDERED : 30    QUANTITY REMAINING : 150    DAYS SUPPLY : 15  
PATIENT : [REDACTED]    RPh : ALM

ITEM : LORAZEPAM 1MG TABLET

DIRECTIONS: 1 TAB PO BID PRN F ANX (AT LEAST 1 HOUR BETWEEN DOSES)

PHYSICIAN : WHITESELL, KIMBERLY    DEA# BW4441313    STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

RX NUMBER : R11364625    DISPENSE DATE: 02/23/2022    ORIGINAL ORDER DATE: 02/23/2022  
QTY DISP : 60    QTY ORDERED : 60    QUANTITY REMAINING : 180    DAYS SUPPLY : 30  
PATIENT : [REDACTED]    RPh : ES

ITEM : LORAZEPAM 0.5MG TABLET (RP:ATIVAN)

DIRECTIONS: 1 TAB PO BID

PHYSICIAN : WHITESELL, KIMBERLY    DEA# BW4441313    STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

RX NUMBER : R11369091    DISPENSE DATE: 02/26/2022    ORIGINAL ORDER DATE: 02/26/2022  
QTY DISP : 30    QTY ORDERED : 30    QUANTITY REMAINING : 150    DAYS SUPPLY : 30  
PATIENT : [REDACTED]    RPh : ES

ITEM : LORAZEPAM 0.5MG TABLET

DIRECTIONS: 1 TAB PO QAM

PHYSICIAN : WHITESELL, KIMBERLY    DEA# BW4441313    STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

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PRESCRIPTION HARDCOPY REPORT  
FOR FILL DATES BETWEEN : 01/01/22 AND 03/18/22  
FOR COMPANY : 2 - Omnicare of New Hampshire

RX NUMBER : R11369171 DISPENSE DATE: 02/26/2022 ORIGINAL ORDER DATE: 02/26/2022  
QTY DISP : 30 QTY ORDERED : 30 QUANTITY REMAINING : 0 DAYS SUPPLY : 15  
PATIENT : [REDACTED] RPh : ES

ITEM : LORAZEPAM 1MG TABLET

DIRECTIONS: 1 TAB PO BID PRN F AG C AT LEAST 1 HOUR BETWEEN DOSES

PHYSICIAN : WHITESELL, KIMBERLY DEA# BW4441313 STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

RX NUMBER : R11374580 DISPENSE DATE: 03/02/2022 ORIGINAL ORDER DATE: 02/26/2022  
QTY DISP : 30 QTY ORDERED : 30 QUANTITY REMAINING : 90 DAYS SUPPLY : 30  
PATIENT : [REDACTED] RPh : ES

ITEM : LORAZEPAM 0.5MG TABLET

DIRECTIONS: 1 TAB PO QAM

PHYSICIAN : WHITESELL, KIMBERLY DEA# BW4441313 STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

RX NUMBER : R11383482 DISPENSE DATE: 03/09/2022 ORIGINAL ORDER DATE: 03/09/2022  
QTY DISP : 5 QTY ORDERED : 30 QUANTITY REMAINING : 0 DAYS SUPPLY : 30  
PATIENT : [REDACTED] RPh : EAJ

ITEM : VYVANSE 70MG CAPSULE

DIRECTIONS: 1 CAP PO DA FOR ADD

PHYSICIAN : WHITESELL, KIMBERLY DEA# BW4441313 STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

RX NUMBER : R11385149 DISPENSE DATE: 03/10/2022 ORIGINAL ORDER DATE: 03/09/2022  
QTY DISP : 30 QTY ORDERED : 30 QUANTITY REMAINING : 30 DAYS SUPPLY : 30  
PATIENT : [REDACTED] RPh : EAJ

ITEM : LORAZEPAM 1MG TABLET

DIRECTIONS: 1 TAB PO QD PRN F AX

PHYSICIAN : WHITESELL, KIMBERLY DEA# BW4441313 STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

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PRESCRIPTION HARDCOPY REPORT  
FOR FILL DATES BETWEEN : 01/01/22 AND 03/18/22  
FOR COMPANY : 2 - Omnicare of New Hampshire

RX NUMBER : R11393343    DISPENSE DATE: 03/16/2022    ORIGINAL ORDER DATE: 03/09/2022  
QTY DISP : 0    QTY ORDERED : 0    AUTHORIZED REFILLS :    DAYS SUPPLY : 30  
PATIENT : [REDACTED]    RPh : GK

ITEM : VYVANSE 70MG CAPSULE

DIRECTIONS: 1 CAP PO QD -ADD - NRR

PHYSICIAN : WHITESELL, KIMBERLY    DEA# BW4441313    STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

RX NUMBER : R11393458    DISPENSE DATE: 03/16/2022    ORIGINAL ORDER DATE: 03/09/2022  
QTY DISP : 0    QTY ORDERED : 30    QUANTITY REMAINING : 0    DAYS SUPPLY : 30  
PATIENT : [REDACTED]    RPh : GK

ITEM : LORAZEPAM 1MG TABLET

DIRECTIONS: 1 TAB PO QD PRN ANXIETY

PHYSICIAN : WHITESELL, KIMBERLY    DEA# BW4441313    STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111

RX NUMBER : R11393459    DISPENSE DATE: 03/16/2022    ORIGINAL ORDER DATE: 03/11/2022  
QTY DISP : 60    QTY ORDERED : 60    QUANTITY REMAINING : 300    DAYS SUPPLY : 30  
PATIENT : [REDACTED]    RPh : GK

ITEM : LORAZEPAM 0.5MG TABLET

DIRECTIONS: 1 TAB PO BID WITH AT LEAST 1 HOUR BETWEEN DOSES PRN ANXIETY OR AGITATION

PHYSICIAN : WHITESELL, KIMBERLY    DEA# BW4441313    STATE LICENSE# 9759  
3 LAKEVIEW DR DOVER NH 03820-2111