

Redacted - Confidential PHI

Gen Info | Phone/Contact Info | 3rd Pty Plans | Sr Div | Allergies | Health Cond | Addl Info | Cmts

Patient Priority Comments

Drugs

- Brand Name - see profile
- Double Count
- Original Container

Payment

- Multiple insurance plans - check copay
- Patient has secondary coverage
- Plan covers 3-day emergency supply only
- Verify Id

About the Patient

- Deliver to Patient
- Hearing/Visually Impaired
- HIPAA disclosure on file
- Mail to Patient
- See Patient Comments
- Twin
- Verify DOB: Jr/Sr

Last Updated: 09/22/17 TMM

Patient Comments

one time cash payment for adderall: 9/23 saw police report; incident number 170-831-801
 FAIL GFD - Fake Norco and Soma. do NOT FILL C2

Last Updated: 02/07/18 JNC Add Comment

Mail Service Comments

Mail Service Priority Comments

Returned a Kanax hardcopy script dated 6/24/19.
1) No ID 2) Hx of fake Rx

Save

Cancel

Balance Rewards Member

JNC JNC OK 11:28 AM

ViewRx - Redacted - Confidential PHI

Image

MICHAEL A. HUIE, M.D., PHD
 Lic. # 001413, DEA # BH6366226
 2320 Sutter Street, Suite 101
 San Francisco, CA 94110
 (415) 928-2500

Redacted - Confidential PHI

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Redacted - Confidential PHI 4/18/19

Narco 10mg/325mg #60 (Sixty)
Sig 7 po q4h PRN pain
Zithromax 250mg #6
Sig 500 mg po once, then 250mg po qd
Rx 3

<input type="checkbox"/> 1-34	<input type="checkbox"/> 25-49	<input checked="" type="checkbox"/> 50-74	<input type="checkbox"/> 75-99	<input type="checkbox"/> 101-150	<input type="checkbox"/> 151-
<input type="checkbox"/> Do Not Substitute Refill 0 2 3 4 - PRN Units					
<input type="checkbox"/> 1-24	<input type="checkbox"/> 25-49	<input type="checkbox"/> 50-74	<input type="checkbox"/> 75-100	<input type="checkbox"/> 101-150	<input type="checkbox"/> 151+
<input type="checkbox"/> Do Not Substitute Refill 0 2 3 4 - PRN Units					
<input type="checkbox"/> 1-24	<input type="checkbox"/> 25-49	<input type="checkbox"/> 50-74	<input type="checkbox"/> 75-100	<input type="checkbox"/> 101-150	<input type="checkbox"/> 151+
<input type="checkbox"/> Do Not Substitute Refill 0 2 3 4 - PRN Units					

Prescription is void if the number of drugs prescribed is not noted

2

Void after:

Signature: *[Handwritten Signature]*

Specialty: (S) (A) (J)

#000310

Page 1 of 1

Annotations

All

There are no annotations

Rotate

Zoom

Prescription Information

Rx #: 1273575 4609

Last Refill: 04/18/2019 Orig Date: 04/18/2019

Drug ID: AZITHROMYCIN 250MG TABLETS 6-PAK

Manufacturer: SANDOZ

Directions: TAKE 2 TABLETS BY MOUTH ON DAY 1, THEN TAKE 1 TABLET BY MOUTH DAILY FOR 4 DAYS

Quantity: 6 DAW: N Substitute: Y

Qty Disp: Qty Rem: 6

Drug Expir: 04/18/2020 NDC: 00781-5776-26

Days Supply: Refills: 1 Refills Before: 04/17/2020

Prescriber: MICHAEL HUIE

Prescriber ID: BH6366226 Prescriber Phone: (415) 928-2500

View Compound

Print Image

Show Image

Close

*Narco refused. non-compliant pad.
 Prescriber was notified several times
 in the past about this. (see hx)*

Would you like to enroll in Balance Rewards?

JNC JNC OK 11:45 AM

Prescriber Inquiry

Search By

Phone: () Prescriber ID: State: CA

Name: GUIDO GORES

Store

Search

Central

Search

Search Results

Name	Phone	DEA #	NPI #	Address
GORES, GUIDO JAMES JR	(415) 922-9700	BG1121196	1528073996	1400 GEARY BLVD
GORES, GUIDO JAMES JR	(415) 771-4366	BG1121196	1528073996	909 HYDE ST

Pbr Location Comments:

Pbr General Comments:

Refused all controls from this MD beginning 4/2019.

- No reasonable justification for Prometh / cod - Pres have no inhalers (no maintenance) on file
- High Qty's of opioids. Not a pain MD.

(ex)

Row 1 of 2

04/10/19 16:01:27 760-491-6206

-> strfax1

CHMB Inc

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To: WALGREENS #04609
1301 MARKET ST
SAN FRANCISCO, CA 941031307

Fax # 415-861-2777

From: Saint Francis Medical Group Office
909 Hyde Street, Ste 125,
San Francisco, CA 94109

Phone # 415-771-4366

Submitted by: Guido Gores M.D.

Submitted by Fax #: 415-771-6412

SPECIAL INSTRUCTIONS:

Rx: 368392546



RX Refused

Saint Francis Medical Group Office
909 Hyde Street, Ste 125, San Francisco, CA 94109
415-771-4366

Guido Gores M.D.
CAG61254 (CS#: 1528073996)
DEA #BG1121196 NPI: 1528073996

Note to Pharmacy: If medication details are handwritten, call prescriber's office for verification.

Name: **Redacted - Confidential PHI**
Address: **Redacted - Confidential PHI**

clonazepam 1 MG Oral Tablet (**60** TAB)

Quantity: (**60** TAB)
(sixty tablet)

TAKE 1 TABLET BY MOUTH TWICE DAILY

The prescription will be filled generically unless prescriber writes 'daw' in the box below

X *Guido Gores*

May Substitute

Security Feature List:
1. (*) Handwritten and stamped quantities

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Date 04/10/2019

Units

Plan Name

Card Holder ID

PBM Unique ID

Group No

Relationship Code

Member Phone No

Home: **Redacted - Confidential PHI**

CONFIDENTIAL PROTECTED HEALTH INFORMATION
HIGHLY CONFIDENTIAL

WAGCAS00127816

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