Exhibit
NA-43

62322 Lumbar/sacral epidural
20552 Trigger point injxn 1-2

Braces/Fitting:
L1832

M54.16 Lumbar radic
M50.30 Cervical DDD
M51.34 Thoracic DDD
M51.36 Lumbar DDD
5 Lumbago

S23.5XXD Thoracic spr, sub
S23.5XXS Thoracic spr seq
S33.5XXA Lumbar sprain, initial
S33.5XXD Lumbar sprain, sub
S33.5XXS Lumbar sprain, seq

Vitamin B12 Injection Kit NDC 76420052701
NDC 69914-725-01

M60.9 Myositis
M79.1 Myalgia
M79.7 Fibromyalgia M54.30 Sciatica, unspec
M54.31 Sciatic, RT / M54.32 Sciatica, LT
asm of the back

NEIL ANAND, M.D.
LIC. # MD422681 NPI # 1982626818
DEA # ______
VIKTORIYA MAKAROVA, C.R.N.P
PA # NPPA032972
LIC. # SP018354 NPI # 1396251815
DEA # ______
BERNARD STUETZ, P.A.
LIC. # MA000812-L NPI # 1093807562
DEA # ______

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVE., SUITE 101
PHILADELPHIA, PA 19128
(215) 310-8087 TEL
(215) 940-9690 FAX

ARIA HOSPITAL WAKELING
5000 FRANKFORD AVE., SUITE 2
PHILADELPHIA, PA 19124
(518) 928-3087 TEL

1336 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020
(215) 310-8087 TEL

NAME Fred Glasgow DOB 11/2/90
ADDRESS ______ DATE 7-10-18

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

℞
oxycodone 30 mg
sig: T tab po q 4-6hrs prn
Disp #120 (one hundred & twenty)

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

☐ LABEL
Refill (NR) 1 2 3 4 5

Viktoriya Makarova N.P.
PA # NPPA032972
LIC # SP018354
DEA # MM

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

V Makarova

002508 8E26GP0522598

NEIL ANAND, M.D.
LIC. # MD422681 NPI # 1982626818
DEA # ______
VIKTORIYA MAKAROVA, C.R.N.P
PA # NPPA032972
LIC. # SP018354 NPI # 1396251815
DEA # ______
BERNARD STUETZ, P.A.
LIC. # MA000812-L NPI # 1093807562
DEA # ______

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(518) 928-3087 TEL

1336 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020
(215) 310-8087 TEL

NAME Fred Glasgow DOB ______
ADDRESS ______ DATE 7/10/18

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

℞
MS contin 15mg ER
sig: 1 tab PO BID
disp: #60 (sixty)

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

☐ LABEL
Refill (NR) 1 2 3 4 5

Viktoriya Makarova N.P.
PA # NPPA032972
LIC # SP018354
DEA # MM

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

V Makarova

002513 8E26GP0522598

---

drome, Cervical
spond, lumbar
sprain
LT
Pain
rm L
nee pain
/27093
RT (G57.12 LT)

95970 Electric Analysis
95971 Prog Anal Simple
95972 Prog Anal Complex

Rhizotomy Codes:
64633 RFA Cervical Facet/MBB, 1st level LT/RT
64634 RFA Cervical Facet addl' (units __)
64635 RFA Lumbar Facet, 1st level LT/R 64636 RFA Lumbar facet, addl' level (units __)
64640 RFA/ablation peripheral nerve

63663 Rev/Replacement Lead
63688 Removal Revision of Generator

B02.29 Post herpetic neuralgia
E11.29 Diabetic neuropathy
F41.9 Anxiety
F11.20 Opiate dependence M12.9 Arthritis
G50.0 Trigeminal neuralgia
M25.60 Limited ROM
G90.59 CRPS NOS
M41.20 Scoliosis

G58.9 Mononeuritis
G72.9 Myopathy NOS
G89.4 Chronic pain syn
F32.9 Depression
M71.50 Bursitis NOS
M43.6 Torticollis NOS
M79.2 Neuropathic pain

Other Diagnoses (write in) ______

Walgreens

1607 BRIDGE ST ST#05522
PHILADELPHIA, PA, 19124

Tel: 215-5370169
Fax: 215-5372685

Date: 02/12/2020
Time: 16:6:31 (CST)
Pages: 2

Attention: nina

Message:

Good morning,

The prescription below was filled in error to the wrong prescripter. The prescription was suppose to be filled under Viktoriya Makarova (license #SP018354), but was incorrectly filled under Neil Anand (license #MD422681). This is for patient Telishia Rodriguez (DOB 09/22/1986. Rx# 2371216)

I apologize for this error.

Jessica Sheffield

MGR 05522

Jessica Sheffield

Walgreens #5522
1607 Bridge St.
Philadelphia, PA 19124

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED	REMOTE CSID	DURATION	PAGES	STATUS
January 30, 2020 10:22:47 AM CST	12159409690	127	6	Received

01/30/2020 8:20 AM 12159409690 +12155372665 pg 5 of 6

2020/01/04 15:07:10 4 /5

NEIL ANAND, M.D.

DEA # ____________ LIC. # MD422601 NPI # 1932526010

VIKTORIYA MAKAROVA, C.R.N.P

PA # NPPA032973

DEA # ____________ LIC. # SP018354 NPI # 1306281619

BERNARD STUETZ, P.A.

DEA # ____________ LIC. # MA000812-L NPI # 1003807562

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVE., SUITE 101
PHILADELPHIA, PA 19128
(215) 310-6007 TEL
(215) 840-8800 FAX

ARIA HOSPITAL WAKELING
5000 FRANKFORD AVE., SUITE 2
PHILADELPHIA, PA 19124
(215) 970-3087 TEL

1330 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020
(215) 310-6007 TEL

NAME Felisha Rodriguez DOB

ADDRESS DATE 12.4.18

TAMPER RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

℞

Tramadol 50mg

i tab po q 4-6 hrs

#120 (one hundred twenty)

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

☐ LABEL

Refill NR 1 2 (3) 4 5 Twenty

Viktoriya Makarova
PA # NPPA032973
LIC # SP018354
DEA # MM4784930

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

V. Mak

600600 SE26GP0522598

Filled

12/4/2018

1/2/2019

2/1/2019

3/2/2019

Rx #

2371218

Fax: 215-940-9690.

Attn: Nina

M278724?7

NEIL ANAND, M.D.

DEA # ____________ LIC. # MD[illegible] NPI # [illegible]

VIKTORIYA MAKAROVA, C.R.N.P.

PA # NPPA0[illegible]

DEA # ____________ LIC. # SP01[illegible] NPI # [illegible]

BERNARD STUETZ, P.A.

DEA # ____________ LIC. # MA000[illegible] NPI # [illegible]

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVE., SUITE 101
PHILADELPHIA, PA 19128 — (215) 310-[illegible] TEL. (215) 940-[illegible] FAX

ARIA HOSPITAL WAKELING
5000 FRANKFORD AVE., SUITE 2
PHILADELPHIA, PA 19124 — (215) [illegible] TEL.

1330 BRISTOL PIKE, SUITE 103
BENSALEM, PA 1902[illegible] — (215) 31[illegible]

4/30/1986

NAME Felicia Rodriguez

ADDRESS 6228 Gillespie DATE 12.4.18

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

Phila PA 19135

℞

Oxycodone 15mg

i tab p.o. QID

#120 (one hundred + Twenty)

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

Viktoriya Makarova
PA # NPPA0[illegible]
LIC # SP01[illegible]
DEA # M[illegible]

☐ LABEL

Refill (NR) 1 2 3 4 5

SUBSTITUTION PERMISSIBLE ____________

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

V. Mag

000252 — 8J25GP[illegible]

Rx # 2371216

12/4/2018

NEIL ANAND, M.D.
DEA # _____ LIC. # MD422681 NPI # 1982626818

VIKTORIYA MAKAROVA, C.R.N.P
PA # NPPA032972
DEA # _____ LIC. # SP018354 NPI # 1396251815

BERNARD STUETZ, P.A.
DEA # MS3164667 LIC. # MA000812-L NPI # 1093807562

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVE., SUITE 101
PHILADELPHIA, PA 19128
(215) 310-8087 TEL.
(215) 940-9690 FAX

ARIA HOSPITAL WAKELING
5000 FRANKFORD AVE., SUITE 2
PHILADELPHIA, PA 19124
(518) 928-3087 TEL.

1336 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020
(215) 310-8087 TEL.

NAME Geraldine Lynch DOB _____
ADDRESS _____ DATE 7/20/18

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

℞ Oxycontin 80 mg
1 tab po BID
#60 (Sixty)

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

☐ LABEL

Refill (NR) 1 2 3 4 5

SUBSTITUTION PERMISSIBLE _____

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE PRESCRIBER MUST HANDWRITE "**BRAND NECESSARY**" OR "**BRAND MEDICALLY NECESSARY**" IN THE SPACE BELOW.

Bernard Stuetz PA-C

8E26GP0522598

♻ 002568

NEIL ANAND, M.D.
DEA # _____ LIC. # MD422681 NPI # 1982626818

VIKTORIYA MAKAROVA, C.R.N.P
PA # NPPA032972
DEA # _____ LIC. # SP018354 NPI # 1396251815

BERNARD STUETZ, P.A.
DEA # MS3164667 LIC. # MA000812-L NPI # 1093807562

ROXBOROUGH HOSPITAL MOB
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ARIA HOSPITAL WAKELING
5000 FRANKFORD AVE., SUITE 2
PHILADELPHIA, PA 19124
(518) 928-3087 TEL.

1336 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020
(215) 310-8087 TEL.

NAME Geraldine Lynch DOB _____
ADDRESS _____ DATE 7/20/18

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

℞ Oxycodone 30 mg
1 tab po q 4-6 hrs prn
#120 (One hundred twenty)

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

☐ LABEL

Refill (NR) 1 2 3 4 5

SUBSTITUTION PERMISSIBLE _____

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE PRESCRIBER MUST HANDWRITE "**BRAND NECESSARY**" OR "**BRAND MEDICALLY NECESSARY**" IN THE SPACE BELOW.

Bernard Stuetz PA-C

8E26GP0522598

♻ 002567

YORKE PHARMACY
5524 NEW FALLS ROAD
LEVITTOWN, PA 19056

T 215-945-5700
F 215-946-4801

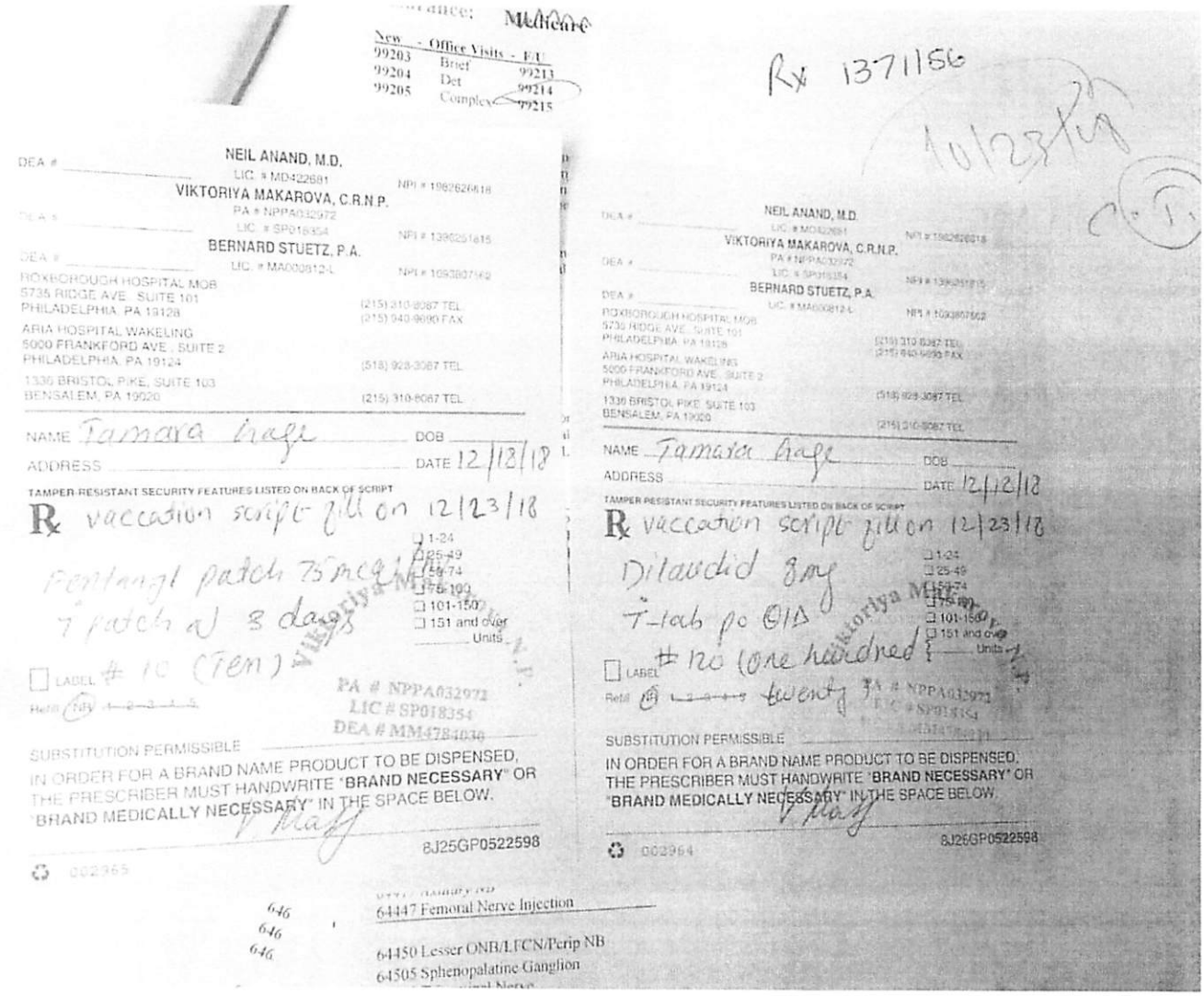
6-2-20

TO: DR NEIL ANAND

From: Yorke Pharmacy

Rx# 1371156 dated 12-24-18 FOR
Hydromorphone 8mg Tabs
QTY: 120 FOR PATIENT
MRS. TAMARA GAGE was
incorrectly filled under
Dr. Neil Anand instead OF
Dr VICTORIYA MAKAROVA.

Dhant Desai.
Pharmacist.



...ance: Medicare

New - Office Visits - E/U		
99203	Brief	99213
99204	Det	99214
99205	Complex	99215

NEIL ANAND, M.D.
LIC. # MD422681 NPI # 1982626618
VIKTORIYA MAKAROVA, C.R.N.P.
PA # NPPA032972 NPI # 1396251615
LIC. # SP018354
BERNARD STUETZ, P.A.
LIC. # MA009812-L NPI # 1093807562

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVE., SUITE 101
PHILADELPHIA, PA 19128 (215) 310-8087 TEL
(215) 940-9890 FAX

ARIA HOSPITAL WAKELING
5000 FRANKFORD AVE., SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL

1330 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020 (215) 310-8087 TEL

NAME Tamara Hage DOB
ADDRESS DATE 12/12/18

TAMPER RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

Rx vaccation script fill on 12/23/18

Fentanyl patch 75mcg/hr
1 patch q 3 days

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

☐ LABEL # 10 (ten)

Refill (Only) 0 1 2 3 4 5

PA # NPPA032972
LIC # SP018354
DEA # MM4784036

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

8J25GP0522598

002965

Rx 1371156

10/23/19

NEIL ANAND, M.D.
LIC. # MD422681 NPI # 1982626618
VIKTORIYA MAKAROVA, C.R.N.P.
PA # NPPA032972 NPI # 1396251615
LIC. # SP018354
BERNARD STUETZ, P.A.
LIC. # MA009812-L NPI # 1093807562

ROXBOROUGH HOSPITAL MOB
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PHILADELPHIA, PA 19128 (215) 310-8087 TEL
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PHILADELPHIA, PA 19124 (518) 928-3087 TEL

1330 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020 (215) 310-8087 TEL

NAME Tamara Hage DOB
ADDRESS DATE 12/12/18

TAMPER RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

Rx vaccation script fill on 12/23/18

Dilaudid 8mg
1 tab po Q12

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

☐ LABEL # 120 (one hundred twenty)

Refill (0) 1 2 3 4 5

PA # NPPA032972
LIC # SP018354

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

8J26GP0522598

002964

646 64447 Femoral Nerve Injection
646
646 64450 Lesser ONB/LFCN/Perip NB
64505 Sphenopalatine Ganglion