

# **EXHIBIT A**

109 Medway St.  
Apt. 9  
Providence, RI 02906

February 1, 2012

FOIA Staff, BICN Building  
600 E Street, N.W., Room 7300  
Washington, D.C. 20530-0001

ATTN: Freedom of Information and Privacy Act Officer

Dear FOIA Officer,

Under the Freedom of Information Act, I am requesting access to all exhibits presented in federal case 1:07-cr-00060-SSB-3, "United States of America vs. Paul H. Volkman," which took place at the U.S. District Courthouse, in Cincinnati, between March 1, 2011 and May 10, 2011. These exhibits were admitted without objection and shown to members of the jury (and observers in the courtroom) during the trial. The case was presented by the office of U.S. Attorney Carter M. Stewart, Southern District of Ohio.

Specifically, I am requesting access to all materials listed in the Exhibit List filed by the government on August 18, 2011 (Doc. # 375), which include applications, inspection reports, licenses to distribute medication, dispensary logs, narcotic and poison record books, pharmacy and DEA drug logs, letters, PowerPoint presentations, videos, prescriptions, pain medication releases, pain management service agreements, physical examination records, medical records, photographs, death certificates, evidence labels, sketches and schematics of the Tri-State office, journal logs, controlled substances logs, emails, lab reports, sign-in sheets, plastic prescription containers, receipts, employee files, signs and notices from the Tri-State clinic, tax forms, patient history questionnaires, insurance reports, autopsy reports, complaints, impounding forms, toxicology reports, patient files, patient sign-in sheets, faxes, items found at patients' residences, property leases, progress charts, handouts from yoga classes, pain medication explanation forms, and pain diaries. A complete list of exhibits is attached to this letter.

I am an author writing a book about the case. I seek the opportunity to inspect physical items, such as prescription bottles, and receive copies of all other materials (papers, photographs, DVDs, etc.) that can be re-produced. Please notify me if the fees for producing these records exceed \$1,000. I agree to pay any fees up to that amount.

If you deny any part of this request, please cite each specific reason justifying your refusal to release the information. Please notify me of appeal procedures available under the law. If you have any questions processing this request, please contact me at (401) 374 5868 or philip.edward.eil@gmail.com.

Thank you,

Philip Eil

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## EXHIBIT AND WITNESS LIST - CONTINUATION

USA		vs. VOLKMAN			CASE NO. 1:07-CR-60-3
PLF. NO.	DEF. NO.	DATE OFFERED	Marked	Admitted	DESCRIPTION OF EXHIBITS AND WITNESSES
					<u>SUMMARY OF EXHIBITS ADMITTED</u>
					GOVERNMENT: 1, 2, 4, 5, 6 a-m, 7, 8 a-h, 9 a-d, 10, 11, 12, 17 a-f, 19, 20, 21 a-o, 22 b-h, 23, 24, 25 a-c, 26, 27, 28 a+b, 29 a-e, 30 a, * 34 a - page 1 ONLY, 31, 32 a-d, 33 a+b, 34 a-d, <del>35</del> , <del>35</del> 35 a-e, g+h, 36, 37 a-d, 38 a-c, 39 a-d, 40 a-d, 41 c, 42 a+b, 43 a-c, 44 a-g, 45, 47, 49, 51, 52, 53, 54, 55 pp. 1, 3 & 4, 56 a+b, 57 a-c, 58 a-c, 59 a-c, 60 a+b, 61 a-d, 62 a-c, 63 b, 64 a, c+d, 65 a-d, 66 a-c, e+f EXCEPT PAGE 1, 67 a-d, f+h, 68 d, 69 a-d, 71, 72, 73, 75 a, b, e, g, h, 77, 78, 80, 82, 83, 84 a-c, 85, 86 a-d, 87 a-c, 88 c, 89 a-d, 90 a+b, 91 a-d & g, 92 a+b, 93, 94, 95, 96 a+b, 97 a+b, 98, 99, 100, 102, 103 (Pills), 106, 107, 108, 109, 110 R/S ONLY
					DEFENDANT: E, G, H, I-1, M, R, S, U, V, X, Y, AA, BB, CC, DD, EE-1, EE-2, FF, FF-1-9

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EXHIBIT AND WITNESS LIST – CONTINUATION

USA		vs. VOLKMAN		CASE NO.	
PLF. NO.	DEF. NO.	DATE OFFERED	MARKED OFFERED	ADMITTED	DESCRIPTION OF EXHIBITS AND WITNESSES
<del>70VT</del>					
G		4/20/11	4/20/11	No Obj ADM.	(Cross) POWELL - HOUSE ON CENTER STREET PHOTO
108		4/20/11	"	No Obj ADM.	(WRIGHT) POWELL - TREATMENT ATTESTATION FORM
109		4/20/11	"	No Obj ADM.	" FORM RE: LACK OF MALPRACTICE INSUR.
FF-1		"	"	No Obj ADM.	(Cross) TAMMY POWELL - FORM RE: LACK OF MALPRACTICE INSUR
FF-2		"	"	No Obj ADM.	" - (2 pgs.)
FF-3		"	"	No Obj ADM.	" - (3 pgs.) - Rxs + MEDICATION SCHEDULE
FF-4		"	"	No Obj ADM.	" 6/04 Rxs
FF-5		"	"	No Obj ADM.	" 7/04 - 8/05 Rxs 7/04 - 6/05
FF-6		"	"	No Obj ADM.	" Rxs 6/05 - 8/05
FF-7		"	"	No Obj ADM.	" Rxs 9/05 -
FF-8		"	"	No Obj ADM.	" EXPLAINING PAIN MEDICATION - FORM
FF-9		"	"	No Obj ADM.	" PATIENT HISTORY FORMS
107		"	"	No Obj ADM.	(OAKLEY) TAMMY POWELL - PAIN DIARY
110		"	"	No Obj ADM.	" - 8/28/03 EXAMINATION FORM OF VOLKMAN
110					<u>PREScriptions ONLY ADMITTED</u>

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EXHIBIT AND WITNESS LIST - CONTINUATION

USA		vs. VOLKMAN		CASE NO.
PLF. NO.	DEF. NO.	DATE OFFERED	Admitted	DESCRIPTION OF EXHIBITS AND WITNESSES
70VT				
66C		3/29/11	No OBJ (WRIGHT) ADM. MARINETTI - TOX. REPORT - BRIGNER	
44C		3/29/11	No OBJ ADM. " - TOX. REPORT - JAMES	
67C		3/29/11	No OBJ ADM. " - TOX. REPORT - REEDER	
44B		3/30/11	No OBJ (WRIGHT) ADM. LEHMAN - AUTOPSY REPORT - JAMES	
67F			OBJ. (OAKLEY) ADM. CHARLES - PHOTO OF REEDER	
67H			ADM. " - PHOTO " "	
42C			No OBJ (WRIGHT) ADM. SCHWILKE - NOT ADMITTED	
32C			No OBJ (WRIGHT) ADM. POWERS - TOX. REPORT	
39C		3/30/11	No OBJ ADM. " - TOX. REPORT	
66D		3/30/11	OBJ. (OAKLEY) ADM. KENNEDY - MEDICAL FILE	
30B		4/4/11	OBJ. NOT ADM.	
99		"	No OBJ ADM.	
AA		4/12/11	No OBJ (CROSS) ADM. BALLARD - HANDOUT FOR YOGA CLASS	
BB		4/13/11	No OBJ (CROSS) ADM. TENNANT - ARTICLE OF DR. TENNANT	
106		4/13/11	No OBJ ADM. " - 3/2006 REPORT	
CC		4/18/11	No OBJ (CROSS) ADM. SCOTT - MEDICAL RELEASES	
R		4/18/11	No OBJ ADM. " - RECEIPTS FOR OFFICE VISITS ONLY	
EE		4/18/11	" - SAME AS 69D	
DD		4/19/11	No OBJ (CROSS) ADM. AMES - DVD OF PROCESSING PATIENTS	
E		4/20/11	No OBJ (CROSS) ADM. POWELL - PHOTOGRAPH OF Tri State	
EE-1		4/20/11	No OBJ ADM. " 3/4/05 doc. signed BY POWELL	
EE-2		4/20/11	No OBJ ADM. " NALCOtic "PAIN MANAGEMENT	

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USA		vs. VOLKMAN		CASE NO.
EXH. NO.	DEF. NO.	DATE OFFERED	DATE ADMITTED	DESCRIPTION OF EXHIBITS AND WITNESSES
66A		3/23/11	3/23/11	No 085 (WRIGHT) WHEELER - DEATH CERTIFICATE - BRIGNER
Y				No 085 " - ANN ELLIS PROGRESS CHART 7/7/03
Z				(CROUSE) BRAUNER -
366				OBJ. (WRIGHT) EASTLEY - PHOTO
354		3/23/11	3/23/11	OBJ. " PHOTO OF SON
43B		3/24/11	3/24/11	No 085 (WRIGHT) WARD - TOXICOLOGY REPORT
40C				" -
67B				No 085 (WRIGHT) ADM. HILTEGROVE - AUTOPSY REPORT - REEDER
67C				" TOXICOLOGY REPORT
40B		3/24/11	3/24/11	No 085 " ADM. AUTOPSY REPORT - JORDAN
56B		3/28/11	3/28/11	No 085 (WRIGHT) ADM. DAVIS - AUTOPSY REPORT - COFFEE
40C		3/29/11	3/29/11	No 085 (WRIGHT) ADM. SMITH - TOX REPORT
35D				No 085 (WRIGHT) ADM. FORD - LAB REPORT
75G				No 085 (WRIGHT) ADM. WALLACE - <del>EVIDENCE</del> INVENTORY OF ITEMS
75H				No 085 " - MEDICINE BOTTLES
75E				OBJ. " - PHOTO OF MR. RATCLIFF
75A				No 085 " - DEATH CERTIFICATE - RATCLIFF
75B				No 085 " - Post Mor. Tox Rec. Form
89A-D				⇒ STIPULATED - ADM.
91A, C, G				
66B		3/29/11	3/29/11	No 085 (WRIGHT) ADM. CASTO - pg. 2 ALL EXCEPT PAGE 1

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USA

vs. VOLKMAN

CASE NO. 1:07-cr-60-3

PLF. NO.	DEF. NO.	DATE OFFERED	ADMITTED	DESCRIPTION OF EXHIBITS AND WITNESSES
57B		3/21/11	3/21/11	DBJ. (OAKLEY) ADM. BRYANT - PATIENT INFORMATION SHEET
61B				No 065 ADM. " "
64C				No 065 ADM. " "
72				No 065 ADM. " DAILY PLANNER
86B				No 065 ADM. " "
84B				No 065 ADM. " PATIENT FILE
44G				No 065 ADM. " PHOTOS OF RX, RECEIPT & DIRECTIONS
65B				No 065 ADM. " PATIENT FILE
69B				No 065 ADM. " " "
X				No 065 (CROSS) ADM. BRYANT - FAXES FROM Δ REG. MEDICAL RECORDS
56A				No 065 (WRIGHT) ADM. WRIGHT - DEATH CERTIFICATE - COFFEY
103		3/21/11	3/21/11	No 065 ADM. " - CONTENTS FOUND AT COFFEY'S RESIDENCE
56B		3/22/11	3/22/11	No 065 ADM. " - 1 PAGES 1 & 2 ONLY
43A				No 065 ADM. " - CORONER'S ORDER FOR AUTOPSY
43B				No 065 ADM. " DEATH CERTIFICATE - PARSONS
39B				No 065 (WRIGHT) ADM. SCHULTZ - AUTOPSY REPORT - GILLESPIE
32B				No 065 ADM. " - AUTOPSY REPORT - CARVER
73				No 065 (OAKLEY) ADM. KNOWLES - <del>LEASE</del> PROPERTY LEASE
56B		3/22/11	3/22/11	No 065 (WRIGHT) ADM. WARD - ENTIRE EXHIBIT ADMITTED
32A		3/23/11	3/23/11	No 065 (WRIGHT) ADM. WHEELER - DEATH CERTIFICATE - CARVER
44A		3/23/11	3/23/11	No 065 ADM. " - " - JAMES

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USA		vs. VOLKMAN		CASE NO.	
REF. NO.	DEF. NO.	DATE OFFERED	OFFERED Marked	Admitted	DESCRIPTION OF EXHIBITS AND WITNESSES
35A		3/21/11	3/21/11	No OBJ (WRIGHT) ADM. MOORE	DEATH CERTIFICATE - HEINEMAN
102		3/21/11	"	No OBJ (OAKLEY) ADM. BRYANT	PHOTOS (6)
25B				No OBJ ADM.	FILES FROM CENTER STREET
29A				No OBJ ADM.	"
37C				No OBJ ADM.	PATIENT FILE CENTER ST.
57C				No OBJ ADM.	" " " "
58B				No OBJ ADM.	" " " "
59B				No OBJ ADM.	" " " "
60A				No OBJ ADM.	" " " "
61C				No OBJ ADM.	" " " "
65C				No OBJ ADM.	" " " "
66F				No OBJ ADM.	" " " " *DELETE PAGES 2, 3, 4 & 5
67D				No OBJ ADM.	" " " "
86C				No OBJ ADM.	" " " "
87B				No OBJ ADM.	" " " "
92B				No OBJ ADM.	" " " "
80				No OBJ ADM.	PATIENT SIGN IN SHEETS
44E				No OBJ ADM.	PATIENT FILE
44F				No OBJ ADM.	" " "
62B				No OBJ ADM.	" " "
45				No OBJ ADM.	HAND DRAWN SKETCH TRI-STATE CLINIC
87B				No OBJ ADM.	"
88B				No OBJ ADM.	"
54		3/21/11	3/21/11	No OBJ ADM.	INVENTORY LOG (DRUG LOG)



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USA		vs. VOLKMAN		CASE NO.	
PLT. NO.	DEF. NO.	DATE OFFERED	OFFERED Marked	Admitted	DESCRIPTION OF EXHIBITS AND WITNESSES
70VT					
32D		3/15/11			(CROSS) POLICASTRO - PGS. 48+53 MEDICAL FILE OF MARY CARVER
35B		3/15/11			(OAKLEY) ROLF - AUTOPSY REPORT OF HEINEMAN
35C		3/15/11			(CROSS) ROLF - CORONER'S AUTHORIZATION FORM RE: HEINEMAN
	W	3/15/11	3/15/11	No OBJ. ADM.	" SAME AS GOVT. EX. 35C
177			3/15/11	No OBJ. ADM.	STIPULATED TO BY COUNSEL - BOXES
22B			3/15/11	No OBJ. ADM.	(OAKLEY) BOWIE - BOWIE'S COMPUTATION CHART PILLS
9C		3/15/11			(CROSS) BOWIE - PG. 3
	M	3/16/11	3/16/11	No OBJ. ADM.	(WRIGHT) GRIFFITH - BOARD COMPLAINT <del>7/16/03</del> 8/16/03
	H	3/16/11	3/16/11	No OBJ. ADM.	(CROSS) WILKES - DR. VOLKMAN'S OFFICE - CHILLICOTHE
<u>* ALL PAGES ADMITTED</u>					
34C		3/16/11	3/16/11	No OBJ. ADM.	(OAKLEY) HUTCHENS - IMPOUNDING FORM FOR PILLS
34A			"	No OBJ. ADM.	(WRIGHT) PERTIT - DEATH CERTIFICATE PG. 1 ONLY
34B			"	No OBJ. ADM.	" - TOXICOLOGY REPORT
40A			"	No OBJ. ADM.	(WRIGHT) PACK - DEATH CERTIFICATE
40B			"	No OBJ. ADM.	" - AUTOPSY REPORT
40C		3/16/11			" - TOXICOLOGY REPORT
39A		3/21/11	3/21/11	No OBJ. ADM.	(WRIGHT) JOHNSON - CERTIFICATE OF DEATH
67A			3/21/11	No OBJ. ADM.	" " " " REEDER
67C					(CROSS) JOHNSON - TOXICOLOGY REPORT - REEDER
39C					" -
39B					" -
42A		3/21/11	3/21/11	No OBJ. ADM.	(WRIGHT) MOORE -

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USA		vs. VOLKMAN		CASE NO.	
PLF. NO.	DEF. NO.	DATE SUBMITTED	Original marked	Admitted	DESCRIPTION OF EXHIBITS AND WITNESSES
91D		3/8/11	3/8/11	No OBJ ADM.	(OAKLEY) R - PARSONS
91E					" - R - STATION
93				No OBJ ADM.	" EMPLOYEE FILE OF ANDERSON
94				No OBJ ADM.	" SIGNS/NOTICES FROM Tri State
96					"
95				No OBJ ADM.	" MEDICAL FILE
96A				No OBJ ADM.	" DAILY PLANNER
96B				No OBJ ADM.	" APPOINTMENT LOG FROM Tri State
97A				No OBJ ADM.	" R - ANDERSON
97B				No OBJ ADM.	" R - JORDAN
U				No OBJ ADM.	(CROSS) 9/23/05 KRESNAK - LETTER FROM VOLKMAN TO D.E.A.
I-1		3/8/11		No OBJ ADM.	" DVD OF SURVEILLANCE CAMERAS @ Chilworth
I-2					" NOT F.D.
I-3					" NOT F.D.
I-4		3/8/11			" NOT F.D.
55		3/9/11		No OBJ ADM.	(OAKLEY) HUFFMAN - Misc Report 2003 (1099)
55				No OBJ ADM.	" " 2004 (1099)
					2005 1099 - HANDWRITTEN (pg. 3)
98		3/9/11		No OBJ ADM.	(OAKLEY) HUFFMAN - LETTER BY VOLKMAN
92B		3/9/11		No OBJ ADM.	(WRIGHT) CHAFFINS - HISTORY QUESTIONNAIRE (4 PAGES)
V		3/10/11	3/10/11	No OBJ ADM.	(CROSS) ALICE HUFFMAN - EMAIL FROM HUFFMAN
100		3/10/11	3/10/11	No OBJ ADM.	(OAKLEY) GILL - GILL'S REPORT FOR LIBERTY MUTUAL

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USA		vs. PAUL VOLKMAN			CASE NO. 1:07-CR-60-3
PLT. NO.	DEF. NO.	DATE OFFERED <i>SHOWN</i>	OFFERED Marked	Admitted	DESCRIPTION OF EXHIBITS AND WITNESSES
<i>INT.</i> 84A		3/8/11	3/8/11	No OBJ. ADM.	(COAKLEY) KRESNAK - Medical Record
84B					" " "
84C			3/8/11	No OBJ. ADM.	" " "
85				No OBJ. ADM.	" " "
86A				No OBJ. ADM.	" " "
86B					" " "
86C					" " "
86D				No OBJ. ADM.	" " "
87A				No OBJ. ADM.	" " "
87B					" " "
87C				No OBJ. ADM.	" " "
88A					" " "
88B					" " "
88C				No OBJ. ADM.	" " "
92A				No OBJ. ADM.	" " "
92B					" " "
<del>89</del>					
99					" VIDEO (DVD) SAME AS Δ'S EX. J
90A				No OBJ. ADM.	" RECEIPT FROM VOLKMAN TO <sup>10/21/05</sup> <del>RATCLIFF</del> RATCLIFF
90B				No OBJ. ADM.	" " " " ANDERSON
91A				OBJ. ADM.	" RLS - BRINIGER
91B				No OBJ. ADM.	" RX - HIENEMAN
91C		3/8/11	3/8/11	OBJ. ADM.	" RX - JAMES

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USA		vs. PAUL VOLKMAN		CASE NO.	
PL. NO.	DEF. NO.	DATE RECEIVED	DATE OPENED	Admitted	DESCRIPTION OF EXHIBITS AND WITNESSES
604A		3/8/11	3/8/11	No OBJ ADM.	(COAKLEY) - MEDICAL RECORD
604B					" " "
604C					" " "
604D				No OBJ ADM.	" " "
605A				No OBJ ADM.	" " "
605B					" " "
605C					" " "
605D				No OBJ ADM.	" " "
606D					" " "
606E				No OBJ ADM.	LAB REPORT
606F					" MEDICAL RECORD
607D					" " "
608D				No OBJ ADM.	" " "
608E					" " "
609A				No OBJ ADM.	" " "
609B					FILE REQUESTING RECORDS
609C				No OBJ ADM.	" " "
609D				No OBJ ADM.	MEDICAL RECORD
78				No OBJ ADM.	SIGN IN SHEETS FROM TRISTATE HEALTH
80					" SIGN IN SHEETS FROM CENTER ST.
79					" SIGN IN SHEETS FROM TRISTATE (2004)
82				No OBJ ADM.	" PLASTIC CONTAINERS CONTAINING R <sub>15</sub>
83A-E		3/8/11	3/8/11	No OBJ ADM.	" R <sub>15</sub> - PLASTIC CONTAINER
83		3/8/11	3/8/11	No OBJ ADM.	

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USA		vs. PAUL VOLKMAN		CASE NO.
PLF. NO.	DEF. NO.	DATE	Admitted	DESCRIPTION OF EXHIBITS AND WITNESSES
		<del>5/15/11</del>	<del>5/15/11</del>	
70VT. 52		3/8/11	3/8/11	OBJ. (DAXLEY) ADM. KREBNAK - EMAIL
53				No OBJ. ADM. " - Bi-ANNUAL DEA INVENTORY LOG
54				" INVENTORY LOG
57A				No OBJ. ADM. " MEDICAL RECORD
<del>57B</del>				
57C				" " "
58A				No OBJ. ADM. " " "
58B				" " "
58C				No OBJ. ADM. " " "
59A				No OBJ. ADM. " " "
59B				" " "
59C				No OBJ. ADM. " " "
60A				" " "
60B				No OBJ. ADM. " " "
61A				No OBJ. ADM. " " "
61B				" " "
61C				" " "
61D				No OBJ. ADM. " " "
62A				No OBJ. ADM. " " "
62B				" " "
62C				No OBJ. ADM. " " "
63A				" " "
63B		3/8/11	3/8/11	No OBJ. ADM. " " "

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USA		vs. PAUL VOLKMAN		CASE NO.
REF. NO.	DEF. NO.	DATE	Admitted	DESCRIPTION OF EXHIBITS AND WITNESSES
		<del>5/10/11</del>	<del>DEFERRED</del>	
		3/8/11		(OAKLEY) KRESNAK-
37B		}		" - MEDICAL RECORD
37C				" - " "
37D			3/8/11 No OBJ ADM.	" - " "
38A			3/8/11 No OBJ ADM.	" " " PB. 83-88
38B				" " "
38C			3/8/11 No OBJ ADM.	" " "
39D			No OBJ ADM.	4/29/05 EVIDENCE LABEL OF D.G.A.
40D			No OBJ ADM.	MEDICAL RECORD
41C			No OBJ ADM.	" "
42B			No OBJ ADM.	" "
43C			No OBJ ADM.	" "
44D			3/8/11 No OBJ ADM.	" " "
44E				" " "
44F				" " "
45			" SCHEMATIC OF TRI-STATE OFFICE	
48A		3/8/11 No OBJ ADM.	" JOURNAL LOG - ENTIRE BOOK	
48B		OBJ ADM.	" " "	
48C		No OBJ ADM.	" " "	
48D-L		No OBJ ADM.	" " "	
49A-J		No OBJ ADM.	" GREEN BINDERS CONTROLLED SUBSTANCE LOG	
51		3/8/11	3/8/11 OBJ ADM.	" EMAIL CHAIN

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USA		vs. PAUL VOLKMAN		CASE NO.
PLP. NO.	DEF. NO.	DATE	Admitted	DESCRIPTION OF EXHIBITS AND WITNESSES
		<del>SHOWN</del>	<del>OFFERED</del>	
25B		3/7/11		(OAKLEY) KRESNAK - ITEM SEIZED
25C			3/7/11	OBJ. " -
26				ADM. " -
27				NO OBJ. " - MEDICAL RECORDS & RXs
28A				ADM. " - MEDICAL RECORD
28B				NO OBJ. " " "
29A				ADM. " - MEDICAL RECORD <del>SEIZED</del>
29B				NO OBJ. " - MEDICAL RECORD
29C				ADM. " " "
29D				NO OBJ. " " "
29E				ADM. " " "
30A				NO OBJ. " " "
30B				ADM. " " "
31				NO OBJ. " " "
32A				ADM. " DEATH CERTIFICATE MARY CARTER
32B				NO OBJ. " MEDICAL RECORD
33A				ADM. " " "
33B				NO OBJ. " " " JAMES RUSSELL
34A				ADM. " " " KRISTI ROSS
35A				NO OBJ. " " "
36		3/7/11	3/7/11	ADM. " " "
37A		3/8/11	3/8/11	NO OBJ. " " "
37A				ADM. " " "
				pp. 44, 45 & 46 - RX - SHOWN TO JURY

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EXHIBIT AND WITNESS LIST - CONTINUATION

USA		vs. PAUL VOLKMAN		CASE NO.
PLF. NO.	DEF. NO.	DATE	Material Admitted	DESCRIPTION OF EXHIBITS AND WITNESSES
		<del>3/7/11</del>	<del>REPORTED</del>	
<del>70</del>				
95	pg. only	3/7/11		(WRIGHT) ADKINS - Rx 9/4/03
95	pg. only	3/7/11		" - Physical Examination 11/20/03 OFFICE NOTES
95	pg. only	"	No OBJ. ADM.	" - Rx 11/20/03
95	pg. only	"	No OBJ. ADM.	" - Rx 11/20/03
<del>96</del>				" Rx
95				" Rx pg 96
95			No OBJ. ADM.	" pg. 136 - Rx - Cough Syrup
T				(CROUSE) ADKINS Rx 2/17/04
8A-8H		3/7/11	No OBJ. ADM.	(OAKLEY) KRESNAK -
9A-9D			No OBJ. ADM.	" BOOKS SHOWING WHO SIGNED FOR Rx.
12			OBJ. ADM.	" UTILIZATION REVIEW OF DENIAL
17A			No OBJ. ADM.	" MEDICAL RECORD OF CONNIE PACK
<del>21A-21G</del>				"
21				"
21A-0			No OBJ. ADM.	" PHOTOGRAPHS
20			No OBJ. ADM.	" VIDEO (DVD) OF SEARCH OF CLINIC
22B-22H				" (OAKLEY) <del>OAKLEY</del> - KRESNAK
<del>22</del>				
22C-H			OBJ. ADM.	"
23			OBJ. ADM.	" Medical Record of Phil Smith
24			OBJ. ADM.	" " " " MARY STATEN
<del>25</del>				++ ++ ++ ++
25A	3/7/11	3/7/11	OBJ. ADM.	" " " " WILLIAM



AO 187A (Rev. 7/87) ©

EXHIBIT AND WITNESS LIST - CONTINUATION


USA		vs. PAUL VOLKMAN		CASE NO. 1:07 CR 60-3		
EXH. NO.	DEF. NO.	DATE OFFERED	Offered Marked	Admitted	DESCRIPTION OF EXHIBITS AND WITNESSES	
<del>8C</del>		3/3/11			(OAKLEY) KINNEER -	
8D		}			"	
8E					"	
8F					"	
9A					"	
9B					"	
9C					"	
9D					"	
10			3/3/11	No OBJ ADM.	"	INSPECTION REPORT
11			3/3/11	No OBJ ADM.	"	RESPONSE FROM VOLKMAN TO PINK SLIP 1/19/03
18	3/3/11		3/3/11	OBJ. (WRIGHT, ADAM) ADM. (WRIGHT, KYLE)	"	POWER POINT RE: DRUG PURCHASES
17B	3/7/11	3/7/11	No OBJ ADM. (WRIGHT)	"	PACK - VIDEO (DVD)	
17A			OBJ. (WRIGHT) NOT ADM.	"	PG. 40 - MEDICATION RECEIVED 1/6/04	
17D			No OBJ ADM.	"	- Rx	
17C			No OBJ ADM.	"	- Rx	
17E			No OBJ ADM.	"	- Rx	
17F			No OBJ ADM.	"	- Rx	
S			OBJ. (CROSS) ADM. (CROSS)	"	PACK - PAIN MEDICATION RELEASE	
95 pg. only			No OBJ ADM. (WRIGHT)	"	ADKINS - PG. 107 - 10/14/03 - PAIN MGMT. SERVICES AGREEMENT.	
95 pg. only			No OBJ ADM.	"	9/11/03 pg. Physical Examination	
95 pg. only	3/7/11	3/7/11	No OBJ ADM.	"	Rx 9/11/03	
95 pg. only	3/7/11	3/7/11	No OBJ ADM.	"	Rx 9/11/03	

EXHIBIT AND WITNESS LIST

USA		vs. PAUL VOLKMAN		DISTRICT COURT	
PLAINTIFF'S ATTORNEY		DEFENDANT'S ATTORNEY		DOCKET NUMBER	
TIMOTHY OAKLEY ADAM WRIGHT		WENDE CROSS CANDACE CROUSE		1:07-CR-60-3	
PRESIDING JUDGE		COURT REPORTER		TRIAL DATE(S)	
SANDRA BECKWITH		MARYANN RANZ (OFFICIAL)		3/1/11-	
PLF. NO.		DEF. NO.		COURTROOM DEPUTY	
				M. BROWN	
PLF. NO.	DEF. NO.	DATE OFFERED	OFFERED	ADMITTED	DESCRIPTION OF EXHIBITS* AND WITNESSES
		SHOWN			
1		3/3/11	3/3/11	No OBJ ADM.	(OAKLEY) KINNEER - Application of Tri-State Healthcare 6/13/07
2				No OBJ ADM.	" - INSPECTION REPORT 7/22/03
4				No OBJ ADM.	" - APPLICATION FOR NEW ADDRESS OF Tri-State
5				No OBJ ADM.	" - LICENSE TO DISPENSE MEDICINE
6A				No OBJ ADM.	" - CONTROL LOGS - DISPENSARY LOGS DIAZEPAM
6B					" - HYDROCODONE & ACETAMINAPHEN LOG
6C					" ALPRAZOLAM LOG
6D					" OXYCODONE LOG
6E					" MEPERIDIL LOG
6F					" CLARISOPRODOL LOG
6G					" LORAZEPAM LOG
6H					" ALPRAZOLAM LOG
6I					" ROXICODONE LOG
6J					" OXYCODONE HYDROCHLORIDE LOG
6K					" ALPRAZOLAM LOG
6L					" HYDROCODONE & ACETAMINAPHEN 500 MG. LOG
6M				No OBJ ADM.	" " " " LOG 325 mg.
7		3/3/11		No OBJ ADM.	" EXEMPT NARCOTIC & POISON RECORD BOOK
8A					" PHARMACY DEA DRUG LOG
8B		3/3/11			" -

\*Include a notation as to the location of any exhibit not held with the case file or not available because of size.

# **EXHIBIT B**



**Tri-State Health Care**  
*Dangerous Drug/ Controlled Substance Log*  
2003

Diazepam  
10 mg  
Generic for Valium 10mg

GOVERNMENT  
EXHIBIT  
6(A)

Diazepam 10 mg  
Generic for Valium 10mg

Control Neg  
2003

56-211

Dianzhan 10mg

Generic for Valium 10mg

Code Number 3

**National® Brand ACCOUNT BOOKS** 10 3/4" x 8 1/2"

Black Tealide with Maroon Corners and Spine		
Item No.	Numbered Pages	Binding
Item No. 56-211	150	Record
Item No. 56-212	75	Journal
Item No. 56-231	300	Record

Heavyweight Red Vinyl Covers		
Item No.	Numbered Pages	Binding
Item No. 57-211	150	Record
Item No. 57-231	300	Record


Olive Book Cloth with Maroon End Bands		
Item No.	Numbered Pages	Binding
Item No. 57-511	150	Record
Item No. 57-531	300	Record

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P.O. Box 129  
Brea, CA 92822-0129



**Tri-State Health Care**  
*Dangerous Drug/Controlled Substance Log*  
2002

*Hydrocodone and Acetaminophen*  
*Sibertone 10/325 mg*

*Generic for Lorcet 10/325 mg*

GOVERNMENT  
EXHIBIT  
6(b)



Introduction to APAP and Control Dispense Log  
Chromatic Lenses  
APAP



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B101502

Hydrocodone + Acetaminophan 10/650mg  
(Generic for Lorcet 10/650mg)

1 → 21

Dispensing log for 01003

\* Not in Chronological order if starred

Date

7-30 03

7-30 03

7-30 03

7-30 03

7-30 03

7-30 03

7-30 03

7-30 03

7-30 03

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7-31 03

**Tri-State Health Care**  
*Dangerous Drug/ Controlled Substance Log*  
2003



*Alprazolam Tablets*  
2 mg  
Generic for Xanax 2mg

GOVERNMENT  
EXHIBIT  
6(c)

Hydrocarbon Tm  
Bm  
Disposal 19  
7003

Item No. 58-011	180	Blank
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Item No. 58-013	"	Blank
Item No. 58-014	"	Blank
Item No. 58-015	"	Blank
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Item No. 58-152	100	Blank




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# **EXHIBIT C**

**Tri-State Health Care**  
*Dispense Drug/Controlled Substance Log*  
2011




**Aripiprazole Tablets**  
0.5 mg  
Generic for Xanax 0.5mg

GOVERNMENT'S  
EXHIBIT  
(6)(K)



**Tri-State Health Care**  
*Dangerous Drug/Controlled Substance Log*  
2002



*Hydrocodone and Acetaminophen*  
FAN/500 mg

Generic for Lortab 10/500 mg

GOVERNMENT'S  
EXHIBIT  
6(1)

11/20/2004 - 11/20/2004  
10/20/04 - 10/20/04  
10/20/04




# BEST AVAILABLE COPY

Item No.	Numbered Pages	Rating
Item No. 20-0112	100	Record
Item No. 20-0112		Journal
Item No. 20-0112		Single Entry Ledger
Item No. 20-0112	200	Record

Item No.	Numbered Pages	Rating
Item No. 20-0111	150	Record
Item No. 20-0111		Journal
Item No. 20-0111		Journal
Item No. 20-0111	200	Record


Item No.	Numbered Pages	Rating
Item No. 20-0111	150	Record
Item No. 20-0111	200	Record

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 Brea, CA 92822-0120

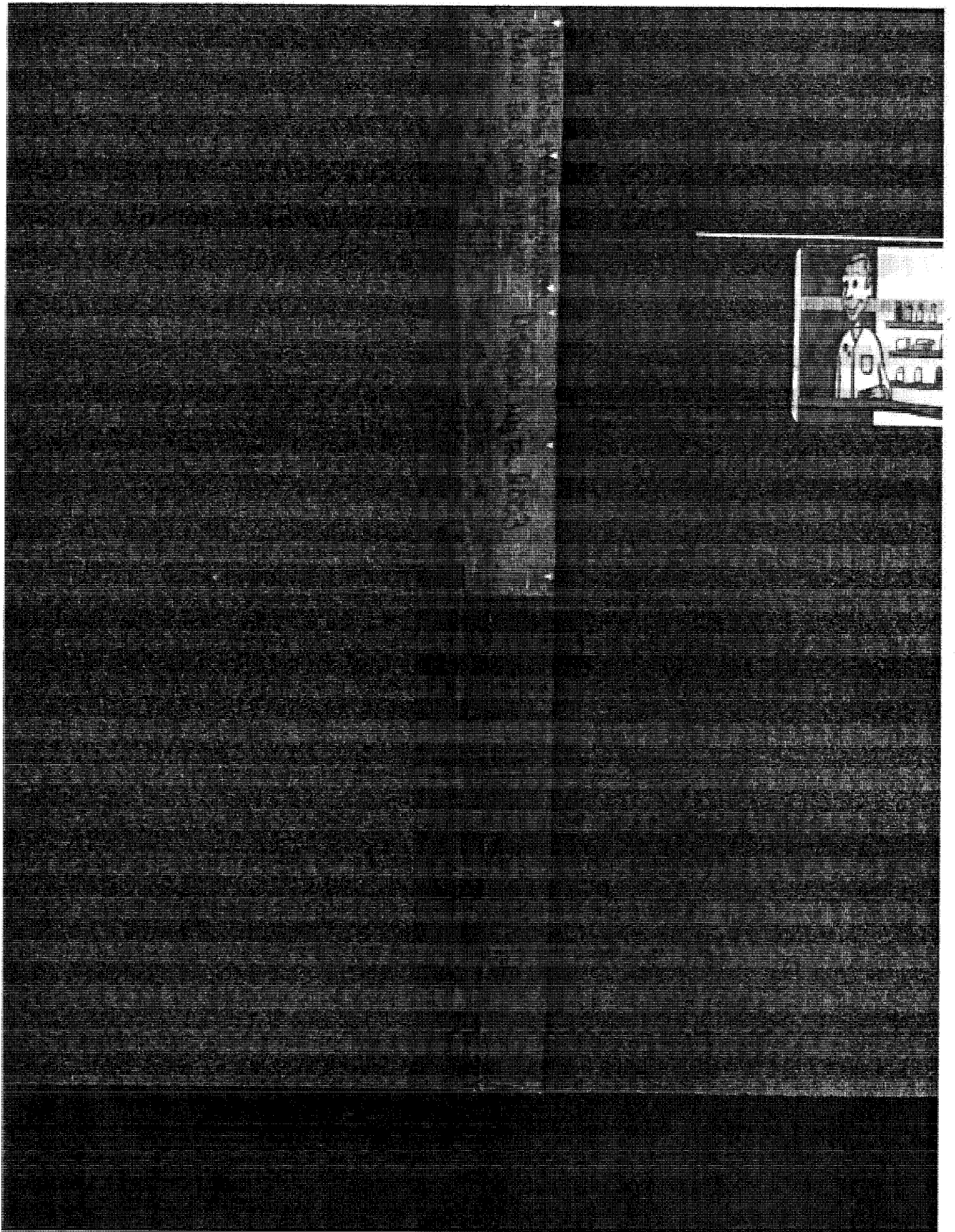


**Tri-State Health Care**  
*Dangerous Drug/Controlled Substance Log*  
2003

*Hydrocodone and Acetaminophen*  
10/325 mg

*Generic for Norco 10/325 mg*

GOVERNMENT'S  
EXHIBIT  
6(m)



**BEST AVAILABLE COPY**

National Brand ACCOUNT BOOKS		
Item No.	Numbered Pages	Binding
100-111	100	Ring
100-112	100	Ring
100-113	100	Ring
100-114	100	Ring
100-115	100	Ring
100-116	100	Ring
100-117	100	Ring
100-118	100	Ring
100-119	100	Ring
100-120	100	Ring

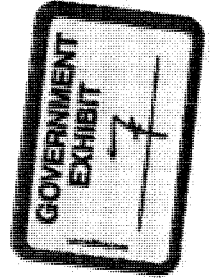
Item No.	Numbered Pages	Binding
100-121	100	Ring
100-122	100	Ring

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 Area, CA 92N22-0129

**EXEMPT NARCOTIC  
and  
POISON RECORD BOOK**

**EXEMPT NARCOTIC**  
**and**  
**POISON RECORD BOOK**







**BEST AVAILABLE COPY**

Patient Sign-out  
7/03 - 10/03  
MEDICATION log (6003)

# **EXHIBIT D**

111 SOUTH LINDSEY DRIVE  
Paul H. Volkman, M.D.  
1219 Findlay Street  
Portsmouth, OH 45662  
T: 740-355-8849 F: 740-355-8946

## Medication Record

Name:  
Last modified:

Medication Name	Medical Condition	Start Date	End Date	Dosage	Results	Reaction/Side Effects

Paul H. Volkman, M.D.  
1219 Findlay Street  
Portsmouth, OH 45662  
T: 740-355-6949 F: 740-355-6946

# Medication Record

Name:  
Last modified:

Medication Name	Medical Condition	Start Date	End Date	Dosage	Results	Reaction/Side Effects

MC KESSON

# **EXHIBIT E**

# 2003\*– 2005\*\* Purchases of Oxycodone by Paul Volkman, MD

(b)(7)(E)

Page 17

\* 07/01/2003 - 12/31/2003

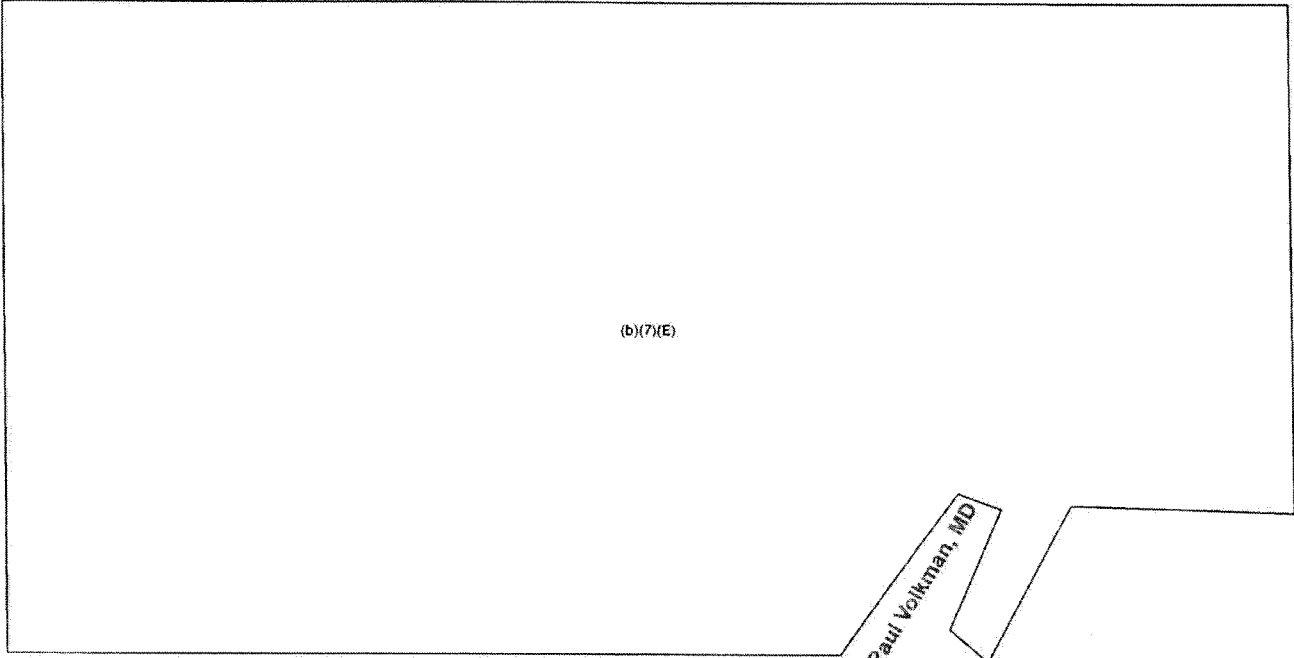
\*\* 01/01/2005 - 09/30/2005

Drug Enforcement Administration, Office of Diversion Control, E-Commerce Section, Targeting and Analysis Unit



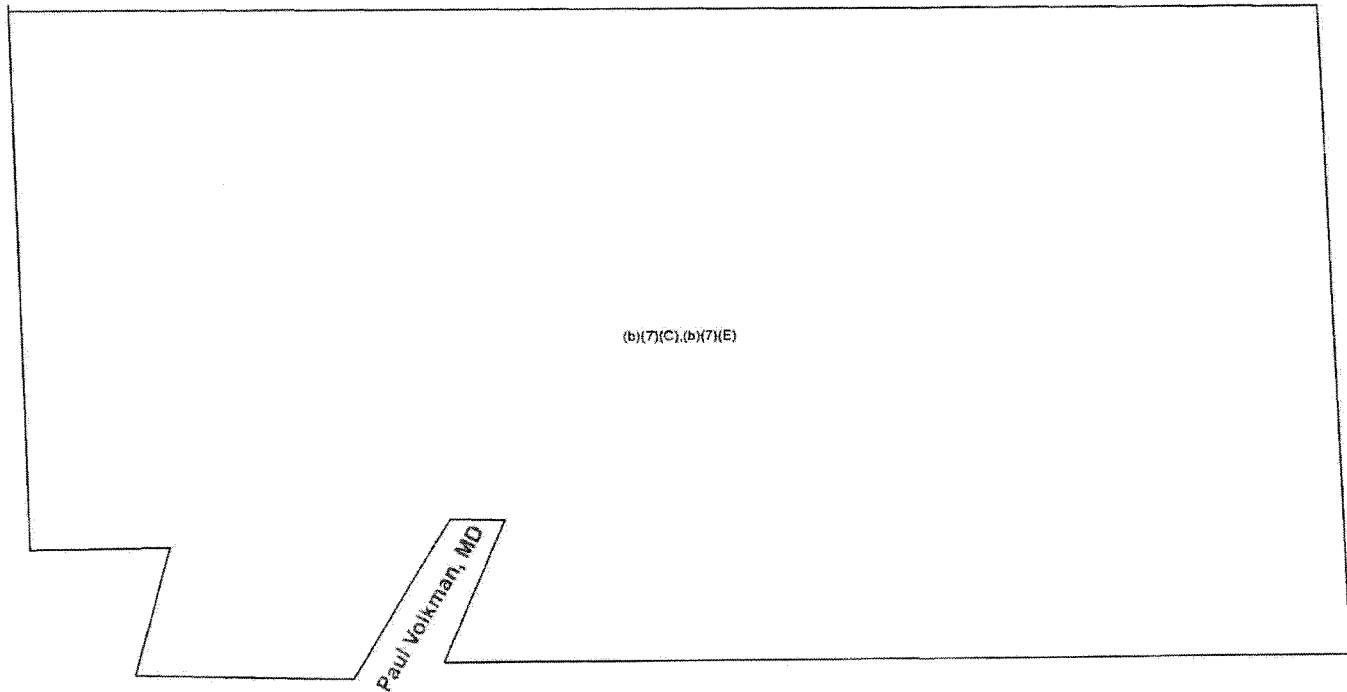
# Top 12 Practitioner Purchasers Nationwide of Hydrocodone from July - December, 2003

Page 21



# Dr. Volkman Compared to Top 10 Pharmacy Purchasers of Hydrocodone in ZIP Code Area 456 from January - December, 2004

Page R3



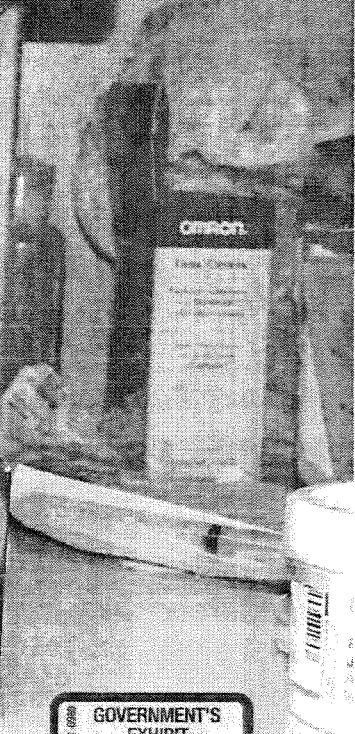
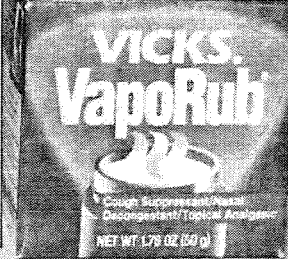
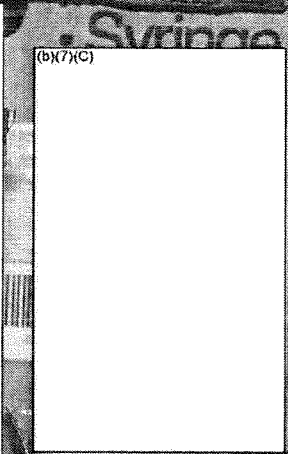
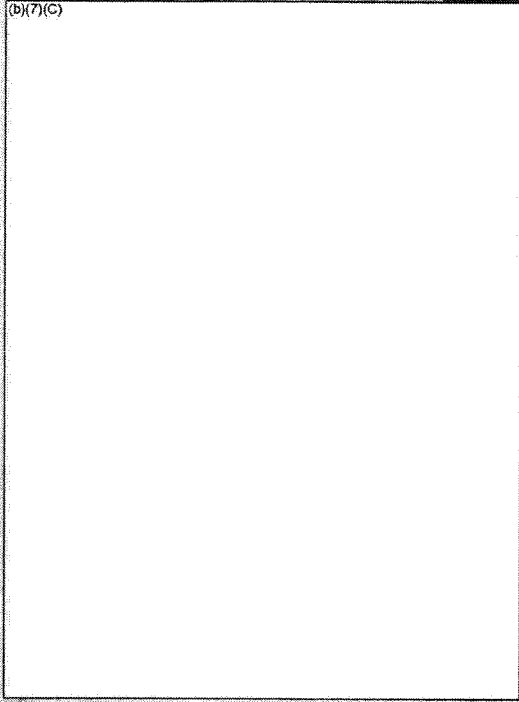
# **EXHIBIT F**

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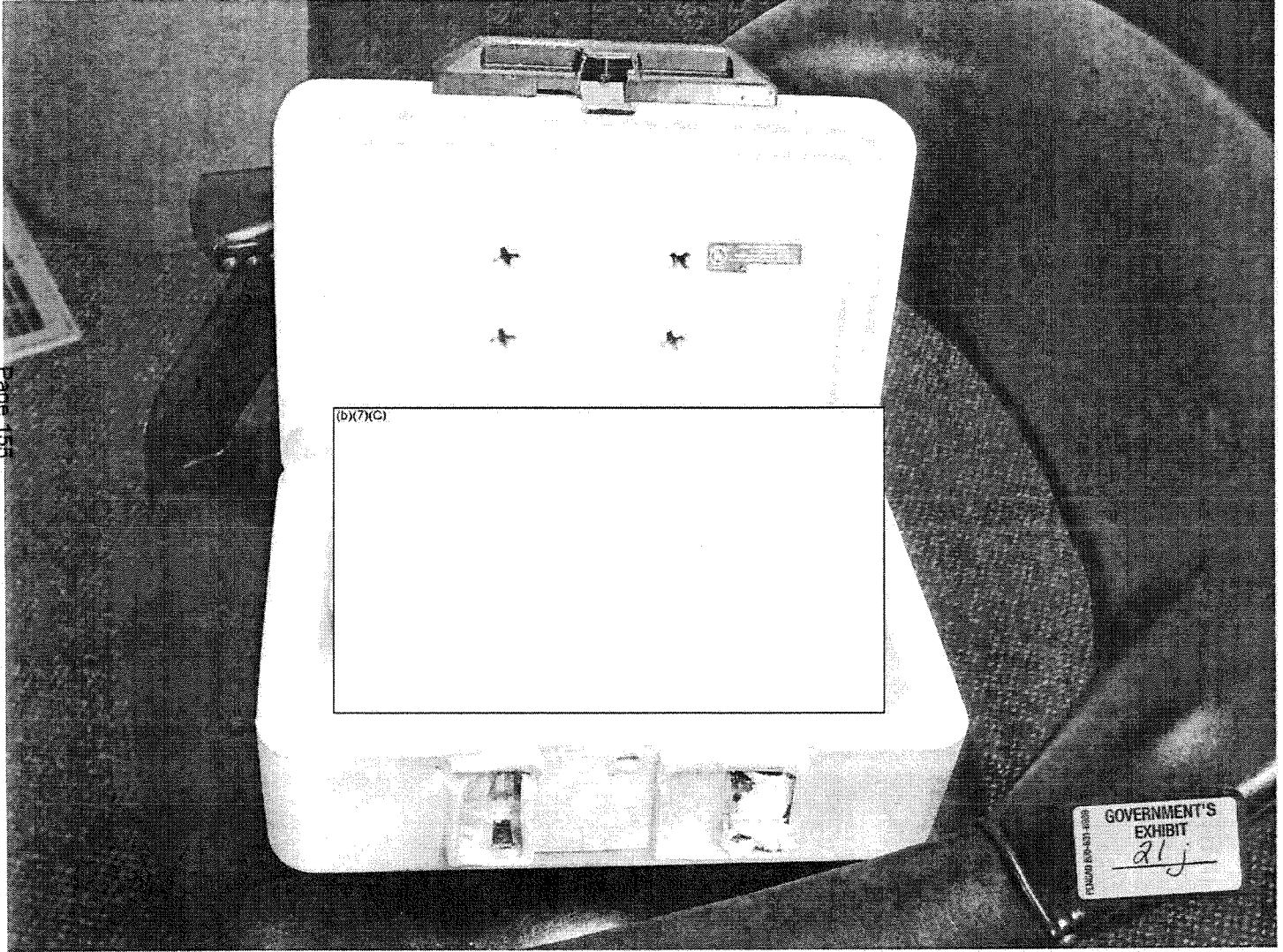
**BECTON  
DICKINSON**

Made in USA

Sterile • Single Use  
Box Contents: 100



GOVERNMENT'S  
EXHIBIT  
21h



(b)(7)(C)

GOVERNMENT'S  
EXHIBIT  
21

# **EXHIBIT G**

**TRI-STATE HEALTH CARE**  
**1200 Gay Street**  
**PHONE (740) 355-6949**  
**FAX (740) 355-6946**  
**Portsmouth, Ohio 45662**

**NARCOTIC PAIN MEDICATION AGREEMENT**

TO RECEIVE NARCOTIC PAIN MEDICATION, THE PATIENT MUST MEET THE FOLLOWING CONDITIONS:

- 1 The patient has never been diagnosed with, treated for or arrested for substance dependence abuse.

TO RECEIVE NARCOTIC PAIN MEDICATION, THE PATIENT MUST CONSENT TO THE FOLLOWING TERMS:

- 1 The patient agrees to supply to TRI-STATE HEALTH CARE the Name, Address and Telephone number of the Pharmacy that is filling the prescription.
- 2 The patient agrees to have all prescriptions prescribed filled by only one pharmacy. The patient must provide three (3) days written notice when changing his/her pharmacy under normal circumstances. In the event of an emergency requiring another physician's attention, the patient will immediately inform TRI-STATE HEALTH CARE'S Physician/Physicians/Staff of such prescribing physician and dispensing pharmacy.
- 3 The patient agrees to allow TRI-STATE HEALTH CARE to send a copy of this agreement to the pharmacy referring physician(s) and all other physician's involved in the patient's care. The patient agrees to allow TRI-STATE HEALTH CARE to discuss his/her care freely with other physicians.
- 4 The patient agrees to take the medication only as prescribed by TRI-STATE HEALTH CARE'S Physician/Physicians. The patient agrees he/she will not share or give medications to other individuals under any circumstances.
- 5 The patient understands that each prescription is for a specific number of pills, designated to last a certain amount of time.
- 6 The patient understands that No Refills will be given if the prescription does not last until the next scheduled office visit under normal circumstances.
- 7 The patient understands that No Allowances will be made for lost or stolen prescriptions or pills, or those destroyed by Acts of God (ie fire, flood, etc). Proper documentation, police reports or other official reports are required before Physician considers prescribing/replacing prescriptions.
- 8 The patient understands prescriptions will be dispensed only after a scheduled office visit under normal circumstances.
- 9 The patient understands that No Prescriptions for pain medication will be given Over the Phone under normal circumstances.
- 10 The patient agrees that he/she will not seek pain medications at night, on weekends, holidays or prior to the next scheduled office visit under normal circumstances.
- 11 The patient agrees not to obtain narcotic pain medications from any other physician without TRI-STATE HEALTH CARE'S Physician/Physicians/Staff's Knowledge.
- 12 The patient agrees to keep all scheduled appointments with TRI-STATE HEALTH CARE. If the patient is unable to keep an appointment, he/she must give at least 24-hours advance notice.
- 13 The patient agrees to the care of the Physician/Physicians at TRI-STATE HEALTH CARE if the physician feels it is necessary to change the patient's medication or dosage. If the physician feels the patient is not following his orders when asked to cease use of a controlled substance, the patient permits TRI-STATE HEALTH CARE Physician/Physicians to pursue remedies which will disable the patient's driving privileges.
- 14 The patient agrees to allow TRI-STATE HEALTH CARE Staff, Physician/Physicians to call other pharmacies for poly-drug prescriptions and/or usage. All Patients Are Required To Consent To Random Drug Screens.
- 15 The patient agrees that any alterations of prescribed medications will be made at the discretion of the physician.

# Attention:

We do random drug screens/You have the right to refuse. If you do refuse you will be dismissed as a patient. NO EXCEPTIONS!

We also do random "pill counts". You have the right to refuse, if so you will also be dismissed as a patient. NO EXCEPTIONS!

All patients must provide correct address and phone numbers to be reached. All change of address/phone numbers must be reported to office within 24 hours. If we are unable to reach you in a reasonable amount of time you will be dismissed.

Tri-State Staff

*please initial after reading.*

*Thank you.*

(b)(7)(C)



---

**Tri-State Health Care & Pain Management**  
**Paul H. Volkman MD., PhD.**  
1219 Findlay Street  
Portsmouth Ohio 45662  
Phone (740) 355-6949  
Fax (740) 355-6876

**NARCOTIC PAIN MEDICATION AGREEMENT**

To receive narcotic pain medication the patient must meet the following conditions:

1. The patient has never been diagnosed with, treated for or arrested for substance dependence abuse. Patient has never attempted Suicide or has any Suicidal Ideations.

**TO RECEIVE NARCOTIC PAIN MEDICATION, THE PATIENT MUST CONSENT TO THE FOLLOWING TERMS:**

1. The patient agrees to supply Tri-State Health Care the name, address and telephone number of the Pharmacy that is filling the prescription.
2. The patient agrees to all prescriptions prescribed by Only One Pharmacy. The patient must provide three(3) days written notice when changing his/her pharmacy under normal circumstances. In the event of an emergency requiring another physicians attention, the patient will immediately inform Tri-State Health Care's Physician/Physicians/Staff of such prescribing physician and dispensing pharmacy and provide all records of treatment for the patients chart for treating Physician/Physicians at Tri-State Health Care.
3. The Patient agrees to allow Tri-State Health Care to send a copy of this agreement to the pharmacy, referring physicians/physicians and all other physicians involved in the patients care. The patient agrees to allow Tri-State Health Care's Physician/Physicians/Staff to discuss freely with other Physicians.
4. The patient agrees to take his/her medication only as prescribed by Tri-State Health Care's Physician/Physicians. The patient agrees that he/she Will Not Give, Share or Sell any Medications prescribed by Tri-State's Physician/Physicians to any other Individuals under any circumstances. You may be prescribed high doses of powerful medicines for the relief of your severe intractable chronic pain. The medicines are safe when taken properly. However, if your meds are lost or stolen and taken in an unauthorized manner or by anyone else they may cause serious injury or death. Therefore you are responsible for the securing your medications in a safe. The loss or theft of your medications may result in the dismissal from this clinic. Never take extra medications or double doses of medications for any reason without contacting Tri-State's Physician/Physicians for further

**examination/evaluation. If it is not possible to contact Tri-State's Physician/Physicians and you feel your pain is uncontrollable go immediately to the nearest Emergency Room for treatment.**

5. The patient understands that that no allowances will be made for lost or stolen medications or prescriptions under normal circumstances. Proper documentation, police reports or other official reports are required before Physician/Physicians consider any prescriptions. Lost or stolen medications/prescriptions may be grounds for dismissal from this clinic.

6. The patient understands prescriptions will be dispensed only after scheduled office visit and no prescriptions will be given over the phone under normal circumstances.

7. The patient agrees **He/She will not seek Narcotic Pain Medications or Any medications from other Physician/Physicians without Tri-State's Physician/Physicians Knowledge.**

8. The patient agrees the **He/She must advise the Physician/Physicians/Staff at Tri-State Health Care of any medications prescribed from any other Physician and of Any Over the Counter Medications, Any Diet Medications Over the Counter or Prescribed. Including Nutritional Supplements, Vitamins or Any Herbal Preparations, Teas, Etc. being taken by the patient.**

9. The patient agrees to allow Tri-State Health Care's Physician/Physicians/Staff to call other Pharmacies for poly-drug prescriptions and or usage. **All Patients are required to Consent to Random Drug Screens and Random Pill Counts. Correct Phone Numbers Charted. New Phone Numbers Must be Reported to Staff within 24 hours. You may be dismissed from this Clinic if You cannot be contacted for a Random Pill Count and Drug Screen.**

10. The patient understands that the Physician/Physicians at Tri-State Health Care will stop treatment if any of the following occur:

A. **The Patient Gives, Sells or miss-uses any medication**

B. **The Patient Attempts to Obtain Narcotic Pain Medications from Any other Physicians without Notifying Tri-State Health Care's Physician/Physicians/Staff.**

C. **The Patient Fails to come in for Random Pill Counts, Drug Screens and Supply Phone Numbers for Contacting the Patient.**

D. **The Patient Fails to Advise the Physician/Physicians of any Over The Counter Medications or Medications Prescribed by any other Physician while being treated by the Physician/Physicians at Tri-State Health Care.**

11. The Patient understands that the Physician/Physicians at Tri-State Health Care

# **Attention:**

We do random drug screens/You have the right to refuse. If you do refuse you will be dismissed as a patient. **NO EXCEPTIONS!**

We also do random "pill counts". You have the right to refuse, if so you will also be dismissed as a patient. **NO EXCEPTIONS!**

All patients must provide correct address and phone numbers to be reached. All change of address/phone numbers must be reported to office within 24 hours. If we are unable to reach you in a reasonable amount of time you will be dismissed.

Tri-State Staff

TRI-STATE HEALTH CARE  
835 MAIN STREET  
PHONE (606) 932-2586  
FAX (606) 932-6837  
SOUTH SHORE KENTUCKY 41175

## NARCOTIC PAIN MEDICATION RELEASE

TO RECEIVE NARCOTIC PAIN MEDICATION, THE PATIENT MUST MEET THE FOLLOWING CONDITIONS:

1. The patient has never been diagnosed with, treated for or arrested for substance dependence abuse.
2. The patient has never been involved in the sale, illegal possession, dispersion or transport of controlled substances. (ie: narcotics, sleeping pills, nerve pills or pain pills.)

TO RECEIVE NARCOTIC PAIN MEDICATION, THE PATIENT MUST CONSENT TO THE FOLLOWING TERMS:

1. The patient agrees to supply to TRI-STATE HEALTH CARE the Name, Address and Telephone number of the Pharmacy that is filling the prescription.
2. The patient agrees to have all prescriptions prescribed filled by only one pharmacy. The patient must provide five (5) days written notice when changing his/her pharmacy. In the event of an emergency requiring another physician's attention, the patient will immediately inform TRI-STATE HEALTH CARE'S PHYSICIAN of such prescribing pharmacy and dispensing pharmacy.
3. The patient agrees to allow TRI-STATE HEALTH CARE to send a copy of this agreement to the pharmacy, referring physician(s) and all other physician's involved in the patient's care. The patient agrees to allow TRI-STATE HEALTH CARE to discuss his/her care freely with other physicians.
4. The patient agrees to take the medication only and exactly as prescribed by TRI-STATE HEALTH CARE'S PHYSICIAN. The patient agrees he/she will not share or give medications to other individuals.
5. ~~The patient understands that each prescription is for a specific number of pills, designated to last a certain amount of time. No Early Refills; No Exceptions!~~
6. The patient understands that No Refills will be given if the prescription does not last until the next scheduled office visit.
7. The patient understands that No Allowances will be made for lost or stolen prescriptions or pills, or those destroyed by Acts of God. (ie: fire, flood, etc.).
8. The patient understands prescriptions will be dispensed only after a scheduled office visit.
9. The patient understands that No Prescriptions for pain medication will be given Over the Phone. (ie: called in). No Exceptions!
10. The patient agrees that he/she will not seek pain medications at night, on weekends, holidays or prior to the next scheduled office visit.
11. The patient agrees not to obtain pain medications from any other physician or emergency room.
12. The patient agrees to keep all scheduled appointments with TRI-STATE HEALTH CARE. If the patient is unable to keep an appointment, he/she must give at least 24-hours advance notice and No Prescriptions will be called in.
13. The patient agrees to the care of the Physician at TRI-STATE HEALTH CARE if the physician feels it is necessary to change the patients' dosage. If the physician feels the patient is not following his orders when asked to cease use of a controlled substance, the patient permits TRI-STATE HEALTH CARE to pursue remedies, which will disable the patients driving privileges.
14. The patient agrees to allow TRI-STATE HEALTH CARE to call other pharmacies for poly-drug prescriptions and/or usage. All Patients Are Required To Undergo A Mandatory Drug Screen.
15. The patient agrees that any alterations of prescribed medications will be made at the discretion of the physician.

TRI-STATE HEALTH CARE  
835 MAIN STREET  
PHONE (606) 932-2586  
FAX (606) 932-6837  
SOUTH SHORE KENTUCKY 41175

### NARCOTIC PAIN MEDICATION RELEASE

TO RECEIVE NARCOTIC PAIN MEDICATION, THE PATIENT MUST MEET THE FOLLOWING CONDITIONS:

- 1 The patient has never been diagnosed with, treated for or arrested for substance dependence abuse
- 2 The patient has never been involved in the sale, illegal possession, dispersion or transport of a controlled substance (i.e. narcotics, sleeping pills, nerve pills or pain pills)

TO RECEIVE NARCOTIC PAIN MEDICATION, THE PATIENT MUST CONSENT TO THE FOLLOWING TERMS:

- 1 The patient agrees to supply to TRI-STATE HEALTH CARE the Name, Address and Telephone number of the Pharmacy that is filling the prescription
- 2 The patient agrees to have all prescriptions prescribed, filled by only one pharmacy. The patient must provide five (5) days written notice when changing his/her pharmacy. In the event of an emergency requiring another physician's attention, the patient will immediately inform TRI-STATE HEALTH CARE'S PHYSICIAN of such prescribing physician and dispensing pharmacy.
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- 5 The patient understands that each prescription is for a specific number of pills, designated to last a certain amount of time. No Early Refills; No Exceptions!
- 6 The patient understands that No Refills Will Be Given if the prescription does not last until the next scheduled office visit.
- 7 The patient understands that No Allowances Will Be Made for lost or stolen prescriptions or pills, or those destroyed by Acts of God (i.e. fire, flood, etc.).
- 8 The patient understands prescriptions will be dispensed only after a scheduled office visit.
- 9 The patient understands that No Prescriptions for pain medication Will Be Given Over The Phone, or called by. No Exceptions!
- 10 The patient agrees that he/she will not seek pain medications at night, on weekends, holidays or prior to the next scheduled office visit.
- 11 The patient agrees not to obtain pain medications from any other physician or emergency room.
- 12 The patient agrees to keep all scheduled appointments with TRI-STATE HEALTH CARE. If the patient is unable to keep an appointment, he/she must give at least 24 hours advance notice and No Prescriptions Will Be Called In.
- 13 The patient agrees to the care of the Physician at TRI-STATE HEALTH CARE. If the physician feels it is necessary to change the patient's dosage, if the physician feels the patient is not following his orders when asked to cease use of a controlled substance, the patient permits TRI-STATE HEALTH CARE to pursue remedies which will disable the patient's driving privileges.
- 14 The patient agrees to allow TRI-STATE HEALTH CARE to call other pharmacies for poly-drug prescriptions and dosage. All Patients Are Required To Undergo A Mandatory Drug Screen.
- 15 The patient agrees that any alterations of prescribed medications will be made at the discretion of the physician.

# **EXHIBIT H**

<p>Check <input checked="" type="checkbox"/> if findings are normal after examination</p> <p><b>BLOOD VESSELS</b></p> <p><input type="checkbox"/> Pulses      <input type="checkbox"/> Vessel Walls  <input type="checkbox"/> Quality      <input type="checkbox"/> Other</p> <p><b>ABDOMEN</b></p> <p><input type="checkbox"/> Contour      <input type="checkbox"/> Liver  <input type="checkbox"/> Peristalsis      <input type="checkbox"/> Kidneys  <input type="checkbox"/> Scars      <input type="checkbox"/> Spleen  <input type="checkbox"/> Tenderness      <input type="checkbox"/> Hernia  <input type="checkbox"/> Spasm      <input type="checkbox"/> Rigidity  <input type="checkbox"/> Masses      <input type="checkbox"/> Other  <input type="checkbox"/> Fluid</p> <p><b>ENDOCRINE</b></p> <p><input type="checkbox"/> Weight      <input type="checkbox"/> Temp Intol.  <input type="checkbox"/> Thirst      <input type="checkbox"/> Voice Changes  <input type="checkbox"/> Hair      <input type="checkbox"/> Other</p> <p><b>ALLERGIC/IMMUNOLOGIC</b></p> <p><input type="checkbox"/> Allergies      <input type="checkbox"/> Other  <input type="checkbox"/> Immunizations</p> <p><b>GENITOURINARY - MALE</b></p> <p><input type="checkbox"/> Scars/Lesions      <input type="checkbox"/> Vas  <input type="checkbox"/> Penis      <input type="checkbox"/> Testis  <input type="checkbox"/> Discharge      <input type="checkbox"/> Hernia  <input type="checkbox"/> Scrotum      <input type="checkbox"/> Other  <input type="checkbox"/> Epididymis</p> <p><b>GENITOURINARY - FEMALE</b></p> <p><input type="checkbox"/> External      <input type="checkbox"/> Adnexa  <input type="checkbox"/> Vagina      <input type="checkbox"/> Discharge  <input type="checkbox"/> Urethra      <input type="checkbox"/> Bladder  <input type="checkbox"/> Cervix      <input type="checkbox"/> Other  <input type="checkbox"/> Uterus</p> <p><b>RECTAL</b></p> <p><input type="checkbox"/> Fissure      <input type="checkbox"/> Prostate  <input type="checkbox"/> Fistula      <input type="checkbox"/> Seminal Vesicles  <input type="checkbox"/> Hemorrhoids      <input type="checkbox"/> Feces  <input type="checkbox"/> Sphincter      <input type="checkbox"/> Other  <input type="checkbox"/> Masses</p> <p><b>BONES - JOINTS - MUSCLES</b></p> <p><input type="checkbox"/> Deformities      <input type="checkbox"/> Tenderness  <input type="checkbox"/> Swelling      <input type="checkbox"/> Limit of Motion  <input type="checkbox"/> Redness      <input type="checkbox"/> Other</p> <p><b>EXTREMITIES</b></p> <p><input type="checkbox"/> Color      <input type="checkbox"/> Ulcers  <input type="checkbox"/> Edema      <input type="checkbox"/> Varicosities  <input type="checkbox"/> Tremor      <input type="checkbox"/> Other  <input type="checkbox"/> Clubbing</p> <p><b>NEUROLOGICAL</b></p> <p><input type="checkbox"/> Cranial Nerves      <input type="checkbox"/> Gait  <input type="checkbox"/> Motor      <input type="checkbox"/> Vibratory  <input type="checkbox"/> Coordination      <input type="checkbox"/> Romberg  <input type="checkbox"/> Reflexes      <input type="checkbox"/> Other  <input type="checkbox"/> Sensory</p> <p><b>PSYCHIATRIC</b></p> <p><input type="checkbox"/> Orientation to time, place, person  <input type="checkbox"/> Recent and remote memory  <input type="checkbox"/> Mood and affect      <input type="checkbox"/> Other</p>	<p>Mark X in appropriate space in column at left, if findings are abnormal on examination and describe in space below.</p>
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LABWORK/X-RAYS NEEDED

DIAGNOSTIC IMPRESSIONS

PLAN

FOLLOW UP NEEDS

Weeks       Months       PRN

Physician Signature \_\_\_\_\_ M.D. Date \_\_\_\_\_

Check  if findings are normal after examination

Mark X in appropriate space in column at left, if findings are abnormal on examination and describe in space below.

**BLOOD VESSELS**

- Pulses                       Vessel Walls
- Quality                      Other

**ABDOMEN**

- Contour                     Liver
- Peristalsis                 Kidneys
- Scars                         Spleen
- Tenderness                Hernia
- Spasm                        Rigidity
- Masses                      Other
- Fluid

**ENDOCRINE**

- Weight                      Temp intol.
- Thirst                       Voice Changes
- Hair                          Other

**ALLERGIC/IMMUNOLOGIC**

- Allergies                   Other
- Immunizations

**GENITOURINARY - MALE**

- Scars/Lesions             Vas
- Penis                         Testis
- Discharge                  Hernia
- Scrotum                     Other
- Epididymis

**GENITOURINARY - FEMALE**

- External                   Adnexa
- Vagina                      Discharge
- Urethra                     Bladder
- Cervix                      Other
- Uterus

**RECTAL**

- Fissure                     Prostate
- Fistula                      Seminal Vesicles
- Hemorrhoids               Feces
- Sphincter                  Other
- Masses

**BONES - JOINTS - MUSCLES**

- Deformities                Tenderness
- Swelling                    Limit of Motion
- Redness                    Other

**EXTREMITIES**

- Color                        Ulcers
- Edema                       Varicosities
- Tremor                      Other
- Clubbing

**NEUROLOGICAL**

- Cranial Nerves            Gait
- Motor                        Vibratory
- Coordination              Romberg
- Reflexes                    Other
- Sensory

**PSYCHIATRIC**

- Orientation to time, place, person
- Recent and remote memory
- Mood and affect          Other

LABWORK/X-RAYS NEEDED

DIAGNOSTIC IMPRESSIONS

PLAN

FOLLOW UP NEEDS

Weeks                      Months                      PRN

Physician Signature

M.D. Date



Check  if findings are normal after examination

Mark X in appropriate space in column at left, if findings are abnormal on examination and describe in space below.

**BLOOD VESSELS**

Pulses       Vessel Walls  
 Quality       Other

**ABDOMEN**

Contour       Liver  
 Peristalsis       Kidneys  
 Scars       Spleen  
 Tenderness       Hernia  
 Spasm       Rigidity  
 Masses       Other  
 Fluid

**ENDOCRINE**

Weight       Temp Intol.  
 Thirst       Voice Changes  
 Hair       Other

**ALLERGIC/IMMUNOLOGIC**

Allergies       Other  
 Immunizations

**GENITOURINARY - MALE**

Scars/Lesions       Vas  
 Penis       Testis  
 Discharge       Hernia  
 Scrotum       Other  
 Epididymis

**GENITOURINARY - FEMALE**

External       Adnexa  
 Vagina       Discharge  
 Urethra       Bladder  
 Cervix       Other  
 Uterus

**RECTAL**

Fissure       Prostate  
 Fistula       Seminal Vesicles  
 Hemorrhoids       Feces  
 Sphincter       Other  
 Masses

**BONES - JOINTS - MUSCLES**

Deformities       Tenderness  
 Swelling       Limit of Motion  
 Redness       Other

**EXTREMITIES**

Color       Ulcers  
 Edema       Varicosities  
 Tremor       Other  
 Clubbing

**NEUROLOGICAL**

Cranial Nerves       Gait  
 Motor       Vibratory  
 Coordination       Romberg  
 Reflexes       Other  
 Sensory

**PSYCHIATRIC**

Orientation to time, place, person  
 Recent and remote memory  
 Mood and affect       Other

LABWORK/X-RAYS NEEDED

DIAGNOSTIC IMPRESSIONS

PLAN

FOLLOW UP NEEDS

\_\_\_\_\_ Weeks      \_\_\_\_\_ Months      \_\_\_\_\_ PRN

Physician Signature

M.D. Date

Check  if findings are normal after examination

Mark X in appropriate space in column at left, if findings are abnormal on examination and describe in space below.

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Pulses       Vessel Walls  
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Contour       Liver  
 Peristalsis       Kidneys  
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 Spasm       Rigidity  
 Masses       Other  
 Fluid

**ENDOCRINE**

Weight       Temp Intol.  
 Thirst       Voice Changes  
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**ALLERGIC/IMMUNOLOGIC**

Allergies       Other  
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**GENITOURINARY - MALE**

Scars/Lesions       Vas  
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**GENITOURINARY - FEMALE**

External       Adnexa  
 Vagina       Discharge  
 Urethra       Bladder  
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**RECTAL**

Fissure       Prostate  
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**BONES - JOINTS - MUSCLES**

Deformities       Tenderness  
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**EXTREMITIES**

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Cranial Nerves       Gait  
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 Reflexes       Other  
 Sensory

**PSYCHIATRIC**

Orientation to time, place, person  
 Recent and remote memory  
 Mood and affect       Other

LABWORK/X-RAYS NEEDED

DIAGNOSTIC IMPRESSIONS

PLAN

FOLLOW UP NEEDS

Weeks \_\_\_\_\_ Months \_\_\_\_\_ PRN \_\_\_\_\_

Physician Signature \_\_\_\_\_ M.D. Date \_\_\_\_\_

# **EXHIBIT I**

December Wednesday 28

(b)(7)(C)

DR. Volkman

Date Sept. 9th

*Sign-in Sheet (Please sign name and time of appointment)*

(b)(7)(C)

DR. VolKMAN Date 3/10/04

**Sign-in Sheet (Please sign name and time of appointment)**

(b)(7)(C)

**DR. VOIKMAN**

**Date** 7-20-09

***Sign-in Sheet (Please sign name and time of appointment)***

(b)(7)(C)