

**State of Wisconsin  
Department of Safety and Professional Services**

**AGENDA REQUEST FORM**

<b>Name and Title of Person Submitting the Request:</b> Cody Wagner, Paralegal on behalf of Attorney Andrea Brauer Division of Legal Services and Compliance	<b>Date When Request Submitted:</b> March 31, 2014 <b>Items will be considered late if submitted after 4:30 p.m. and less than:</b> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before meeting for all other boards
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**Name of Board, Committee, Council:**  
Board of Nursing

<b>Board Meeting Date:</b> 4/10/2014	<b>Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>How should the item be titled on the agenda page?</b> Petition for Summary Suspension in the matter of Case Numbers 13 NUR 059 and 14 NUR 079, Giles
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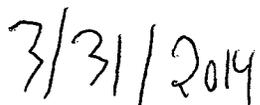
<b>Place Item in:</b> <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input checked="" type="checkbox"/> Both	<b>Is an appearance before the Board being scheduled? If yes, by whom?</b> <input checked="" type="checkbox"/> Yes by Andrea Brauer <input type="checkbox"/> No	<b>Name of Case Advisor(s), if required:</b> Jeffrey Miller
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**Describe the issue and action the Board should address:**

In open session, the Board will hear the Division's evidence to support the Petition for Summary Suspension concerning the license of Sabrina C.K. Giles, R.N.

In closed session, the Board will deliberate the matter to determine whether there is probable cause to believe Respondent violated provisions of Wis. Stat. ch. 441, and Wis. Admin. Code §7.03 and § 7.04, and issue such orders as the Board deems appropriate.

**Authorization:**

	
Signature of person making this request	Date

Supervisor signature (if required)	Date
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Executive Director signature (indicates approval to add late items to agenda)	Date
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**Directions for including supporting documents:**

1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Board's Executive Director.
3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

# BOARD APPEARANCE REQUEST FORM

## Appearance Information

**Board Name:** Board of Nursing

**Board Meeting Date:** April 10, 2014

**Person Submitting Agenda Request:** Cody Wagner

**Person(s) requesting an appearance:** Attorney Andrea Brauer

*(NOTE: Contact information is not required for Department staff.)*

**Reason for Appearance:** To present evidence to support the Petition for Summary Suspension concerning the license of Sabrina C.K. Giles.

## Appearance Contact Information

*(NOTE: If the appearing party is represented by an attorney skip the "AppearanceContact Information" section and complete the "Attorney Contact Information" section.)*

**Mailing address:**

**Email address:**

**Telephone #:**

\*\*\*\*\*

## Attorney Contact Information

**Attorney Name:**

**Attorney's mailing address:**

**Attorney's e-mail address:**

**Attorney's telephone #:**

STATE OF WISCONSIN  
BEFORE THE BOARD OF NURSING

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IN THE MATTER OF THE DISCIPLINARY :  
PROCEEDINGS AGAINST :  
: DLSC Case Nos. 13 NUR 059  
SABRINA C.K. GILES, R.N., : and 14 NUR 079  
: :  
RESPONDENT. :

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NOTICE OF PRESENTATION OF PETITION FOR SUMMARY SUSPENSION

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To: Sabrina C.K. Giles, R.N.  
P.O. Box 294  
Iron River, WI 54847

PLEASE TAKE NOTICE that the Petitioner, Wisconsin Department of Safety and Professional Services, Division of Legal Services and Compliance, will present the attached Petition for Summary Suspension to the Wisconsin Board of Nursing at the following date, time and place:

Date: April 10, 2014  
Time: 8:00 a.m. or as soon thereafter as the matter can be heard  
Place: Room 121A  
1400 E. Washington Avenue  
Madison, Wisconsin

Dated this 31<sup>st</sup> day of March, 2014.

  
\_\_\_\_\_  
Andrea E. Brauer  
Prosecuting Attorney  
State Bar Number 1093565  
Department of Safety and Professional Services  
Division of Legal Services and Compliance  
P.O. Box 7190  
Madison, WI 53707-7190  
Tel. (608) 261-7902  
Fax (608) 266-2264

STATE OF WISCONSIN  
BEFORE THE BOARD OF NURSING

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IN THE MATTER OF THE DISCIPLINARY :  
PROCEEDINGS AGAINST :  
: DLSC Case Nos. 13 NUR 059  
SABRINA C.K. GILES, R.N., : and 14 NUR 079  
RESPONDENT. :

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PETITION FOR SUMMARY SUSPENSION

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Andrea E. Brauer, being duly sworn on oath, upon information and belief, deposes and states as follows:

1. I am an attorney employed by the Wisconsin Department of Safety and Professional Services, Division of Legal Services and Compliance, and in the course of my job duties have been assigned to the investigation and prosecution of case nos. 13 NUR 059 and 14 NUR 079 against Respondent Sabrina C.K. Giles for the Wisconsin Board of Nursing.

2. My business address is 1400 East Washington Avenue, Madison, Wisconsin 53703, and my business mailing address is P.O. Box 7190, Madison, Wisconsin 53707-7190.

3. Respondent Sabrina C.K. Giles, R.N., (dob June 23, 1969) is licensed in the state of Wisconsin to practice professional nursing, having license number 144136-30, first issued on May 23, 2003, and current through February 29, 2016.

4. Respondent's address of record with the Department of Safety and Professional Services (Department) is P.O. Box 294, Iron River, Wisconsin 54847.

5. Upon information and belief, Respondent's actual address is 35552 County Road 3, Fairview, Montana 59221.

6. Respondent has never reported to the Department an address outside of Iron River, Wisconsin.

7. On December 21, 2009, in Bayfield County Wisconsin Circuit Court Case Number 09TR2292, Respondent pled no contest to Operating with BAC of .10 or more (1st) in violation of Wis. Stat. § 346.63(1)(b).

8. On April 6, 2010, in Bayfield County Wisconsin Circuit Court Case Number 10CM005, Respondent was convicted of criminal damage to property in violation of Wis. Stat. § 943.01(1).

### Adverse Action in Arizona

9. On March 20, 2013, the Arizona State Board of Nursing (Arizona Board) accepted Respondent's Voluntary Surrender of the privilege to practice nursing in Arizona under the multistate compact.

10. The Arizona Board's Order reflects the following facts:

- a. Between approximately August 27, 2012, and December 14, 2012, Respondent worked as a nurse at Fort Defiance Indian Hospital in Fort Defiance, Arizona (Arizona employer) under her Wisconsin license pursuant to the Nurse Licensure Compact.
- b. Between August 2012 and October 2012, Respondent's Arizona employer found Respondent to be an exemplary nurse.
- c. In October of 2012, Respondent's quality of work deteriorated.
- d. On October 11, 2012, Respondent administered FluMist Quadrivalent®, a nasal flu vaccine, to an asthmatic child.
- e. A minimally competent nurse would not administer FluMist Quadrivalent® to a child diagnosed with asthma.
- f. Flumist Quadrivalent®, when administered to a child with asthma, can trigger a severe and sustained asthmatic episode known as "status asthmaticus."
- g. Respondent's action in administering Flumist Quadrivalent® to a child with asthma under the circumstances of this case constituted a reckless violation of the standard of care in a nurse's assessment and vaccine administration in a child with asthma.
- h. On October 26, 2012, Respondent attended an Advanced Cardiac Life Support (ACLS) class.
- i. During a hands-on testing phase of the October 26, 2012 class, the instructor observed Respondent slurring her speech and falling asleep.
- j. Due to slurred speech and falling asleep during a hands-on test, Respondent was removed from the ACLS class.
- k. After Respondent was removed from the class, two witnesses observed that Respondent had slurred speech and pinpoint pupils, non-reactive to light.
- l. Respondent did not believe she was impaired but acknowledged she took a controlled substance five hours before the class.

- m. On October 30, 2012, staff observed Respondent falling asleep while on duty as a professional nurse. Respondent was asked to leave for a few hours.
- n. On October 30, 2012, Respondent's employer verbally counseled her for failing to complete documentation of patient health care records.
- o. Respondent's Arizona employer offered her an opportunity to participate in an employee assistance program. Respondent declined.
- p. Between approximately January 14, 2013, and February 22, 2013, Respondent worked as a travel nurse in a pediatric unit at the University of New Mexico Hospital in Albuquerque, New Mexico (New Mexico employer) under her Wisconsin license pursuant to the Nurse Licensure Compact.
- q. On or about February 22, 2013, Respondent displayed behaviors consistent with impairment while on duty as a nurse at her New Mexico employer's pediatric unit.
- r. Respondent's behaviors on February 22, 2013 included falling asleep while holding a child; exhibiting slurred and slow speech; and having difficulty maintaining consistent and stable gait/posture.

11. On or about February 27, 2013, Respondent submitted a written statement to the Arizona Board, which described Respondent's involvement in a car accident during October of 2012.

12. In her February 27, 2013 submissions, Respondent included a pharmacy profile for January 1, 2012 through December 31, 2012 reflecting the following:

- a. Respondent purchased hydrocodone pursuant to a prescription on five occasions from October 1, 2012 to December 7, 2012; and
- b. Respondent purchased lorazepam pursuant to a prescription from April 12, 2012 to December 10, 2012; and
- c. Respondent purchased zolpidem pursuant to a prescription from April 12, 2012 to December 10, 2012; and
- d. Respondent purchased mirtazapine pursuant to a prescription on October 1, 2012 and October 26, 2012; and
- e. Respondent purchased promethazine pursuant to a prescription from April 12, 2012, to July 16, 2012; and
- f. Respondent purchased trazadone pursuant to a prescription from May 24, 2012 to November 17, 2012; and

- g. Respondent purchased sertaline [sertraline] pursuant to a prescription from April 12, 2012 to November 17, 2012.

13. The medications set out in paragraph 12, above, when used alone or in any combination, are known to cause physical and mental impairment, and therefore reduced Respondent's ability to safely and reliably practice nursing.

14. The Arizona Board concluded that sufficient evidence existed to support the following conclusions of law:

- a. Respondent engaged in conduct or practice that is or might be harmful or dangerous to the health of a patient or the public;
- b. Respondent failed to take appropriate action to safeguard a patient's welfare or follow policies and procedures of the nurse's employer designed to safeguard the patient;
- c. Respondent showed a pattern of failure to maintain minimum standards of acceptable and prevailing nursing practice;
- d. Respondent showed a pattern of using or being under the influence of alcohol, drugs, or a similar substance to the extent that judgment may be impaired and nursing practice detrimentally affected, or while on duty in any health care facility, school, institution, or other work location; and
- e. Respondent practiced in a manner that gave the Board reasonable cause to believe the health of a patient or the public may have been harmed.

15. The Division of Legal Services and Compliance (Division) first contacted Respondent on February 12, 2013, via certified mail to inform her of the investigation.

16. On March 1, 2013, Respondent initially responded to the Division's inquiries. She maintained communication with the Division via telephone calls and emails.

17. On or about May 16, 2013, the Department sent, via certified mail, correspondence to Respondent's address of record at P.O. Box 294, Iron River, Wisconsin 54847.

18. Respondent did not respond to the Division by the date specified within the May 16, 2013, correspondence.

#### **Adverse Action in North Dakota**

19. Between April 9, 2013, and February 24, 2014, Respondent worked as a registered nurse at Mercy Medical Center in Williston, North Dakota, under her Wisconsin license, pursuant to the Nurse Licensure Compact.

20. On November 21, 2013, the Board of Nursing of the State of North Dakota (North Dakota Board) issued an order (North Dakota Order) denying Respondent's application for licensure as a registered nurse by endorsement and ordering Respondent to cease and desist from the practice of nursing in the state of North Dakota, including pursuant to any multi-state nursing licensure compact with the Board.

21. The North Dakota Order found that Respondent attempted to obtain by fraud or deceit a license or registration to practice nursing, or submitted to the Board any information that is fraudulent, deceitful or false.

22. The North Dakota Board based the legal conclusion set out in paragraph 21, above, on the following allegations for which the Board determined there was credible evidence:

- a. Respondent answered "no" to the question: "Has your registration or nursing license been sanctioned or disciplined by any other jurisdiction?"
- b. In fact, on or about March 20, 2013, Respondent signed a disciplinary Voluntary Surrender of Nurse Multi-State Licensure Privilege in Arizona for impairment issues at work.
- c. Respondent answered "no" to the question: "Have you been investigated or are you presently being investigated by any other jurisdiction?"
- d. In fact, the Wisconsin Board of Nursing had an open investigation against Respondent at the time.
- e. Respondent answered "no" to the question: "Have you been terminated from a nursing related job due to conduct that may be grounds for disciplinary action?"
- f. In fact, Respondent was terminated by her Arizona employer for failing to consistently demonstrate acceptable, professional behavior and safe nursing practice.

23. Between November 21, 2013, and February 13, 2014, Respondent continued to work as a registered nurse at Mercy Medical Center in North Dakota under her Wisconsin license in direct violation of the North Dakota Order.

24. Respondent did not inform Mercy Medical Center of the North Dakota Order.

25. Dr. K is a medical doctor at Mercy Medical Center in Williston, North Dakota, the same hospital where Respondent worked.

26. Between May 22, 2013, and February 10, 2014, Respondent obtained hydrocodone and zolpidem with prescription orders written on Dr. K's prescription pads and purportedly signed by Dr. K.

27. Between May 22, 2013, and February 10, 2014, Respondent's son obtained hydrocodone, zolpidem and cyclobenzaprine with prescription orders written on Dr. K's prescription pads and purportedly signed by Dr. K.

28. Dr. K never saw Respondent as a patient.

29. Dr. K never saw Respondent's son as a patient.

30. Dr. K did not prescribe any medications for Respondent.

31. Dr. K did not prescribe any medications for Respondent's son.

32. Because the prescription orders did not contain the signature of the practitioner who purportedly wrote the orders, they were illegally dispensed.

33. Respondent possessed prescription drugs that were not obtained in accordance with the law.

34. On February 13, 2014, Respondent consented to a drug screening, which was positive for alternate opiates, hydrocodone and hydromorphone, for which she had no prescription.

35. On February 24, 2014, Mercy Medical Center terminated Respondent's employment.

36. Respondent has not responded to the Division's attempts to contact her via telephone on February 21, 2014, and by telephone, email and regular mail on March 11, 2014.

37. Pursuant to Wis. Stat. § 961.18(5)(d), hydrocodone of not more than 15 mg per dosage unit, is a schedule III controlled substance for which, under the circumstances at issue, a prescription is required pursuant to Wis. Stat. § 961.38(3).

38. Pursuant to Wis. Stat. § 961.20(2)(er), lorazepam is a schedule IV controlled substance for which, under the circumstances at issue, a prescription is required pursuant to Wis. Stat. § 961.38(3).

39. Pursuant to Wis. Stat. § 961.20(2)(p), zolpidem is a schedule IV controlled substance for which, under the circumstances at issue, a prescription is required pursuant to Wis. Stat. § 961.38(3).

40. Wis. Stat. § 441.50(5)(e) authorizes the Wisconsin Board of Nursing to impose discipline based on the Arizona and North Dakota Boards' findings of fact.

41. Respondent Sabrina C.K. Giles, by consuming controlled substances that rendered her unable to safely or reliably practice nursing, as set out in paragraphs 9 through 13, above, was impaired and has committed unprofessional conduct, as defined by Wis. Admin. Code § N 7.03(2) and is subject to discipline pursuant to Wis. Stat. § 441.07(1g)(c).

42. Respondent Sabrina C.K. Giles, as the subject of an adverse action taken against her privilege to practice nursing pursuant to the Nurse Licensure Compact by the Arizona State Board of Nursing, as set out in paragraphs 9 through 12, above, has committed unprofessional conduct, as defined by Wis. Stat. § 441.50(5)(e) and Wis. Admin. Code § N 7.03(2), and is subject to discipline pursuant to Wis. Stat. § 441.07(1g)(d).

43. Respondent Sabrina C.K. Giles, by failing to notify the department of a new address within 30 days of the change, as set out in paragraphs 4 through 6, above, has violated Wis. Stat. § 440.11 and is subject to discipline pursuant to Wis. Stat. § 441.07(1g)(b).

44. Pursuant to Wis. Stat. § 450.11(1), no person may dispense any prescribed drug or device except upon the prescription order of a practitioner, and, if the order is written by the practitioner, it must contain the signature of the practitioner.

45. Respondent Sabrina C.K. Giles, by possessing a prescription drug obtained pursuant to a written prescription order not signed by the practitioner in violation of Wis. Stat. § 450.11(1), as set out in paragraphs 25 through 34, above, has violated Wis. Stat. § 450.11(7)(h), which under the circumstances of this case is a law substantially related to the practice of nursing.

46. Respondent Sabrina C.K. Giles, by administering, supplying or obtaining a drug other than in the course of legitimate practice or as otherwise prohibited by law, as set out in paragraphs 25 through 34, above, has committed unprofessional conduct, as defined by Wis. Admin. Code § N 7.04(2) and is subject to discipline pursuant to Wis. Stat. § 441.07(1g)(d).

47. Respondent Sabrina C.K. Giles, by obtaining or attempting to obtain by fraud or deceit a license or registration to practice nursing, or by submitting to the board any information that is fraudulent, deceitful, or false, as set out in paragraphs 19 through 22, above, has violated N.D. Cent. Code § 43-12.1-14.4, which under the circumstances of this case is a law substantially related to the practice of nursing.

48. Respondent Sabrina C.K. Giles, by practicing nursing in North Dakota without a current license or registration issued by the North Dakota Board of Nursing, as set out in paragraphs 19 through 23, above, has violated N.D. Cent. Code § 43-12.1-03, which under the circumstances of this case is a law substantially related to the practice of nursing.

49. Respondent Sabrina C.K. Giles, by violating the state practice laws of the state in which the patient was located at the time care was rendered, as set out in paragraphs 47 and 48, above, has violated Wis. Stat. § 441.50(3)(c), and is subject to discipline pursuant to Wis. Stat. § 441.07(1g)(b).

50. Respondent Sabrina C.K. Giles, by violating any law substantially related to the practice of professional or practical nursing, as set out in paragraphs 45, 47 and 48, above, has committed unprofessional conduct, as defined by Wis. Admin. Code § N 7.04(1), and is subject to discipline pursuant to Wis. Stat. § 441.07(1g)(d).

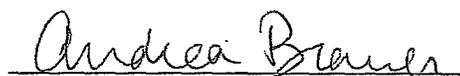
51. There is probable cause to believe that it is necessary to immediately suspend Respondent's license to practice as professional nurse in the State of Wisconsin, including the

multi-state privilege to practice under the Nurse Licensure Compact, to protect the public health, safety or welfare, based upon the conduct described above.

- a. Respondent has a persistent history of impairment dating back to at least October of 2012.
- b. Respondent, through repeated violations of laws related to the practice of nursing, shows no signs of rehabilitation.
- c. Respondent, though offered multiple opportunities to provide evidence of treatment or other evidence of rehabilitation, has not done so.
- d. Respondent has repeatedly failed to respond to the Division's efforts to contact her on behalf of the Board, for purposes of the Board's investigation. Therefore, Respondent has made it impossible for the Board to conclude anything other than that Respondent remains unable to safely and reliably engage in the practice of nursing practices.
- e. Respondent has worked in Arizona, New Mexico and North Dakota but has never reported to the Department any address outside of Iron River, Wisconsin. Respondent has also not responded to the Division's inquiries on behalf of the Board of Nursing. Therefore, Respondent has made it impossible for the Board to adequately monitor her.

WHEREFORE, the Division of Legal Services and Compliance hereby requests that the Wisconsin Board of Nursing:

1. Find that notice has been given to Respondent Sabrina C.K. Giles under Wis. Admin. Code § SPS 6.05.
2. Find probable cause to believe that Respondent Sabrina C.K. Giles has engaged in or is likely to engage in conduct such that the public health, safety or welfare imperatively requires emergency suspension of Respondent's license and registration to practice professional nursing.
3. Issue an order summarily suspending the license and registration of Respondent Sabrina C.K. Giles to practice professional nursing in the State of Wisconsin and order that such suspension continue until the effective date of a final decision and order issued in the disciplinary proceeding against Respondent, unless otherwise ordered by the Board.



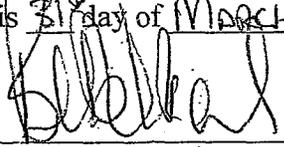
Andrea E. Brauer

STATE OF WISCONSIN )  
 ) ss  
COUNTY OF DANE )

Andrea E. Brauer, being first duly sworn on oath, deposes and says that she is an attorney for the State of Wisconsin, Department of Safety and Professional Services, Division of Legal Services and Compliance, and that she has read the foregoing petition and knows the contents thereof and that the same is true to her own knowledge, except as to those matters therein stated on information and belief, and as to such matters, she believes them to be true.

  
\_\_\_\_\_  
Andrea E. Brauer

Subscribed and sworn to before me,  
this 21<sup>st</sup> day of MARCH, 2014.

  
\_\_\_\_\_  
Notary Public  
My Commission expires 3-27-2016.

Andrea E. Brauer  
Prosecuting Attorney  
State Bar Number 1093565  
Department of Safety and Professional Services  
Division of Legal Services and Compliance  
P.O. Box 7190  
Madison, WI 53707-7190  
Tel. (608) 261-7902  
Fax (608) 266-2264

STATE OF WISCONSIN  
BEFORE THE BOARD OF NURSING

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IN THE MATTER OF THE DISCIPLINARY :  
PROCEEDINGS AGAINST :  
: DLSC Case Nos. 13 NUR 059  
SABRINA C.K. GILES, : and 14 NUR 079  
RESPONDENT. :

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**AFFIDAVIT OF STEVEN A. ROHLAND**

STATE OF WISCONSIN )  
 ) ss  
COUNTY OF DANE )

Steven A. Rohland, being duly under oath, upon information and belief, deposes and states as follows:

1. I am a consumer protection investigator, employed by the Wisconsin Department of Safety and Professional Services, Division of Legal Services and Compliance. In the course of my professional duties I have been assigned on behalf of the Board of Nursing to the investigation of case numbers 13 NUR 059 and 14 NUR 079, concerning Respondent Sabrina C.K. Giles.

2. My business address is 1400 East Washington Avenue, Madison, Wisconsin 53703, and my business mailing address is P.O. Box 7190, Madison, Wisconsin 53707-7190.

3. In the course of my professional duties as a consumer protection investigator assigned to these matters, I have learned the following facts.

4. Respondent Sabrina C.K. Giles, (dob June 23, 1969), is licensed in the State of Wisconsin to practice professional nursing, having license number 144136-30, first issued on May 23, 2003, with registration current through February 29, 2016. Respondent's most recent address on file with the Wisconsin Department of Safety and Professional Services (Department) is P.O. Box 294, Iron River, Wisconsin 54847.

5. Upon information and belief, Respondent's actual address is 35552 County Road 3, Fairview, Montana 59221.

6. Respondent has never reported to the Department an address other than Iron River, Wisconsin, or outside of Wisconsin.

7. On February 25, 2013, I received a telephone call from Arizona State Board of Nursing Nurse Practice Consultant Mary Rappoport (NPC Rappoport), who explained that on February 22, 2013, Respondent was terminated from a facility in New Mexico for being

impaired while working as a professional nurse. The Arizona State Board of Nursing subsequently investigated Respondent's conduct as a nurse.

8. A prescription profile obtained in the course of the Arizona investigation revealed that Respondent had obtained a number of controlled substances, including lorazepam, hydrocodone and other medications.

9. APC Rappaport advised that Respondent could reasonably be expected to return to practice in Wisconsin, as she has family here.

10. In March of 2013, I exchanged several voice mail messages with Respondent. Respondent stated she believed she had an imbalance in her thyroid medication, which she needed to adjust. Respondent did not believe she was at any time otherwise impaired.

11. On March 7, 2013, Respondent faxed me information about her two prior convictions.

- a. On December 21, 2009, in Bayfield County Wisconsin Circuit Court Case Number 09TR2292, Respondent pled no contest to Operating with BAC of .10 or more (1st) in violation of Wis. Stat. § 346.63(1)(b).
- b. Respondent reported that she underwent court ordered counseling for irresponsible use of alcohol in 2010 and 2011. She included a Driver Safety Plan Order dated January 11, 2010, and a report from the Ashland Area Council on Alcoholism and Other drug Abuse finding irresponsible use of alcohol.
- c. Respondent fully complied with the Court's order.
- d. On April 6, 2010, in Bayfield County Wisconsin Circuit Court Case Number 10CM005, Respondent was convicted of criminal damage to property in violation of Wis. Stat. § 943.01(1).

12. On March 20, 2013, I received a certified copy of Respondent's voluntary surrender of her multi-state licensure privilege in Arizona dated March 20, 2013.

13. According to the Arizona Order, between October and December of 2012, Respondent filled prescriptions for controlled substances. During that time period, Respondent's quality of work deteriorated. On multiple occasions she presented to work with behaviors consistent with impairment.

14. The Arizona Board, pursuant to its Order, found sufficient evidence existed to support the conclusion that Respondent showed "[a] pattern of using or being under the influence of alcohol, drugs, or a similar substance to the extent that judgment may be impaired and nursing practice detrimentally affected, or while on duty in any health care facility, school, institution, or other work location."

15. On or about May 16, 2013, the Department sent, via certified mail, correspondence to Respondent's address of record at P.O. Box 294, Iron River, Wisconsin 54847. Respondent was instructed to respond to the Division by May 30, 2013.

16. Respondent did not respond to the Division by May 30, 2013, nor has she responded to date.

17. On February 18, 2014, the Division received a second complaint about Respondent from Lori Hahn, Respondent's employer at Mercy Medical Center in Williston, North Dakota.

18. According to Ms. Hahn, Respondent had obtained controlled substances from prescription orders purportedly signed by one of the doctors at Mercy Medical Center, Dr. Roxanne Keene.

19. Mercy Medical Center launched an investigation concerning whether or not Respondent obtained Dr. Keene's prescription pads from work without Dr. Keene's consent or knowledge. Suspecting that Respondent may have forged Dr. Keene's signature, Mercy Medical Center indefinitely suspended Respondent pending results of the ensuing investigation.

20. I have reviewed records of a February 13, 2014 drug test, which was initiated by Mercy Medical Center. The sample was positive for alternate opiates, hydrocodone and hydromorphone.

21. Respondent did not inform the Department she was working in North Dakota and did not provide the Department with a current address outside of Wisconsin.

22. Because the Department received two complaints against Respondent alleging misuse of prescription drugs, the Department opened a by-pass complaint against Respondent for investigation on the basis of imminent danger and impairment.

23. I obtained copies of Respondent's medical records from ND Pharmacy in Williston, North Dakota, for dates of service from January 1, 2013, to February 12, 2014, certified by Jennie Peterson, pharmacist and records custodian of the health care records maintained at ND Pharmacy. The medical records show:

- a. Between May 22, 2013 and February 10, 2014, Respondent presented prescriptions for Norco®, zolpidem, Phenergan®, Flexeril®, and Ambien®, purportedly signed by Dr. R. Keene and on prescription pads bearing the name R.R. Keene, M.D.
- b. Between May 22, 2013 and February 10, 2014, Respondent filled prescriptions for hydrocodone and zolpidem based on the prescriptions from Dr. Roxanne Keene.
- c. Between May 22, 2013 and February 10, 2014, Respondent's son presented prescriptions for Norco®, Flexeril®, and Ambien® purportedly signed by Dr. R. Keene and on prescription pads bearing the name R.R. Keene, M.D.

d. Between May 22, 2013 and February 10, 2014, Respondent's son filled prescriptions for hydrocodone, cyclobenzabrine and zolpidem based on the prescriptions from Dr. Roxanne Keene.

24. Dr. Keene verified that she did not sign or otherwise authorize any prescriptions to Respondent.

25. I conducted an investigation into the status of Respondent's employment at Mercy Medical Center in Williston, North Dakota. I discovered that Respondent was terminated on February 24, 2014.

26. According to Ms. Hahn, Mercy Medical Center discovered that the North Dakota Board of Nursing had, on November 21, 2013, issued an Order ordering Respondent to cease and desist the practice of nursing in the state of North Dakota.

27. Respondent failed to inform Mercy Medical Center of the North Dakota Order and continued working at Mercy Medical Center in direct violation of the Order.

28. I contacted the North Dakota Board of Nursing and obtained a copy of the Cease and Desist Order. The Order shows the North Dakota Board of Nursing denied Respondent's application for licensure as a registered nurse by endorsement, and ordered Respondent to cease and desist from the practice of nursing in the state of North Dakota. The Cease and Desist Order specifically prohibited Respondent's practice pursuant to any multi-state nursing licensure compact with the Board.

29. On February 21, 2014, at 10:50 a.m., I telephoned Respondent at 715-813-0675. I left a message identifying myself as an investigator with the Department and explaining that I was calling on behalf of the Wisconsin Board of Nursing.

30. On March 11, 2014, at 12:34p.m. I again telephoned Respondent at 715-813-0675, and again left a message identifying myself as an investigator with the Department and explaining that I was calling on behalf of the Wisconsin Board of Nursing.

31. On March 11, 2014, I e-mailed Respondent at [dmzracing@yahoo.com](mailto:dmzracing@yahoo.com). Respondent previously contacted me from this e-mail address in March of 2013.

32. On March 11, 2014, I mailed a letter to Respondent at her address in Montana, as well as another to her address of record in Wisconsin.

33. As of the date of this Affidavit, Respondent has not responded to any of my requests for information, despite the fact that each request informed her of the purpose of my call.

34. I believe the information provided by representatives of the North Dakota and Arizona Boards to be reliable and accurate because the statements were made and the information provided in the course of their official duties. I believe the information provided by Jennie Peterson to be reliable and accurate because the information was created and provided in the course of her professional responsibility as a licensed health care profession and in performance of her professional duty as a records custodian.

Steven A. Rohland  
Steven A. Rohland  
Consumer Protection Investigator

Subscribed and sworn to before me  
this 31<sup>st</sup> day of MARCH, 2012.

[Signature]

Notary Public

My Commission expires 3-27-2016.

STATE OF WISCONSIN  
BEFORE THE BOARD OF NURSING

---

IN THE MATTER OF THE DISCIPLINARY :  
PROCEEDINGS AGAINST :  
: DLSC Case No. 14 NUR 079  
SABRINA C. GILES, R.N., :  
RESPONDENT. :

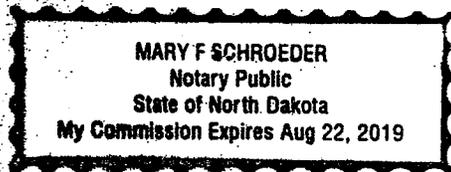
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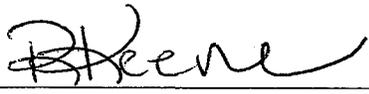
**AFFIDAVIT OF DR. ROXANNE R. KEENE**

STATE OF NORTH DAKOTA )  
 ) ss  
COUNTY OF WILLIAMS )

Roxanne R. Keene, being duly under oath, upon information and belief, deposes and states, as follows:

1. I am a medical doctor, employed by the Mercy Medical Center in Williston, North Dakota.
2. My business address is 1213 15th Avenue West, Williston, North Dakota 58801.
3. Sabrina Giles has never been my patient.
4. Daniel Giles has never been my patient.
5. I did not sign or authorize any prescriptions to Sabrina Giles or Daniel Giles.



  
\_\_\_\_\_  
Roxanne R. Keene, M.D.

Subscribed and sworn to before me  
this 6<sup>th</sup> day of March, 2014.

  
\_\_\_\_\_  
Notary Public  
My Commission is permanent.

County of Williams  
State of North Dakota  
1 of 1  
Commission Expires August 22 2019

STATE OF WISCONSIN  
BEFORE THE BOARD OF NURSING

---

IN THE MATTER OF THE DISCIPLINARY :  
PROCEEDINGS AGAINST :  
: DLSC Case No. 13 NUR 059,  
SABRINA C. GILES, R.N., : 14 NUR 079  
RESPONDENT. :

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**AFFIDAVIT OF LORI HAHN**

STATE OF NORTH DAKOTA )  
 ) ss  
COUNTY OF WILLIAMS )

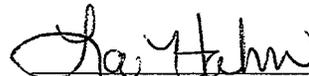
Lori Hahn, being duly under oath, upon information and belief, deposes and states, as follows:

1. I am the Vice President of Nursing/Risk Manager at Mercy Medical Center.
2. My business address is 1301 15<sup>th</sup> Avenue West, Williston, North Dakota.
3. Between April 9, 2013 and February 24, 2014, Sabrina C. Giles was employed as a registered nurse at Mercy Medical Center.
4. Prior to commencing work at Mercy Medical Center:
  - a. Sabrina C. Giles identified herself verbally as Sabrina C. Giles.
  - b. Sabrina C. Giles identified her date of birth as June 23, 1969.
  - c. Sabrina C. Giles presented her Wisconsin nursing license number 144136-30.
  - d. Sabrina C. Giles produced all necessary documents to prove her identity.
5. Sabrina C. Giles did not inform me or anyone else at Mercy Medical Center that the Board of Nursing of the State of North Dakota (Board) denied her application for licensure on November 21, 2013.
6. Sabrina C. Giles did not inform me or anyone else at Mercy Medical Center that the Board of Nursing of the State of North Dakota (Board) ordered on November 21, 2013 that Sabrina C. Giles cease and desist from the practice of nursing in the state of North Dakota, including pursuant to any multi-state nursing licensure compact with the Board.

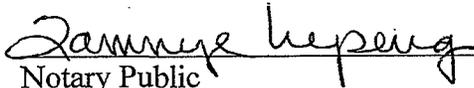
7. From November 21, 2013 to February 13, 2014, Sabrina C. Giles continued to work as a registered nurse at Mercy Medical Center.

8. On February 13, 2014, Mercy Medical Center suspended Sabrina C. Giles due to its ongoing investigation into Sabrina C. Giles' compliance with nursing standards of practice.

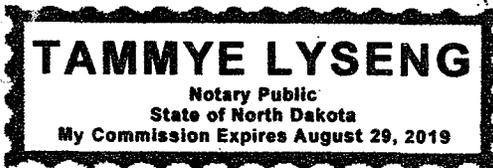
9. On February 24, 2014, Mercy Medical Center terminated Sabrina C. Giles' employment.

  
Lori Hahn

Subscribed and sworn to before me  
this 11 day of March, 2014.

  
Notary Public

My Commission is ~~permanent~~. expires August 29, 2019



BEFORE THE BOARD OF NURSING OF THE STATE OF NORTH DAKOTA

**IN THE MATTER OF THE  
APPLICATION OF SABRINA GILES  
FOR RN LICENSURE BY ENDORSEMENT.**

) **ORDER DENYING  
) APPLICATION AND  
) ISSUING CEASE & DESIST**

**DOB: 6/23/1969**

The North Dakota Board of Nursing ("Board") met on November 21, 2013, at the offices of the Board located at 919 South 7<sup>th</sup> Street, Suite 504, Bismarck, North Dakota, to consider the Application for Registered Nurse Licensure by Endorsement of Sabrina Giles. A quorum of the Board was present. Sabrina Giles ("Applicant") was notified of the meeting, but did not appear.

Upon consideration of the Application, and the testimony and argument of Board staff, IT IS HEREBY ORDERED THAT the Application is denied under N.D.C.C. § 43-12.1-14(2), as the evidence demonstrated that the Applicant was disciplined by a board of nursing in another jurisdiction, or had a license or registration to practice nursing or to assist in the practice of nursing or to practice in another health care occupation or profession denied, revoked, suspended, or otherwise sanctioned; and under N.D.C.C. § 43-12.1-14(4), as the evidence demonstrated that the Applicant obtained or attempted to obtain by fraud or deceit a license or registration to practice nursing, or submitted to the Board any information that is fraudulent, deceitful, or false. Specifically, on or around October 8, 2013, a Registered Nurse endorsement application was received in the Board office, on which Applicant answered all regulatory questions "no", including the questions that ask, (1) "Has your registration or nursing license been sanctioned or disciplined by any other jurisdiction?"; (2) "Have you been investigated or are you presently being investigated by any other jurisdiction?"; and (3) "Have you been terminated from a nursing related job due to conduct that may be grounds for disciplinary action?" However, the following information has come to the Board's attention:

1. On or about March 20, 2013, Applicant signed a disciplinary Voluntary Surrender of Nurse Multi-State Licensure Privilege in Arizona and Cease and Desist Order No. 1211119, under her multistate license number 144136 issued by the state of Wisconsin, which was accepted by the Arizona Board of Nursing on or about

Certified True Copy

By Karla Bit  
North Dakota Board of Nursing

**RECORDS  
RETENTION**

March 20, 2013, for impairment issues at work. Applicant may only apply for re-issuance of her privilege to practice nursing in the state of Arizona after a period of five (5) years.

2. Applicant failed to identify the current investigation by the Wisconsin Board of Nursing on her Application to the Board. According to an investigator from the Wisconsin Department of Safety and Professional Services, Applicant was aware of the investigation as she had initially responded to the department and was sent a proposed stipulation document but never responded.
3. The information included in the Arizona Board Order stated that the Applicant was terminated from her employment as a Registered Nurse at Fort Defiance Indian Hospital, Fort Defiance, Arizona on December 14, 2012 for failing to consistently demonstrate acceptable, professional behavior and safe nursing practice.

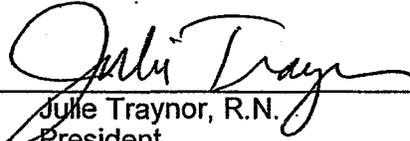
In addition, the Board is authorized to deny, limit, revoke, encumber or suspend any license or registration to practice nursing issued by the Board and to reprimand, place on probation, or otherwise discipline a licensee or registrant when the licensee or registrant has violated N.D.C.C. §§ 43-12.1-14(2) and (4). When it appears by credible evidence that a cease and desist order may be necessary, the cease and desist order may be issued revoking a nurse's authority to practice in the state. See N.D.A.C. §§ 54-02-07-05.4 and 54-02-10-06(3).

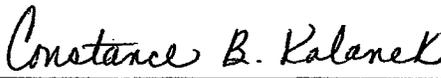
Upon consideration of the testimony and argument of the Board staff, and based upon Applicant's conduct as summarized above, IT IS HEREBY FURTHER ORDERED THAT, pursuant to N.D.A.C. § 54-02-10-06(3), Applicant shall CEASE AND DESIST from the practice of nursing in the state of North Dakota under any authority she may have to practice nursing in the state of North Dakota, including pursuant to any multi-state nursing licensure compact with the Board. In order to reinstate her authority to practice nursing in the state of North Dakota, Applicant must submit a written request and application for reinstatement of your authority to practice nursing.

These actions will be reported to health care agencies in the state of North Dakota and to the boards of nursing of other states via the Nursys Data Bank at the National Council of State Boards of Nursing, as required by N.D.C.C. § 43-12.1-13, and to data banks as required by federal law, including the National Practitioners Data Bank (NPDB).

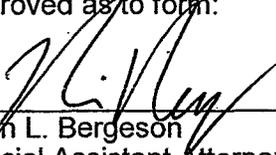
Dated this 21 day of November, 2013.

THE NORTH DAKOTA BOARD OF NURSING

By:   
Julie Traynor, R.N.  
President

By:   
Constance B. Kalanek, Ph.D., R.N.  
Executive Director

Approved as to form:

  
Brian L. Bergeson  
Special Assistant Attorney General  
ID #05780  
919 South 7<sup>th</sup> Street, Suite 504,  
Bismarck, ND 58504  
Phone: (701) 328-9783  
Fax: (701) 328-9785  
ATTORNEY FOR NORTH DAKOTA  
BOARD OF NURSING

BEFORE THE BOARD OF NURSING OF THE STATE OF NORTH DAKOTA

IN THE MATTER OF THE  
APPLICATION OF SABRINA GILES  
FOR RN LICENSURE BY ENDORSEMENT.

) NOTICE OF ENTRY  
) OF ORDER DENYING  
) APPLICATION AND  
ISSUING CEASE & DESIST

DOB: 6/23/1969

TO: Sabrina Giles

YOU WILL PLEASE TAKE NOTICE that the North Dakota Board of Nursing ("Board") has entered and filed herein its Order Denying Application and Issuing Cease & Desist in regard to the above-entitled matter, and that attached hereto is a true and correct copy of such Order Denying Application and Issuing Cease & Desist.

YOU ARE FURTHER NOTIFIED that you may seek reconsideration of the Board's decision by submitting to the Board a petition for reconsideration within fifteen (15) days from the date this Notice was mailed to you. Such petition for reconsideration must state the specific grounds upon which the relief is requested or a statement of any further showing, and must also state whether a rehearing is requested.

YOU ARE FURTHER NOTIFIED that you may appeal this decision of the Board to the District Court of Burleigh County, North Dakota, by filing a notice thereof within thirty (30) days of the mailing of this Notice to you or within thirty (30) days after a notice of final determination of any petition for reconsideration has been mailed to you. Such petition for reconsideration or appeal must be conducted in accordance with the North Dakota Administrative Agencies Practice Act designated as Chapter 28-32 of the North

Dakota Century Code.

Dated this 21<sup>st</sup> day of November, 2013.



---

Brian L. Bergeson  
Special Assistant Attorney General  
ID #05780  
919 South 7<sup>th</sup> Street, Suite 504,  
Bismarck, ND 58504  
Phone: (701) 328-9783  
Fax: (701) 328-9785  
ATTORNEY FOR NORTH DAKOTA  
BOARD OF NURSING

BEFORE THE BOARD OF NURSING OF THE STATE OF NORTH DAKOTA

IN THE MATTER OF THE )  
APPLICATION OF SABRINA GILES ) AFFIDAVIT OF MAILING  
FOR RN LICENSURE BY ENDORSEMENT. )

DOB: 6/23/1969

STATE OF NORTH DAKOTA )  
 ) ss.  
COUNTY OF BURLEIGH )

Sally Bohmbach, being first duly sworn deposes and says: Affiant is a citizen of the United States, of legal age, and not a party nor interested in the above-entitled matter.

That upon the 25<sup>th</sup> day of November, 2013, this affiant served upon the person hereinafter named a true and correct copy of the following documents: **Order Denying Application and Issuing Cease & Desist, Notice of Entry of Order Denying Application and Issuing Cease & Desist** and this **Affidavit of Mailing** by depositing the same in the United States mail at Bismarck, North Dakota, securely enclosed in a sealed envelope, with postage duly prepaid, mailed certified, return receipt requested, and addressed to the following party:

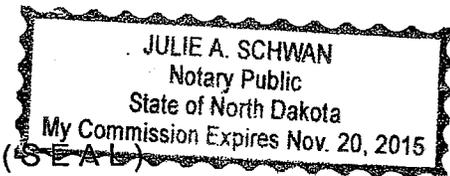
Sabrina Giles  
301 East 2<sup>nd</sup> Street #414  
Williston ND 58801  
Certificate # 7013 0600 0000 2712 2706  
7011 1570 0001 5794 6844

That to the best of affiant's knowledge, information and belief, such address as given above was the actual post office address of the party intended to be so served.

Dated this 25<sup>th</sup> day of November, 2013.

Sally Bohmbach

Subscribed, acknowledged and sworn to before me this 25<sup>th</sup> day of November, 2013.



Julie A. Schwan  
Notary Public  
Burleigh County, North Dakota  
My Commission Expires:



**Janice K. Brewer**  
Governor

**Joey Ridenour**  
Executive Director

## ***Arizona State Board of Nursing***

4747 North 7<sup>th</sup> Street, Suite 200  
Phoenix AZ 85014-3655  
Phone (602) 771-7800 Fax (602) 771-7888  
E-Mail: [arizona@azbn.gov](mailto:arizona@azbn.gov)  
Home Page: <http://www.azbn.gov>

### **AFFIDAVIT OF CUSTODIAN OF RECORDS**

STATE OF ARIZONA

COUNTY OF MARICOPA

I, Joey Ridenour, Executive Director for the Arizona State Board of Nursing, County of Maricopa, State of Arizona, do hereby certify that I am the officer having the legal custody for the records hereto attached in the office of the Arizona State Board of Nursing, County of Maricopa, State of Arizona, a public office of said State. The attached copies are true copies of the records on **SABRINA CHANEL KATRINE GILES**. Personnel of the Arizona State Board of Nursing prepared the records during the ordinary course of business.

Witness my hand and the seal of the Arizona State Board of Nursing at 4747 N. 7th Street, Suite 200, Phoenix, Arizona 85014-3655 on March 6, 2014.

SEAL

*Joey Ridenour R.N. M.N. F.A.A.N.*

\_\_\_\_\_  
Joey Ridenour, R.N., M.N., F.A.A.N.  
Executive Director

# Arizona State Board of Nursing

Date Printed: 03/06/2014

By: ANNE PARLIN, STAFF

**NAME** Ms. SABRINA CHANEL KATRINE GILES

**GENDER:** F      **ETHNICITY:** White - Not of  
Hispanic Origin

**PLACE OF BIRTH CITY:** UNKNOWN

**STATE:** UNKNOWN

**MAILING ADDRESS**

65875 RANGE LINE ROAD

P.O. BOX 294

IRON RIVER WI 54847

County: Out of State

Country: UNITED STATES

**HOME PHONE:** N/A

**PAGER:** N/A

**CELL PHONE:** N/A

**BUSINESS PHONE:** N/A

**FAX:** N/A

**OTHER NAMES**

NAMES USED

REASON

NAMES USED

REASON

SABRINA CHANEL KRUPOWSKI

Also Known As

**AZ LICENSE/CERTIFICATION INFORMATION:**

**License/Certificate Number:** \*\*NOT YET ISSUED\*\*

**License Type:** COMPACT

**Original Date:**

**License Valid Until:**

**Last Issued Date:**

**Original State of Licensure/Certification:**

**AZ LICENSE STATUS HISTORY**

<u>STATUS</u>	<u>FROM</u>	<u>TO</u>	<u>LAST MODIFIED BY:</u>
Holds Compact License	05/23/2003		MARY RAPPOPORT
Complaint/Self Report	11/27/2012	03/20/2013	MARY RAPPOPORT
Voluntary Surrender - Privilege to Practice	03/20/2013		MARY RAPPOPORT

**SCHOOL INFORMATION**

<u>NAME</u>	<u>LOCATION</u>	<u>NCLEX CODE</u>	<u>DEGREE OBTAINED</u>	<u>GRADUATION DATE</u>
WISCONSIN INDIANHEAD TECHNICAL COLLEGE	SHELL LAKE WI		Associates in Nursing	05/09/2003

**OTHER STATES OF LICENSURE/CERTIFICATION**

<u>LIC/CERT NO</u>	<u>STATE</u>	<u>LIC/CERT TYPE</u>	<u>STATUS</u>	<u>LIC/CERT DATE</u>	<u>ORIG STATE</u>
161245-5	MN	REGISTERED NURSE		07/09/2003	N
144136	WI	REGISTERED NURSE	Active: Good Standing	05/23/2003	Y

**MOST RECENT APPLICATION INFORMATION**

Year:

Employment Status:

Type of Nursing Position:

Major Clinical or Teaching Area in Nursing:

Principle Field of Employment:

1 **ARIZONA STATE BOARD OF NURSING**  
2 **4747 North 7th Street, Suite 200**  
3 **Phoenix, Arizona 85014-3655**  
4 **602-771-7800**

5 IN THE MATTER OF THE PRIVILEGE TO  
6 PRACTICE NURSING UNDER THE NURSE  
7 LICENSURE COMPACT IN THE STATE OF  
8 ARIZONA ISSUED TO:

9 SABRINA CHANEL GILES; aka SABRINA  
10 CK GILES,  
11 RESPONDENT  
12 NURSE LICENSE NO.: 144136  
13 STATE OF: WISCONSIN

14 **CONSENT TO VOLUNTARY**  
15 **SURRENDER MULTISTATE**  
16 **LICENSURE PRIVILEGE**  
17 **IN ARIZONA AND**  
18 **CEASE AND DESIST**  
19 **ORDER NO. 1211119**

20 A complaint charging SABRINA CHANEL GILES; aka SABRINA CK GILES,  
21 ("Respondent") with violation of the Nurse Practice Act has been received by the Arizona State Board  
22 of Nursing ("Board"). In the interest of a prompt and speedy settlement of the above-captioned  
23 matter, consistent with the public interest, statutory requirements, and the responsibilities of the  
24 Board, and pursuant to A.R.S. §32-1668(D)(5), Respondent voluntarily surrenders her license  
25 privilege to practice under any multistate licensure in the state of Arizona and agrees to cease and  
26 desist the practice of nursing in Arizona.

27 Based on the evidence before it, the Board makes the following Findings of Fact, Conclusions  
28 of Law:

29 **FINDINGS OF FACT**

1. Respondent holds registered nurse licensure, with multistate licensure privileges  
("Privilege") under the Nurse Licensure Compact ("Compact"), issued by WISCONSIN, a Compact  
State.

//

//



1 Officer and a Human Resource representative to have "...pinpoint pupils that were  
2 non-reactive to light, and slurred speech." According to FDIH personnel, Respondent  
3 did not believe she was impaired and acknowledged taking a controlled substance  
4 five hours prior to the ACLS class, specifically Oxycontin. Respondent was  
5 dismissed from the ACLS course and instructed to return to work four days later; and

- 6
- 7 c. On October 30, 2012, Respondent was observed by another staff person to be falling  
8 asleep. When Complainant confronted Respondent about her behavior, Respondent  
9 stated that she had not slept well the night before her shift. Respondent was  
10 permitted to leave for a few hours and directed to return at 1:30 p.m. to complete the  
11 shift; and
- 12 d. On October 30, 2012 Respondent was verbally counseled for failing to complete her  
13 patient chart entries.

14 According to Complainant, Respondent was offered the opportunity to participate in FDIH's  
15 employee assistance program, in order to obtain a voluntary mental and physical health evaluation  
16 and receive any recommended treatment(s). Respondent declined FDIH's assistance. On December  
17 14, 2012, FDIH terminated Respondent's employment for failing to consistently demonstrate  
18 acceptable, professional behavior and safe nursing practice. Respondent is not eligible for rehire.

19 5. On or about February 27, 2013, Respondent submitted her written statement to the  
20 Board. Respondent wrote that in or about October 2012, she was involved in a car accident in  
21 Albuquerque, New Mexico, wherein she sustained physical injuries, including a closed head injury.  
22 Respondent was treated at the University of New Mexico Hospital and Medical Center, in  
23 Albuquerque, NM. Respondent voluntarily provided the Board with her Walgreens' pharmacy profile  
24 from January 1, 2012, December 31, 2012 and her Wal-Mart Pharmacy Profile from January 1, 2012,  
25 to December 31, 2012, which reflected the following information:

- 26 a. Respondent was prescribed Hydrocodone 10mg/Acetaminophen 500mg tablets (an  
27 opiate) on five occasions, for a total of 634 tablets, from October 1, 2012 to  
28 December 7, 2012; and
- 29 b. Respondent was prescribed Lorazepam 1mg tablets (a benzodiazepine), for a total of  
120 tablets, from April 12, 2012, to April 28, 2012; and

- 1 c. Respondent was prescribed Lorazepam 2mg tablets, (a benzodiazepine), for a total of  
2 765 tablets, from April 12, 2012 to December 10, 2012; and
- 3 d. Respondent was prescribed Zolpidem, ["Ambien"], a sleep aide, for a total of 280  
4 tablets, from April 12, 2012, to December 10, 2012;
- 5 e. Respondent was prescribed Mirtazapine, ["Remeron"], an antidepressant, on October  
6 1, 2012 and October 26, 2012; and
- 7 f. Respondent was prescribed Promethazine 25mg tablets, ["Phenergan"], an anti-  
8 nausea medication for a total of 700 tablets, from April 12, 2012, to July 16, 2012;  
and
- 9 g. Respondent was prescribed Trazadone 100mg tablets, an anti-depressant, for a total  
10 of 180 tablets, from May 24, 2012, to November 17, 2012; and
- 11 h. Respondent was prescribed Sertaline 100mg tablets, an anti-depressant, for a total of  
12 315 tablets, from April 12, 2012, to November 19, 2012.

13 Respondent's ingestion of multiple prescriptive medications used alone and/or in any  
14 combination thereof, have the potential to cause physical and mental impairment and affect  
15 Respondent's ability to safely practice nursing. Respondent did not produce proof that she ever held a  
16 valid prescription for Oxycodone, a controlled substance and opioid.

17  
18 7. According to Respondent's February 27, 2013 written statement, Respondent denied  
19 having a substance abuse disorder, but acknowledged suffering from severe, intermittent migraine  
20 headaches, depression, and insomnia. Respondent denied the use or abuse of alcohol. According to  
21 Respondent she believed that the behaviors described by Complainant were primarily related to lack  
22 of sleep and dealing with the aftermath of being injured in an October 2012 car accident, where she  
23 and her family were the victims of a "hit and run" accident.

24  
25  
26 8. In Respondent's written statement she also provided the Board with a copy of an  
27 October 13, 2012 Albuquerque Police Department ["APD"] accident report, case number 1200957.  
28  
29

1 The APD report reflected that Respondent was victim of an aggressive and violent "hit and run"  
2 incident that left Respondent, her son and significant other injured.

3  
4 COMPLAINT #2

5 9. From on or about May 21, 2012, to on or about August 1, 2012 and January 14, 2013, to  
6 February 22, 2013, Respondent was employed as a travel nurse with Nightingale Nurses LLC,  
7 ["NNL"], in Boca Raton, Florida.

8  
9 10. From on or about January 14, 2013, to on or about February 22, 2013, NNL assigned  
10 Respondent to a pediatric unit at The University of New Mexico ["UNM"], in Albuquerque, New  
11 Mexico.

12  
13 11. On or about February 22, 2013, NNL's Chief Nursing Officer submitted a complaint to  
14 the Board alleging that while Respondent was on duty at UNM, UNM staff nurses observed  
15 Respondent displaying behaviors consistent with impairment that included, falling asleep while  
16 holding a child, slurred and slow speech, and difficulty maintaining a consistent and stable gait or  
17 posture. Based upon UNM's staff observations, Respondent was immediately removed from her  
18 patient care assignment and escorted to a Concentra Occupational Health Center to undergo a for-  
19 cause drug test. According to Complainant, she opined that Respondent's for-cause drug test would  
20 likely test positive for Respondent's prescriptive medication(s).

21  
22 12. According to Complainant, UNM terminated Respondent's travel contract and NNL  
23 terminated Respondent's employment. Respondent is not eligible for rehire.

24  
25 13. On February 22, 2013, Board staff telephonically interviewed UNM's Staffing  
26 Coordinator. The UNM Staffing Coordinator was present in the staffing office when Respondent was  
27 escorted down from the pediatric unit. The UNM Staffing Coordinator described Respondent as  
28 "...being hardly able to keep her eyes open... or fully understand why the staff was concerned about  
29

1 her present physical and mental state..." The UNM Staffing Coordinator recalled that when  
2 Respondent was told she would be escorted to the Concentra Occupational Health Center,  
3 Respondent asked if she was "...going to be arrested."  
4

5 14. On March 11, 2013, Board staff conducted a telephonic interview with Respondent  
6 regarding the second complaint that she was impaired while on duty at UNM on February 22, 2013.  
7 Respondent again denied having a substance use disorder. Respondent believed that on February 22,  
8 2013, her behavior may be attributed to insomnia. Respondent acknowledged using her prescriptive  
9 Zolpidem to help with the insomnia symptoms. Respondent also acknowledged that she has suffered  
10 from long-term depression and had been under the care of psychologist and mental health care  
11 provider. Respondent acknowledged that she stopped taking her prescriptive anti-depressants,  
12 Trazadone and Sertaline without physician supervision. Respondent stated did not consider the  
13 medical implications or complications that could affect her well-being when she stopped the  
14 medications without medical supervision or directives. Respondent stated she was concerned that  
15 these medications might be the causative agent(s) for her falling asleep, having slurred speech and an  
16 unsteady gait. Respondent acknowledged that a registered nurse is required to be mentally and  
17 physically fit in order to provide safe nursing care. Respondent is currently seeking out medical and  
18 psychological treatment. Respondent asserted that she is not employed presently as a registered nurse,  
19 but has found employment in a veterinarian's office.  
20  
21  
22  
23

24 15. On March 11, 2013, Respondent requested to voluntarily surrender her multi-state  
25 privilege to practice nursing in Arizona.  
26

#### 27 CONCLUSIONS OF LAW

28 Pursuant to A.R.S. §§ 32-1606, 32-1663, 32-1664, 32-1668 Article II, III and V, the Board has  
29 subject matter and personal jurisdiction in this matter.

1 The conduct and circumstances described in the Findings of Fact constitute a violation of A.R.S.  
2 § 32-1601(22)(d) (Any conduct or practice that is or might be harmful or dangerous to the health of a  
3 patient or the public); and (j) (Violating a rule that is adopted by the board pursuant to this chapter);  
4 (effective August 2, 2013) and (j), and A.A.C. R4-19-403(1) (A pattern of failure to maintain  
5 minimum standards of acceptable and prevailing nursing practice); (9) (Failing to take appropriate  
6 action to safeguard a patient's welfare or follow policies and procedures of the nurse's employer  
7 designed to safeguard the patient); (17) (A pattern of using or being under the influence of alcohol,  
8 drugs, or a similar substance to the extent that judgment may be impaired and nursing practice  
9 detrimentally affected, or while on duty in any health care facility, school, institution, or other work  
10 location); and (31) (Practicing in any other manner that gives the Board reasonable cause to believe the  
11 health of a patient or the public may be harmed) (effective September 11, 2012).

12  
13  
14  
15 The conduct and circumstances described in the Findings of Fact constitute sufficient cause  
16 pursuant to A.R.S. §§ 32-1663 (D)(5) 32-1664(N) to take disciplinary action against Respondent's  
17 privilege to practice as a registered nurse in the State of Arizona.

18  
19 Respondent admits the Board's Findings of Fact, Conclusions of Law."

20 In lieu of a formal hearing on these issues, Respondent agrees to issuance of the attached Order  
21 and waives all rights to a hearing, rehearing, appeal or judicial review relating to this matter.

22 Respondent further waives any and all claims or causes of action, whether known or unknown, that  
23 Respondent may have against the State of Arizona, the Board, its members, offices, employees and/or  
24 agents arising out of this matter.

25  
26 Respondent understands that all investigative materials prepared or received by the Board  
27 concerning these violations and all notices and pleadings relating thereto may be retained in the  
28 Board's file concerning this matter.  
29

1 Respondent understands that the admissions in the Findings of Fact are conclusive evidence of  
2 a violation of the Nurse Practice Act and may be used for purposes of determining sanctions in any  
3 future disciplinary matter.  
4

5 Respondent understands the right to consult legal counsel prior to entering into the Consent  
6 Agreement and such consultation has either been obtained or is waived.  
7

8 Respondent understands that this voluntary surrender is effective upon its acceptance by the  
9 Executive Director or the Board and by Respondent as evidenced by the respective signatures thereto.  
10 Respondent's signature obtained via facsimile shall have the same effect as an original signature.  
11 Once signed by the Respondent, the agreement cannot be withdrawn without the Executive Director  
12 or the Board's approval or by stipulation between the Respondent and the Executive Director or the  
13 Board. The effective date of this Order is the date the Voluntary Surrender is signed by the Executive  
14 Director or the Board and by Respondent. If the Voluntary Surrender is signed on a different date, the  
15 later date is the effective date.  
16

17 Respondent understands that Voluntary Surrender constitutes disciplinary action. Respondent  
18 also understands that she may not reapply for re-issuance during the period of Voluntary Surrender.  
19

20 Respondent agrees that she may apply for re-issuance after the period of voluntary surrender  
21 under the following conditions, and must comply with current law at the time of their application for  
22 re-issuance:  
23

24 The application for re-issuance must be in writing and shall contain therein or have attached  
25 thereto substantial evidence that the basis for the voluntary surrender has been removed and that the  
26 re-issuance of the license does not constitute a threat to the public's health, safety and welfare. The  
27 Board may require physical, psychological, or psychiatric evaluations, reports and affidavits regarding  
28 Respondent as it deems necessary. These conditions shall be met before the application for re-  
29

1 re-issuance is considered.

2 *Alan Clites*  
3 Respondent

4 Date: 3/20/13

6 ARIZONA STATE BOARD OF NURSING

7 SEAL

8 *Joey Ridenour*  
9 Joey Ridenour, R.N., M.N., F.A.A.N.  
10 Executive Director

11 Dated: 3/20/2013

12 RAPPOPORT/GILES/(WL)COMPACT.144136

13 **ORDER**

14 Pursuant to A.R.S. § 32-1663(D) the Board hereby accepts the Voluntary Surrender the  
15 privilege to practice nursing in Arizona under the multistate license number 144136 issued by the  
16 State of Wisconsin. This Order of Voluntary Surrender hereby entered shall be filed with the Board  
17 and shall be made public upon the effective date of this Consent Agreement. Respondent shall not  
18 practice in Arizona under the privilege of a multistate license issued by any other state.  
19

20  
21 IT IS FURTHER ORDERED that Respondent may apply for re-issuance of said privilege after  
22 a period of five (5) years.

23 ARIZONA STATE BOARD OF NURSING

24 SEAL

25 *Joey Ridenour*  
26 Joey Ridenour, R.N., M.N., F.A.A.N.  
27 Executive Director

28 Dated: 3/20/2013

29 JR/mer

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29

JR/mer

COPY mailed this 21<sup>st</sup> day of MARCH, 2013, by First Class mail to:

SABRINA CHANEL GILES  
65875 RANGE LINE ROAD  
P.O. BOX 294  
IRON RIVER, WI 5484

By: Mary E. Rappoport, RN, MN  
Mary E. Rappoport, RN, MN  
Nurse Practice Consultant



**STATE OF WISCONSIN**  
Department of Safety and Professional Services  
1400 E Washington Ave.  
Madison WI 53703

**Governor Scott Walker      Secretary Dave Ross**

Mail to:  
PO Box 7190  
Madison WI 53707-7190

Email: [dps@wisconsin.gov](mailto:dps@wisconsin.gov)  
Web: <http://dps.wi.gov>  
Phone: 608-266-2112

## CERTIFICATION OF RECORDS

DLSC Complaint Number: 14 NUR 079

I, Jennie Peterson, pharmacist,  
(name of records custodian) (title)

and records custodian of the original health care records maintained at ND Pharmacy  
20 E 26<sup>th</sup> St, Williston, North Dakota,  
(facility name and address)

do hereby certify that I have compared this copy of the medical records of:

Sabrina Giles, 06/23/69; and Daniel Giles, 01/26/93

for dates of service from 1-1-13 to 2-12-14 with

the original health care record, and do further certify that the copies consists of 18 pages\*,

and is a true, accurate and complete duplicate of said health care records, except as outlined here:

none  
(If there are no limitations to the certification, please indicate "none").

Jennie Peterson RPh 3-4-14  
(signature of records custodian) (date)

\*Note: Please make single sided copies. Double-sided copying is not suitable for our use.

**Note: This Form Does Not Need to be Notarized**

ND PHARMACY #1  
20 EAST 26TH STREET  
WILLISTON, ND 58801  
(701) 572-4181

From: 01/01/2013 Through: 02/12/2014

Record Of Prescriptions For:

DANIEL GILES  
35552 CTY RD 3  
FAIRVIEW, MT 59221

Allergies: No Known Drug Allergy

Sex: M E-mail Address:

Rx#	Dispense	Item	RPh/Tech	QtyD	Rfl#	CAM Auth#
1290416	11/23/2013	CYCLOBENZAPR TAB 5MG N/C: 5MG TABLET DC: NDC: 00603-3078-21 Instr: TAKE 1 TABLET BY MOUTH EVERY 8 HOURS AS NEEDED	JLP/CV KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	0	YPLHE3H Cvg: P
1290417	11/23/2013	HYDROCO/APAP TAB 10-325MG*** N/C: 3 10MG-325MG TABLET DC: NDC: 00406-0367-05 Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED	JLP/CV KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	0	N1KQAHW Cvg: P
1290418	11/23/2013	ZOLPIDEM 10MG TAB*** N/C: 4 10MG TABLET DC: NDC: 16714-0622-01 Instr: TAKE 1 TABLET BY MOUTH AT BEDTIME	JLP/CV KEENE, ROXANNE MD Pat Pay: \$ 10.00	25.000	0	FNCL91M Cvg: P
1290417	12/02/2013	HYDROCO/APAP TAB 10-325MG*** N/C: 3 10MG-325MG TABLET DC: NDC: 00406-0367-05 Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED	DL / KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	1	79KAAHP Cvg: P
1290416	12/09/2013	CYCLOBENZAPR TAB 5MG N/C: 5MG TABLET DC: NDC: 00603-3078-21 Instr: TAKE 1 TABLET BY MOUTH EVERY 8 HOURS AS NEEDED	JLP/AY KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	1	21R9FFF Cvg: P
1293830	12/09/2013	HYDROCO/APAP TAB 10-325MG*** N/C: 3 10MG-325MG TABLET DC: NDC: 00406-0367-05 Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED	TA /AY KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	0	799WMR7 Cvg: P
1290418	12/16/2013	ZOLPIDEM 10MG TAB*** N/C: 4 10MG TABLET DC: NDC: 16714-0622-01 Instr: TAKE 1 TABLET BY MOUTH AT BEDTIME	DL /AY KEENE, ROXANNE MD Pat Pay: \$ 10.00	25.000	1	3EK1FAW Cvg: P
1293830	12/18/2013	HYDROCO/APAP TAB 10-325MG*** N/C: 3 10MG-325MG TABLET DC: NDC: 00406-0367-05 Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED	TA /TSM KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	1	9ND37WN Cvg: P
1298822	12/31/2013	CYCLOBENZAPR TAB 5MG N/C: 5MG TABLET DC: NDC: 00603-3078-21 Instr: TAKE ONE TABLET BY MOUTH EVERY 8 HOURS AS NEEDED	TA /TKR KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	0	0RX9H7E Cvg: P

From: 01/01/2013 Through: 02/12/2014

Record Of Prescriptions For:

DANIEL GILES  
35552 CTY RD 3  
FAIRVIEW, MT 59221

Allergies: No Known Drug Allergy

Sex: M E-mail Address:

Rx#	Dispense	Item	RPh/Tech	QtyD	Rfl#	CAM Auth#
1298825	12/31/2013	HYDROCO/APAP TAB 10-325MG*** N/C: 3 10MG-325MG TABLET DC: NDC: 00406-0367-05 Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED	TA /TKR KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	0	O9MECLH Cvg: P
					Days: 5	
1298825	01/09/2014	HYDROCO/APAP TAB 10-325MG*** N/C: 3 10MG-325MG TABLET DC: NDC: 00406-0367-05 Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED	DL / KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	1	OAAX3A7 Cvg: P
					Days: 5	
1300984	01/09/2014	ZOLPIDEM 10MG TAB*** N/C: 4 10MG TABLET DC: 02/21/2014 NDC: 16714-0622-01 Instr: TAKE ONE TABLET BY MOUTH ONCE DAILY AT BEDTIME	TA /AY KEENE, ROXANNE MD Pat Pay: \$ 7.70	25.000	0	FRXXWFL Cvg: P
					Days: 25	
1298822	01/16/2014	CYCLOBENZAPR TAB 5MG N/C: 5MG TABLET DC: NDC: 00603-3078-21 Instr: TAKE ONE TABLET BY MOUTH EVERY 8 HOURS AS NEEDED	DL /CV KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	1	29CWAFD Cvg: P
					Days: 20	
1302845	01/16/2014	HYDROCO/APAP TAB 10-325MG*** N/C: 3 10MG-325MG TABLET DC: NDC: 00406-0367-05 Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED	TA /AY KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	0	YTK9APL Cvg: P
					Days: 5	
1302845	01/24/2014	HYDROCO/APAP TAB 10-325MG*** N/C: 3 10MG-325MG TABLET DC: NDC: 00406-0367-05 Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED	JLP /CV KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	1	7E9AMPM Cvg: P
					Days: 5	
1300984	02/04/2014	ZOLPIDEM 10MG TAB*** N/C: 4 10MG TABLET DC: 02/21/2014 NDC: 16714-0622-01 Instr: TAKE ONE TABLET BY MOUTH ONCE DAILY AT BEDTIME	JLP /TKR KEENE, ROXANNE MD Pat Pay: \$ 7.70	25.000	1	D7PWP1A Cvg: P
					Days: 25	
1302845	02/04/2014	HYDROCO/APAP TAB 10-325MG*** N/C: 3 10MG-325MG TABLET DC: NDC: 00406-0367-05 Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED	JLP /TKR KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	2	YWRMQK3 Cvg: P
					Days: 5	

Total Patient Pay Amount For Prescriptions Listed: \$165.40

Grand Total: \$165.40

Sort Order: FacilityGroup,PatNameGroup,DispenseDate,ExternalRxID,ItemName

Criteria:

PHONE: 701.774.7080  
FAX: 701.774.7081

# Mercy Specialty Clinic

ORTHOPAEDIC CLINIC

1213 15<sup>th</sup> Avenue West  
Williston, ND 58801

R. R. KEENE, M.D.  
FK2782806  
1184661118

J. MCNULTY, M.D.  
FM3697731  
1043207418

BRANDY WARMSBECKER, FNP-C  
MW2932641  
1306286448

This Document Contains Void Pantograph, Security Backprint, Printed on Safety Paper

R For: Daniel Giles 1/26/13

Date: 12/9/13

Norco 10/325  
815: T-TI tab PO Q4H PRN  
#60 (sixty)

PHARMACIST: REFILL ON REQUEST  
UNLESS OTHERWISE INDICATED.

DO NOT REFILL	
REFILL TIMES	one
BY AUTHORITY	
REFILL UNTIL	
DATE	

*R. Keene*

MD/DO

IN ORDER TO REQUIRE THAT A BRAND NAME PRODUCT  
BE DISPENSED, THE PRACTITIONER MUST HANDWRITE  
THE WORDS "BRAND NECESSARY".

# Craven-Hagan Clinic

R. R. KEENE, M.D.  
FK2782806  
PHONE: 701.774.7080

ORTHOPAEDIC CLINIC  
1213 - 15<sup>th</sup> AVENUE WEST, SUITE 210  
WILLISTON, ND 58801

D. P. L'ANOU, M.D.  
FL1695658  
FAX: 701.774.7081

This Document Contains Void Pantograph, Security Backprint, Printed on Safety Paper

R For: Daniel Giles 1/26/14

Date: 1/26/14

Norco 10/325  
815: T-TI tab PO Q4H PRN  
#60 (sixty)

PHARMACIST: REFILL ON REQUEST  
UNLESS OTHERWISE INDICATED.

DO NOT REFILL	
REFILL TIMES	two
BY AUTHORITY	
REFILL UNTIL	
DATE	

*R. Keene*

MD/DO

IN ORDER TO REQUIRE THAT A BRAND NAME  
PRODUCT BE DISPENSED, THE PRACTITIONER  
MUST HANDWRITE THE WORDS "BRAND  
NECESSARY".

PHONE: 701.774.7080  
FAX: 701.774.7081

# Mercy Specialty Clinic

ORTHOPAEDIC CLINIC

1213 15<sup>th</sup> Avenue West  
Williston, N D 58801

R. R. KEENE, M.D.  
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1184661118

J. MCNULTY, M.D.  
FM3697731  
1043207418

BRANDY WARMSBECKER, FNP-C  
MW2932641  
1306286448

This Document Contains Void Pantograph, Security Backprint, Printed on Safety Paper

R For: Daniel Giles

Date: 11/22/13

Norco 10/325

sig: i tab po  
#60 (sixty)

88H PRN

PHARMACIST: REFILL ON REQUEST  
UNLESS OTHERWISE INDICATED.

DO NOT REFILL	
REFILL TIMES	one
BY AUTHORITY	
REFILL UNTIL	
DATE	

*R. Keene* MD/DO  
IN ORDER TO REQUIRE THAT A BRAND NAME PRODUCT BE DISPENSED, THE PRACTITIONER MUST HANDWRITE THE WORDS "BRAND NECESSARY".

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1/26/93 No allergies  
Mercy Specialty Clinic

ORTHOPAEDIC CLINIC

1213 15<sup>th</sup> Avenue West  
Williston, N D 58801

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FK2782806  
1184661118

J. MCNULTY, M.D.  
FM3697731  
1043207418

BRANDY WARMSBECKER, FNP-C  
MW2932641  
1306286448

This Document Contains Void Pantograph, Security Backprint, Printed on Safety Paper

R For: Daniel Giles

Date: 11/22/13

Flexeril 5mg

sig: i tab po  
#60 (sixty)

88H PRN

PHARMACIST: REFILL ON REQUEST  
UNLESS OTHERWISE INDICATED.

DO NOT REFILL	
REFILL TIMES	one
BY AUTHORITY	
REFILL UNTIL	
DATE	

*R. Keene* MD/DO  
IN ORDER TO REQUIRE THAT A BRAND NAME PRODUCT BE DISPENSED, THE PRACTITIONER MUST HANDWRITE THE WORDS "BRAND NECESSARY".

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FAX: 701.774.7081

# Mercy Specialty Clinic

ORTHOPAEDIC CLINIC

1213 15<sup>th</sup> Avenue West  
Williston, N D 58801

R. R. KEENE, M.D.  
FK2782806

D. P. LANOUE, M.D.  
FL1695658

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R For: Daniel Giles

1/26/93

Date: 11/8/14

Ambien 10mg  
sig: i tab po qHS  
#30 (thirty)

PHARMACIST: REFILL ON REQUEST  
UNLESS OTHERWISE INDICATED.

DO NOT REFILL	
REFILL TIMES	three
BY AUTHORITY	
REFILL UNTIL	
DATE	

*R. Keene* MD/DO  
IN ORDER TO REQUIRE THAT A BRAND NAME PRODUCT BE DISPENSED, THE PRACTITIONER MUST HANDWRITE THE WORDS "BRAND NECESSARY".

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FAX: 701.774.7081

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R. R. KEENE, M.D.  
FK2782806

D. P. LANOUE, M.D.  
FL1695658

This Document Contains Void Pantograph, Security Backprint, Printed on Safety Paper

R For: Daniel Giles

1/26/93

Date: 12/31/13

flexeril 5mg  
sig: i tab po q8H PRN  
#60 (sixty)

PHARMACIST: REFILL ON REQUEST  
UNLESS OTHERWISE INDICATED.

DO NOT REFILL	
REFILL TIMES	one
BY AUTHORITY	
REFILL UNTIL	
DATE	

*R. Keene* MD/DO  
IN ORDER TO REQUIRE THAT A BRAND NAME PRODUCT BE DISPENSED, THE PRACTITIONER MUST HANDWRITE THE WORDS "BRAND NECESSARY".

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FM3697731  
1043207418

BRANDY WARMSBECKER, FNP-C  
MW2932641  
1306286448

This Document Contains Void Pantograph, Security Backprint, Printed on Safety Paper

R For: Daniel Giles

Date: 11/22/13

Ambien 10mg  
sig: T tab po qHS  
# 30 (thirty)

PHARMACIST: REFILL ON REQUEST  
UNLESS OTHERWISE INDICATED.

DO NOT REFILL	
REFILL TIMES	one
BY AUTHORITY	
REFILL UNTIL	
DATE	

*R. Keene* MD/DO  
IN ORDER TO REQUIRE THAT A BRAND NAME PRODUCT  
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R. R. KEENE, M.D.  
FK2782806

D. P. LANOUE, M.D.  
FL1695658

This Document Contains Void Pantograph, Security Backprint, Printed on Safety Paper

R For: Daniel Giles

Date: 12/31/13

Norco 10/325  
sig: T-TI tab po q4H PRN  
# 60 (sixty)

PHARMACIST: REFILL ON REQUEST  
UNLESS OTHERWISE INDICATED.

DO NOT REFILL	
REFILL TIMES	one
BY AUTHORITY	
REFILL UNTIL	
DATE	

*R. Keene* MD/DO  
IN ORDER TO REQUIRE THAT A BRAND NAME PRODUCT  
BE DISPENSED, THE PRACTITIONER MUST HANDWRITE  
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FAX: 701.774.7081

# Mercy Specialty Clinic

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FM3697731  
1043207418

BRANDY WARMSBECKER, FNP-C  
MW2932641  
1306286448

This Document Contains Void Pantograph, Security Backprint, Printed on Safety Paper

R For: Daniel Giles 1-26-93

Date: 2/11/14

Norco 10/325  
sig: T-TI tab po q4H PRN

PHARMACIST: REFILL ON REQUEST  
UNLESS OTHERWISE INDICATED.

DO NOT REFILL	
REFILL TIMES	one
BY AUTHORITY	
REFILL UNTIL	
DATE	

*R. Keene* MD/DO  
IN ORDER TO REQUIRE THAT A BRAND NAME PRODUCT  
BE DISPENSED, THE PRACTITIONER MUST HANDWRITE  
THE WORDS "BRAND NECESSARY".

PHONE: 701.774.7080  
FAX: 701.774.7081

# Mercy Specialty Clinic

ORTHOPAEDIC CLINIC

1213 15<sup>th</sup> Avenue West  
Williston, N D 58801

R. R. KEENE, M.D.  
FK2782806  
1184661118

J. MCNULTY, M.D.  
FM3697731  
1043207418

BRANDY WARMSBECKER, FNP-C  
MW2932641  
1306286448

This Document Contains Void Pantograph, Security Backprint, Printed on Safety Paper

R For: Daniel Giles

Date: 2/11/14

flexril 10mg  
sig: T tab po q8H

PHARMACIST: REFILL ON REQUEST  
UNLESS OTHERWISE INDICATED.

DO NOT REFILL	
REFILL TIMES	one
BY AUTHORITY	
REFILL UNTIL	
DATE	

*R. Keene* MD/DO  
IN ORDER TO REQUIRE THAT A BRAND NAME PRODUCT  
BE DISPENSED, THE PRACTITIONER MUST HANDWRITE  
THE WORDS "BRAND NECESSARY".

ND PHARMACY #1  
20 EAST 26TH STREET  
WILLISTON, ND 58801  
(701) 572-4181

From: 01/01/2013 Through: 02/12/2014

Record Of Prescriptions For:

SABRINA GILES  
35552 CTY RD 3  
FAIRVIEW, MT 59221

Allergies:

Sex: F E-mail Address:

Rx#	Dispense	Item	RPh/Tech	QtyD	Rf#	CAM Auth#	
1248149	05/22/2013	HYDROCODONE/APAP 10/325MG**** N/C: 3 10/325MG TABLET DC: 06/20/2013 NDC: 00406-0367-01 Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED	JLP/AY KEENE, ROXANNE MD Pat Pay: \$ 29.24	60.000	0		Cvg: CASH Days: 5
1248150	05/22/2013	ZOLPIDEM 10MG TAB*** N/C: 4 10MG TABLET DC: NDC: 16714-0622-01 Instr: TAKE 1 TABLET AT BEDTIME	JLP/AY KEENE, ROXANNE MD Pat Pay: \$ 71.04	30.000	0		Cvg: CASH Days: 30
1248149	06/01/2013	HYDROCODONE/APAP 10/325MG**** N/C: 3 10/325MG TABLET DC: 06/20/2013 NDC: 00406-0367-01 Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED	JLP/TKR KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	1	7HTMAD9	Cvg: P Days: 5
1251621	06/06/2013	PANTOPRAZOLE TAB 40MG*** N/C: 40 MG TABLET DC: NDC: 62175-0181-46 Instr: TAKE ONE TABLET BY MOUTH ONCE DAILY	TA / KEENE, DAVID MD Pat Pay: \$ 10.00	30.000	0	9391LWR	Cvg: P Days: 30
1251625	06/06/2013	SUCRALFATE TAB 1GM N/C: 1 G TABLET DC: NDC: 29033-0003-05 Instr: TAKE ONE TABLET BY MOUTH 3 TIMES DAILY ON AN EMPTY STOMACH	TA / KEENE, DAVID MD Pat Pay: \$ 10.00	90.000	0	WHWA3HW	Cvg: P Days: 30
1251626	06/06/2013	LEVOTHYROXINE SOD 0.15MG TAB*** N/C: 0.15MG TABLET DC: NDC: 00378-1815-10 Instr: TAKE ONE TABLET BY MOUTH ONCE DAILY	TA / KEENE, DAVID MD Pat Pay: \$ 10.00	30.000	0	03A9LNQ	Cvg: P Days: 30
1251634	06/20/2013	ZOLPIDEM 5MG TAB N/C: 4 5MG TABLET DC: NDC: 16714-0621-01 Instr: TAKE 1 TABLET AT BEDTIME	DL / KEENE, DAVID MD Pat Pay: \$ 10.00	25.000	0	NEXXPEH	Cvg: P Days: 25
1254852	06/20/2013	HYDROCODONE/APAP 10/325MG**** N/C: 3 10/325MG TABLET DC: NDC: 00406-0367-01 Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED	DL / KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	0	OKFCLQN	Cvg: P Days: 5
1255962	06/26/2013	IBUPROFEN 800MG*** N/C: 800MG TABLET DC: NDC: 53746-0466-01 Instr: TAKE ONE TABLET BY MOUTH 3 TIMES DAILY WITH FOOD AS NEEDED FOR PAIN	TA / KEENE, DAVID MD Pat Pay: \$ 10.00	90.000	0	07MAWQ3	Cvg: P Days: 30

From: 01/01/2013 Through: 02/12/2014

Record Of Prescriptions For:

SABRINA GILES  
35552 CTY RD 3  
FAIRVIEW, MT 59221

Allergies:

Sex: F E-mail Address:

Rx#	Dispense	Item	Ph/Tech	QtyD	Rfl#	CAM Auth#
1254852	07/01/2013	HYDROCO/APAP TAB 10-325MG	EK /	60.000	1	S3QC1NT
	N/C: 3	10-325MG TABLET	KEENE, ROXANNE MD			
	DC:	NDC: 53746-0110-05	Pat Pay: \$ 10.00			Cvg: P
	Instr:	TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED			Days: 5	
1251634	07/10/2013	ZOLPIDEM 5MG TAB	EK /	25.000	1	2MATNA7
	N/C: 4	5MG TABLET	KEENE, DAVID MD			
	DC:	NDC: 16714-0621-01	Pat Pay: \$ 10.00			Cvg: P
	Instr:	TAKE 1 TABLET AT BEDTIME			Days: 25	
1254852	07/10/2013	HYDROCO/APAP TAB 10-325MG	EK /	60.000	2	YD7PFCP
	N/C: 3	10-325MG TABLET	KEENE, ROXANNE MD			
	DC:	NDC: 53746-0110-05	Pat Pay: \$ 10.00			Cvg: P
	Instr:	TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED			Days: 5	
1254852	07/18/2013	HYDROCODONE/APAP 10/325MG****	TA /	60.000	3	3TDDD7W
	N/C: 3	10/325MG TABLET	KEENE, ROXANNE MD			
	DC:	NDC: 00406-0367-01	Pat Pay: \$ 10.00			Cvg: P
	Instr:	TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED			Days: 5	
1251621	07/26/2013	PANTOPRAZOLE TAB 40MG***	TA /	30.000	1	DKNW3RX
	N/C:	40 MG TABLET	KEENE, DAVID MD			
	DC:	NDC: 62175-0181-46	Pat Pay: \$ 10.00			Cvg: P
	Instr:	TAKE ONE TABLET BY MOUTH ONCE DAILY			Days: 30	
1251626	07/26/2013	LEVOTHYROXINE SOD 0.15MG TAB***	TA /	30.000	1	7NNMQEM
	N/C:	0.15MG TABLET	KEENE, DAVID MD			
	DC:	NDC: 00378-1815-10	Pat Pay: \$ 10.00			Cvg: P
	Instr:	TAKE ONE TABLET BY MOUTH ONCE DAILY			Days: 30	
1262535	07/26/2013	HYDROCO/APAP TAB 10-325MG	TA /	60.000	0	YFFLDMP
	N/C: 3	10-325MG TABLET	KEENE, ROXANNE MD			
	DC: 09/07/2013	NDC: 53746-0110-05	Pat Pay: \$ 10.00			Cvg: P
	Instr:	TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN			Days: 5	
1251634	08/02/2013	ZOLPIDEM 5MG TAB	EK /AY	25.000	2	7PCDX33
	N/C: 4	5MG TABLET	KEENE, DAVID MD			
	DC:	NDC: 16714-0621-01	Pat Pay: \$ 10.00			Cvg: P
	Instr:	TAKE 1 TABLET AT BEDTIME			Days: 25	
1262535	08/07/2013	HYDROCO/APAP TAB 10-325MG	PL /	60.000	1	7PNDWC3
	N/C: 3	10-325MG TABLET	KEENE, ROXANNE MD			
	DC: 09/07/2013	NDC: 53746-0110-05	Pat Pay: \$ 10.00			Cvg: P
	Instr:	TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN			Days: 5	

From: 01/01/2013 Through: 02/12/2014

Record Of Prescriptions For:

SABRINA GILES  
35552 CTY RD 3  
FAIRVIEW, MT 59221

Allergies:

Sex: F E-mail Address:

Rx#	Dispense	Item	Ph/Tech	QtyD	Rf#	CAM Auth#
1262535	08/13/2013	HYDROCO/APAP TAB 10-325MG N/C: 3 10-325MG TABLET DC: 09/07/2013 NDC: 53746-0110-05 Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN	TA / KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	2	7QDP9AL Cvg: P
1262535	08/20/2013	HYDROCO/APAP TAB 10-325MG N/C: 3 10-325MG TABLET DC: 09/07/2013 NDC: 53746-0110-05 Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN	JLP/ CV KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	3	3XADCWL Cvg: P
1268095	08/22/2013	AMOX/K CLAV TAB 875/125MG N/C: 875MG TABLET DC: NDC: 16714-0297-01 Instr: TAKE 1 TABLET TWICE DAILY WITH FOOD UNTIL GONE	DL / KLINE, STEWART DDS Pat Pay: \$ 10.00	20.000	0	UEPHAFN Cvg: P
1267929	08/28/2013	ZOLPIDEM 5MG TAB N/C: 4 5MG TABLET DC: NDC: 16714-0621-01 Instr: TAKE ONE TABLET BY MOUTH AT BEDTIME	TA /AY KEENE, DAVID MD Pat Pay: \$ 10.00	25.000	0	R7KCWEC Cvg: P
1251621	09/04/2013	PANTOPRAZOLE TAB 40MG N/C: 40MG TABLET DC: NDC: 45963-0570-08 Instr: TAKE ONE TABLET BY MOUTH ONCE DAILY	TA / KEENE, DAVID MD Pat Pay: \$ 10.00	30.000	2	WPCXQW7 Cvg: P
1251626	09/04/2013	LEVOTHYROXINE SOD 0.15MG TAB*** N/C: 0.15MG TABLET DC: NDC: 00378-1615-10 Instr: TAKE ONE TABLET BY MOUTH ONCE DAILY	TA / KEENE, DAVID MD Pat Pay: \$ 10.00	30.000	2	0EKK7LH Cvg: P
1271592	09/07/2013	HYDROCODONE/APAP 10/325MG**** N/C: 3 10/325MG TABLET DC: NDC: 00406-0367-01 Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN	TA / KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	0	31FW1TM Cvg: P
1271592	09/16/2013	HYDROCODONE/APAP 10/325MG**** N/C: 3 10/325MG TABLET DC: NDC: 00406-0367-01 Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN	JLP/ KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	1	31XED3P Cvg: P
1267929	09/21/2013	ZOLPIDEM 5MG TAB N/C: 4 5MG TABLET DC: NDC: 16714-0621-01 Instr: TAKE ONE TABLET BY MOUTH AT BEDTIME	DL / KEENE, DAVID MD Pat Pay: \$ 10.00	25.000	1	NQN7QAQ Cvg: P

From: 01/01/2013 Through: 02/12/2014

Record Of Prescriptions For:

SABRINA GILES  
35552 CTY RD 3  
FAIRVIEW, MT 59221

Allergies:

Sex: F E-mail Address:

Rx#	Dispense	Item	RPh/Tech	QtyD	Rf#	CAM Auth#
1271592	09/21/2013	HYDROCODONE/APAP 10/325MG****	DL /	60.000	2	NQN7P39
	N/C: 3	10/325MG TABLET	KEENE, ROXANNE MD			
	DC:	NDC: 00406-0367-01	Pat Pay: \$ 10.00			Cvg: P
	Instr:	TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN			Days: 5	
1251625	09/27/2013	SUCRALFATE TAB 1GM	JLP/PAO	90.000	1	FF71LXH
	N/C:	1 G TABLET	KEENE, DAVID MD			
	DC:	NDC: 29033-0003-05	Pat Pay: \$ 10.00			Cvg: P
	Instr:	TAKE ONE TABLET BY MOUTH 3 TIMES DAILY ON AN EMPTY STOMACH			Days: 30	
1271592	09/27/2013	HYDROCODONE/APAP 10/325MG****	JLP/PAO	60.000	3	NQ77NWD
	N/C: 3	10/325MG TABLET	KEENE, ROXANNE MD			
	DC:	NDC: 00406-0367-01	Pat Pay: \$ 10.00			Cvg: P
	Instr:	TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN			Days: 5	
1278154	10/05/2013	HYDROCODONE/APAP 10/325MG****	TA /	60.000	0	2RXWPXK
	N/C: 3	10/325MG TABLET	KEENE, ROXANNE MD			
	DC:	NDC: 00406-0367-01	Pat Pay: \$ 10.00			Cvg: P
	Instr:	TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED			Days: 5	
1278154	10/11/2013	HYDROCODONE/APAP 10/325MG****	JLP/PAO	60.000	1	0KLFRRWF
	N/C: 3	10/325MG TABLET	KEENE, ROXANNE MD			
	DC:	NDC: 00406-0367-01	Pat Pay: \$ 10.00			Cvg: P
	Instr:	TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED			Days: 5	
1251621	10/17/2013	PANTOPRAZOLE TAB 40MG	D / JLD	30.000	3	WRNFC1F
	N/C:	40MG TABLET	KEENE, DAVID MD			
	DC:	NDC: 47335-0580-81	Pat Pay: \$ 10.00			Cvg: P
	Instr:	TAKE ONE TABLET BY MOUTH ONCE DAILY			Days: 30	
1251626	10/17/2013	LEVOTHYROXINE SOD 0.15MG TAB***	DL /	30.000	3	WRNEXNK
	N/C:	0.15MG TABLET	KEENE, DAVID MD			
	DC:	NDC: 00378-1815-10	Pat Pay: \$ 10.00			Cvg: P
	Instr:	TAKE ONE TABLET BY MOUTH ONCE DAILY			Days: 30	
1278154	10/17/2013	HYDROCODONE/APAP 10/325MG****	DL /	60.000	2	9HQD7D9
	N/C: 3	10/325MG TABLET	KEENE, ROXANNE MD			
	DC:	NDC: 00406-0367-01	Pat Pay: \$ 10.00			Cvg: P
	Instr:	TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED			Days: 5	
1281171	10/17/2013	ZOLPIDEM 5MG TAB	TA /	25.000	0	NTH1RTX
	N/C: 4	5MG TABLET	KEENE, DAVID MD			
	DC:	NDC: 15714-0621-01	Pat Pay: \$ 10.00			Cvg: P
	Instr:	TAKE ONE TABLET BY MOUTH AT BEDTIME			Days: 25	

From: 01/01/2013 Through: 02/12/2014

Record Of Prescriptions For:

SABRINA GILES  
35552 CTY RD 3  
FAIRVIEW, MT 59221

Allergies:

Sex: F E-mail Address:

Rx#	Dispense	Item	RPh/Tech	QtyD	Rff#	CAM Auth#
1281174	10/17/2013	IBUPROFEN 800MG*** N/C: 800MG TABLET DC: NDC: 53746-0466-01	DL / KEENE, DAVID MD Pat Pay: \$ 10.00	90.000	0	0KWCCAK
		Instr: TAKE 1 TABLET 3 TIMES DAILY WITH FOOD AS NEEDED FOR PAIN			Days: 30	Cvg: P
1278154	10/24/2013	HYDROCODONE/APAP 10/325MG**** N/C: 3 10/325MG TABLET DC: NDC: 00406-0367-01	EK / KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	3	SKHEEHE
		Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED			Days: 5	Cvg: P
1284874	11/01/2013	PROMETHAZINE TAB 25MG N/C: 25MG TABLET DC: NDC: 00603-5438-21	EK / KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	0	9KLTDLK
		Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED			Days: 10	Cvg: P
1284875	11/01/2013	HYDROCODONE/APAP 10/325MG**** N/C: 3 10/325MG TABLET DC: NDC: 00406-0367-01	EK / KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	0	QDEWQ19
		Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED			Days: 5	Cvg: P
1284874	11/08/2013	PROMETHAZINE TAB 25MG N/C: 25MG TABLET DC: NDC: 00603-5438-21	DL / KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	1	73RTE3D
		Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED			Days: 10	Cvg: P
1284875	11/08/2013	HYDROCODONE/APAP 10/325MG**** N/C: 3 10/325MG TABLET DC: NDC: 00406-0367-01	DL / KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	1	UM9Q3CQ
		Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED			Days: 5	Cvg: P
1281171	11/11/2013	ZOLPIDEM 5MG TAB N/C: 4 5MG TABLET DC: NDC: 18714-0621-01	DL / KEENE, DAVID MD Pat Pay: \$ 10.00	25.000	1	NXKCDMR
		Instr: TAKE ONE TABLET BY MOUTH AT BEDTIME			Days: 25	Cvg: P
1284875	11/16/2013	HYDROCODONE/APAP 10/325MG**** N/C: 3 10/325MG TABLET DC: NDC: 00406-0367-01	DL / KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	2	0M971L1
		Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED			Days: 5	Cvg: P
1284874	11/18/2013	PROMETHAZINE TAB 25MG N/C: 25MG TABLET DC: NDC: 00603-5438-21	DL / KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	2	FMQWHPX
		Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED			Days: 10	Cvg: P

From: 01/01/2013 Through: 02/12/2014

Record Of Prescriptions For:

SABRINA GILES  
35552 CTY RD 3  
FAIRVIEW, MT 59221

Allergies:

Sex: F E-mail Address:

Rx#	Dispense	Item	RPh/Tech	QtyD	Rfl#	CAM Auth#
1284875	11/21/2013	HYDROCODONE/APAP 10/325MG**** N/C: 3 10/325MG TABLET DC: NDC: 00406-0367-01 Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED	Dr. / KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	3	QEFXMRT Cvg: P
1290419	11/23/2013	GENTAMICIN OPTH SOLN 0.3% N/C: 0.3% DROPS, OPTH, OTIC DC: NDC: 61314-0633-05 Instr: INSTILL 2 DROPS IN AFFECTED EYE EVERY 4 HOURS	JLP/CV MATHESON, BLAIR MD Pat Pay: \$ 10.00	5.000	0	FNCL7MQ Cvg: P
1284874	11/27/2013	PROMETHAZINE TAB 25MG N/C: 25MG TABLET DC: NDC: 00603-5438-21 Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED	Dr. / KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	3	2X797XF Cvg: P
1291533	11/27/2013	HYDROCO/APAP TAB 10-325MG*** N/C: 3 10MG-325MG TABLET DC: NDC: 00406-0367-05 Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED	Dr. / KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	0	QET99F1 Cvg: P
1291533	12/03/2013	HYDROCO/APAP TAB 10-325MG*** N/C: 3 10MG-325MG TABLET DC: NDC: 00406-0367-05 Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED	Dr. / KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	1	O3KFWM7 Cvg: P
1281171	12/05/2013	ZOLPIDEM 5MG TAB N/C: 4 5MG TABLET DC: NDC: 13714-0621-01 Instr: TAKE ONE TABLET BY MOUTH AT BEDTIME	JLP/PAO KEENE, DAVID MD Pat Pay: \$ 10.00	10.000	2	5HAMTHC Cvg: P
1251621	12/09/2013	PANTOPRAZOLE TAB 40MG**** N/C: 40MG TABLET DC: NDC: 00378-6689-77 Instr: TAKE ONE TABLET BY MOUTH ONCE DAILY	Dr. / KEENE, DAVID MD Pat Pay: \$ 10.00	30.000	4	FPMF7W Cvg: P
1251626	12/09/2013	LEVOTHYROXINE SOD 0.15MG TAB*** N/C: 0.15MG TABLET DC: NDC: 00378-1815-10 Instr: TAKE ONE TABLET BY MOUTH ONCE DAILY	JLP/PAY KEENE, DAVID MD Pat Pay: \$ 10.00	30.000	4	21R9ERX Cvg: P
1291533	12/09/2013	HYDROCO/APAP TAB 10-325MG*** N/C: 3 10MG-325MG TABLET DC: NDC: 00406-0367-05 Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED	Dr. / KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	2	0P7FHET Cvg: P

From: 01/01/2013 Through: 02/12/2014

Record Of Prescriptions For:

SABRINA GILES  
35552 CTY RD 3  
FAIRVIEW, MT 59221

Allergies:

Sex: F E-mail Address:

Rx#	Dispense	Item	Ph/Tech	QtyD	Rfl#	CAM Auth#
1293827	12/09/2013	PROMETHAZINE TAB 25MG N/C: 25MG TABLET DC: NDC: 00603-5438-21	TA /AY KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	0	YQHF1R3
		Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED			Days: 10	Cvg: P
1291533	12/16/2013	HYDROCO/APAP TAB 10-325MG*** N/C: 3 10MG-325MG TABLET DC: NDC: 00406-0367-05	DL / KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	3	SQL7KTK
		Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED			Days: 5	Cvg: P
1293442	12/16/2013	ZOLPIDEM 5MG TAB N/C: 4 5MG TABLET DC: NDC: 16714-0621-01	DL /AY KEENE, DAVID MD Pat Pay: \$ 10.00	25.000	0	SQMMTNW
		Instr: TAKE ONE TABLET BY MOUTH AT BEDTIME			Days: 25	Cvg: P
1293827	12/18/2013	PROMETHAZINE TAB 25MG N/C: 25MG TABLET DC: NDC: 00603-5438-21	TA /TSM KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	1	9ND3711
		Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED			Days: 10	Cvg: P
1297345	12/23/2013	CYCLOBENZAPRINE 10MG*** TAB N/C: 10MG TABLET DC: 02/21/2014 NDC: 50111-0563-03	JLP/TSM KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	0	URFDHRR
		Instr: TAKE 1 TABLET BY MOUTH EVERY 8 HOURS			Days: 20	Cvg: P
1297346	12/23/2013	HYDROCO/APAP TAB 10-325MG*** N/C: 3 10MG-325MG TABLET DC: NDC: 00406-0367-05	JLP/TSM KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	0	N77FEE1
		Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED			Days: 5	Cvg: P
1293827	12/30/2013	PROMETHAZINE TAB 25MG N/C: 25MG TABLET DC: NDC: 00603-5438-21	TA /PAO KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	2	233TD7L
		Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED			Days: 10	Cvg: P
1297346	12/30/2013	HYDROCO/APAP TAB 10-325MG*** N/C: 3 10MG-325MG TABLET DC: NDC: 00406-0367-05	TA /PAO KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	1	QHWDQDK
		Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED			Days: 5	Cvg: P
1293442	01/06/2014	ZOLPIDEM 5MG TAB N/C: 4 5MG TABLET DC: NDC: 16714-0621-01	JLP/AY KEENE, DAVID MD Pat Pay: \$ 7.70	25.000	1	YRWKWWH
		Instr: TAKE ONE TABLET BY MOUTH AT BEDTIME			Days: 25	Cvg: P

From: 01/01/2013 Through: 02/12/2014

Record Of Prescriptions For:

SABRINA GILES  
35552 CTY RD 3  
FAIRVIEW, MT 59221

Allergies:

Sex: F E-mail Address:

Rx#	Dispense	Item	Phn/Tech	QtyD	Rfl#	CAM Auth#
1297346	01/06/2014	HYDROCO/APAP TAB 10-325MG*** N/C: 3 10MG-325MG TABLET DC: NDC: 00406-0367-05 Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED	JLP/CV KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	2	9PCNTCM Cvg: P
					Days: 5	
1293827	01/09/2014	PROMETHAZINE TAB 25MG N/C: 25MG TABLET DC: NDC: 00603-5438-21 Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED	DL / KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	3	9PHHPTC Cvg: P
					Days: 10	
1297345	01/09/2014	CYCLOBENZAPRINE 10MG*** TAB N/C: 10MG TABLET DC: 02/21/2014 NDC: 50111-0563-03 Instr: TAKE 1 TABLET BY MOUTH EVERY 8 HOURS	DL / KEENE, ROXANNE MD Pat Pay: \$ 9.24	60.000	1	MALKMLL Cvg: P
					Days: 20	
1297346	01/13/2014	HYDROCO/APAP TAB 10-325MG*** N/C: 3 10MG-325MG TABLET DC: NDC: 00406-0367-05 Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED	JLP/CV KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	3	YTCT3H7 Cvg: P
					Days: 5	
1303720	01/21/2014	PROMETHAZINE TAB 25MG N/C: 25MG TABLET DC: 02/21/2014 NDC: 00603-5438-21 Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED	TA/PAO KEENE, ROXANNE MD Pat Pay: \$ 10.00	90.000	0	OCCNPLF Cvg: P
					Days: 15	
1303721	01/21/2014	HYDROCO/APAP TAB 10-325MG*** N/C: 3 10MG-325MG TABLET DC: 02/21/2014 NDC: 00406-0367-05 Instr: TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED	TA/PAO KEENE, ROXANNE MD Pat Pay: \$ 10.00	60.000	0	MC9KTTA Cvg: P
					Days: 5	
1251621	01/24/2014	PANTOPRAZOLE TAB 40MG**** N/C: 40MG TABLET DC: NDC: 00378-6689-77 Instr: TAKE ONE TABLET BY MOUTH ONCE DAILY	JLP/CV KEENE, DAVID MD Pat Pay: \$ 10.00	30.000	5	MDFXLL3 Cvg: P
					Days: 30	
1251626	01/24/2014	LEVOTHYROXINE SOD 0.15MG TAB*** N/C: 0.15MG TABLET DC: NDC: 00378-1815-10 Instr: TAKE ONE TABLET BY MOUTH ONCE DAILY	JLP/CV KEENE, DAVID MD Pat Pay: \$ 8.75	30.000	5	YT3TQA1 Cvg: P
					Days: 30	
1297345	02/04/2014	CYCLOBENZAPRINE 10MG*** TAB N/C: 10MG TABLET DC: 02/21/2014 NDC: 50111-0563-03 Instr: TAKE 1 TABLET BY MOUTH EVERY 8 HOURS	JLP/TKR KEENE, ROXANNE MD Pat Pay: \$ 9.24	60.000	2	3K7QT1M Cvg: P
					Days: 20	

ND PHARMACY #1

From: 01/01/2013 Through: 02/12/2014

Record Of Prescriptions For:

SABRINA GILES  
35552 CTY RD 3  
FAIRVIEW, MT 59221

Allergies:

Sex: F E-mail Address:

Rx#	Dispense	Item	RPh/Tech	QtyD	Rfl#	CAM Auth#
1303720	02/04/2014	PROMETHAZINE TAB 25MG	JLP/TKR	90.000	1	ODKMCM3
	N/C:	25MG TABLET	KEENE, ROXANNE MD			
	DC: 02/21/2014	NDC: 00603-5438-21	Pat Pay: \$ 10.00			Cvg: P
	Instr:	TAKE 1 TO 2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED			Days: 15	
1303721	02/10/2014	HYDROCO/APAP TAB 10-325MG***	JLP/CV	60.000	1	3LMDARE
	N/C: 3	10MG-325MG TABLET	KEENE, ROXANNE MD			
	DC: 02/21/2014	NDC: 00406-0357-05	Pat Pay: \$ 10.00			Cvg: P
	Instr:	TAKE 1 TO 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED			Days: 5	

Total Patient Pay Amount For Prescriptions Listed: \$815.21

Grand Total: \$815.21

Sort Order: FacilityGroup, PatNameGroup, DispenseDate, ExternalRxID, ItemName

Criteria:

36552 CITY RD 3  
FAIRVIEW, MT 59221

R. R. KEENE, M.D.  
FK2782806  
PHONE: 701.774.7080

ORTHOPAEDIC CLINIC  
1213 - 15<sup>TH</sup> AVENUE WEST, SUITE 210  
WILLISTON, ND 58801

J. P. LANOUE, M.D.  
FL1695658  
FAX: 701.774.7081

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R For Sabrina Giles

Date 6/17/13

Norco 10/325

Sig: T-T tab po q4h PRN  
#60 (sixty)

PHARMACIST: REFILL ON REQUEST  
UNLESS OTHERWISE INDICATED.

DO NOT REFILL	
REFILL TIMES	Three
BY AUTHORITY	
REFILL UNTIL	
DATE	

*R Keene*  
MD/DO  
IN ORDER TO REQUIRE THAT A BRAND NAME  
PRODUCT BE DISPENSED, THE PRACTITIONER  
MUST HANDWRITE THE WORDS "BRAND  
NECESSARY".

### CRAVEN-HAGAN CLINIC

R. R. KEENE, M.D.  
FK2782806  
PHONE: 701.774.7080

ORTHOPAEDIC CLINIC  
1213 - 15<sup>TH</sup> AVENUE WEST, SUITE 210  
WILLISTON, ND 58801

D. P. LANOUE, M.D.  
FL1695658  
FAX: 701.774.7081

This Document Contains Void Pantograph, Security Backprint, Printed on Safety Paper

R For Sabrina Giles

6/23/13

Date 7-23-13

Norco 10/325

Sig: T-T tab po q4h PRN Pain  
#60 (sixty)

PHARMACIST: REFILL ON REQUEST  
UNLESS OTHERWISE INDICATED.

DO NOT REFILL	
REFILL TIMES	
BY AUTHORITY	
REFILL UNTIL	
DATE	

*R Keene*  
MD/DO  
IN ORDER TO REQUIRE THAT A BRAND NAME  
PRODUCT BE DISPENSED, THE PRACTITIONER  
MUST HANDWRITE THE WORDS "BRAND  
NECESSARY".

### CRAVEN-HAGAN CLINIC

R. R. KEENE, M.D.  
FK2782806  
PHONE: 701.774.7080

ORTHOPAEDIC CLINIC  
1213 - 15<sup>TH</sup> AVENUE WEST, SUITE 210  
WILLISTON, ND 58801

D. P. LANOUE, M.D.  
FL1695658  
FAX: 701.774.7081

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R For Sabrina Giles

Date 5/20/13

Zolpidem 10mg

Sig: T tab po q HS  
#30 (thirty)

PHARMACIST: REFILL ON REQUEST  
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DO NOT REFILL	
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R For Sabrina Giles

Date 5/20/13

Norco 10/325

Sig: T-T tab po q4h PRN  
#60 (sixty)

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# Mercy Specialty Clinic

ORTHOPAEDIC CLINIC

1213 15<sup>th</sup> AVENUE WEST  
Williston, N D 58801

R. R. KEENE, M.D.  
FK2782806

D. P. LANOUE, M.D.  
FL1695658

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R For Sabrina Giles 6/23/69

Date 11/1/13

Phenergan 25mg  
Sig: T-TI tab po q8H PRN  
#60 (sixty)

PHARMACIST: REFILL ON REQUEST  
UNLESS OTHERWISE INDICATED.

DO NOT REFILL	<i>three</i>
REFILL TIMES	
BY AUTHORITY	
REFILL UNTIL	
DATE	

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# Mercy Specialty Clinic

ORTHOPAEDIC CLINIC

1213 15<sup>th</sup> Avenue West  
Williston, N D 58801

R. R. KEENE, M.D.  
FK2782806

D. P. LANOUE, M.D.  
FL1695658

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R For Sabrina Giles 6/23/69

Date 11/1/13

Norco 10/325  
Sig: T-TI tab po q4H PRN  
#60 (sixty)

PHARMACIST: REFILL ON REQUEST  
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DO NOT REFILL	<i>three</i>
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REFILL UNTIL	
DATE	

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FAX: 701.774.7081

# Mercy Specialty Clinic

ORTHOPAEDIC CLINIC

Williston, N D 58801

R. R. KEENE, M.D.  
FK2782806

D. P. LANOUE, M.D.  
FL1695658

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R For Sabrina Giles 6/23/69

Date 10/4/13

Norco 10/325  
Sig: T-TI tab po q4H PRN  
#60 (sixty)

PHARMACIST: REFILL ON REQUEST  
UNLESS OTHERWISE INDICATED.

DO NOT REFILL	<i>three</i>
REFILL TIMES	
BY AUTHORITY	
REFILL UNTIL	
DATE	

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SABRINA GILES  
3552 CTY RD 3  
FAIRVIEW, MT 59221

R. R. KEENE, M.D.  
FK2782806

ORTHOPAEDIC CLINIC  
1213 - 15<sup>th</sup> AVENUE WEST, SUITE 210  
WILLISTON, ND 58801

D. P. LANOUE, M.D.  
FL1695658

PHONE: 701.774.7080

FAX: 701.774.7081

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R For Sabrina Giles

Date 9/5/13

Norco 10/325  
Sig: T-TI tab po q4H PRN  
#60 (sixty)

PHARMACIST: REFILL ON REQUEST  
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DO NOT REFILL	<i>three</i>
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REFILL UNTIL	
DATE	

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R. R. KEENE, M.D.  
FK2782806

6-23-69

D. P. LANOUE, M.D.  
FL1695658

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**R** For Sabrina Giles

Norco 10/325

Date 12/23/13

sig: T-II tab po q4H PRN  
#60 (sixty)

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FK2782806

6-23-69

D. P. LANOUE, M.D.  
FL1695658

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**R** For Sabrina Giles

Flexerid 10mg

Date 12/23/13

sig: T tab po q8H  
#60 (sixty)

PHARMACIST: REFILL ON REQUEST  
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BY AUTHORITY	
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R. R. KEENE, M.D.  
FK2782806  
1184661118

J. MCNULTY, M.D.  
FM3697731  
1043207418

BRANDY WARMSBECKER, FNP-C  
MW2932641  
1306286448

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**R** For Sabrina Giles

Norco 10/325

Date: 11/27/13

sig: T-II tab po q4H PRN  
#60 (sixty)

PHARMACIST: REFILL ON REQUEST  
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J. MCNULTY, M.D.  
FM3697731  
1043207418

BRANDY WARMSBECKER, FNP-C  
MW2932641  
1306286448

This Document Contains Void Pantograph, Security Backprint, Printed on Safety Paper

**R** For Sabrina Giles

Phenergan 25mg

Date: 6/23/69

sig: T tab po q8H PRN  
#60 (sixty)

Date: 12/9/13

PHARMACIST: REFILL ON REQUEST  
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DO NOT REFILL	
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R. KEENE, M.D.  
FK2782806

D. P. LANOUE, M.D.  
FL1695658

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For Sabrina Giles 6/23/69

Date 1/20/14

Phenergan 25mg  
8/8 T-TI tab po q8H PRN  
# 90 (ninety)

PHARMACIST: REFILL ON REQUEST  
UNLESS OTHERWISE INDICATED.

OT REFILL	<i>three</i>
REFILL TIMES	
BY AUTHORITY	
REFILL UNTIL	
DATE	

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FK2782806

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FL1695658

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R For Sabrina Giles

Date 1/20/14

Norco 10/325  
8/8 T-TI tab po q4H PRN  
# 60 (Sixty)

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# BOARD APPEARANCE REQUEST FORM

## Appearance Information

**Board Name:** Board of Nursing

**Board Meeting Date:** April 10, 2014

**Person Submitting Agenda Request:** Cody Wagner

**Person(s) requesting an appearance:** Attorney Andrea Brauer

*(NOTE: Contact information is not required for Department staff.)*

**Reason for Appearance:** To present evidence to support the Petition for Designation of Hearing Official concerning the license of Sabrina C.K. Giles.

## Appearance Contact Information

*(NOTE: If the appearing party is represented by an attorney skip the "AppearanceContact Information" section and complete the "Attorney Contact Information" section.)*

**Mailing address:**

**Email address:**

**Telephone #:**

\*\*\*\*\*

## Attorney Contact Information

**Attorney Name:**

**Attorney's mailing address:**

**Attorney's e-mail address:**

**Attorney's telephone #:**

STATE OF WISCONSIN  
BEFORE THE BOARD OF NURSING

---

IN THE MATTER OF THE DISCIPLINARY :  
PROCEEDINGS AGAINST : PETITION FOR DESIGNATION  
: OF HEARING OFFICIAL  
SABRINA C.K. GILES, R.N., :  
RESPONDENT. :

---

Division of Legal Services and Compliance Case Nos. 13 NUR 059 and 14 NUR 079

Andrea E. Brauer, the prosecuting attorney assigned to this matter, on behalf of the Department of Safety & Professional Services (Department), Division of Legal Services and Compliance, requests the Wisconsin Board of Nursing (Board) designate under Wis. Stat. § 227.46(1), a member of the Board or an employee of the Department to preside over a hearing to show cause provided for in Wis. Admin. Code § SPS 6.09. This request is made pursuant to Wis. Admin. Code §§ SPS 6.09 and 6.11(1)(a) and is based on the following:

1. The Petition for Summary Suspension, with accompanying attachments, in this matter was filed with the Board of Nursing on March 31, 2014.
2. On March 31, 2014, Respondent was provided notice of the time and place of the presentation of the Petition for Summary Suspension by certified mail with a return receipt requested in an envelope properly stamped and addressed to Respondent at her address of record at P.O. Box 294, Iron River, Wisconsin 54847, and by regular mail in an envelope properly stamped and addressed to Respondent at her address of record at P.O. Box 294, Iron River, Wisconsin 54847.
3. The Petition for Summary Suspension will be presented to the Board on April 10, 2014, at which time Respondent and the prosecuting attorney may be present and will have the opportunity to be heard during the determination of probable cause by the Board.
4. On April 10, 2014, the Order of Summary Suspension may be issued by the Board.
5. Pursuant to Wis. Stat. § 448.02(4)(b), Respondent is entitled to a hearing to show cause why an Order of Summary Suspension should not be continued.
6. Petitioner requests the Board designate, under Wis. Stat. § 227.46(1), an employee of the Department of Safety and Professional Services to preside over a hearing to show cause provided for in section Wis. Admin. Code § SPS 6.09, in the event such hearing is requested.

Dated in Madison, Wisconsin, this 31<sup>st</sup> day of March, 2014.

Andrea Brauer

Andrea E. Brauer  
Prosecuting Attorney  
State Bar Number 1093565  
Department of Safety and Professional Services  
Division of Legal Services and Compliance  
P.O. Box 7190  
Madison, WI 53707-7190  
Tel. (608) 261-7902  
Fax (608) 266-2264