

**Fw: Photo from HR**

Jodian S. Samuels <SamuelsJA@GuardsmanGroup.com>

Tue 11/22/2022 1:49 PM

To: Sherene Clarke <ClarkeS@GuardsmanGroup.com>

📎 1 attachments (59 KB)

IMG-20221122-WA0027.jpg;

Jodian Samuels

Sr. Human Resource Officer - HR Shared Services (Montego Bay)

Guardsman Group Ltd.

1219 Providence Way

Ironshore

St. James

Cell: (876) 332-3921

Office: 953-9709 (Ext.# 4202)



The banner features a large white 'G' logo on a black background. To the right of the logo, the text 'Take Control of your Security' is written in white. Below this, there are four icons representing different communication channels: a telephone, a speech bubble, an envelope, and a globe. Each icon is accompanied by text: '(876) 930-SAFE', '(876) 322-SAFE', 'sales@guardsmangroup.com', and 'guardsmangroup.com'.

Security at your fingertips

iProtect

**From:** Jodian S. Samuels <SamuelsJA@GuardsmanGroup.com>

**Sent:** Tuesday, November 22, 2022 1:48 PM

**To:** Jodian S. Samuels <SamuelsJA@GuardsmanGroup.com>

**Subject:** Photo from HR

Only type available in medium for \$12705 plus tax

*Handwritten signature in blue ink.*

MARKS & SPENCER  
AUTHORISED SIGNATURE





# THERAFIRM®

THERAPEUTIC GRADIENT COMPRESSION HOSIERY

Designed to help prevent or manage swelling,  
varicose veins, venous insufficiencies,  
and relieve tired, achy legs

*Diseñado para ayudar a mejorar la  
circulación, prevenir inflamación moderada  
y aliviar las piernas cansadas, adoloridas*

MADE IN THE U.S.A.  
ARMOUR

actual color / color actual

*Dark*



Karyn M Lead  
**North East Regional Health Authority**

SAB  
ie Karyn M Lead Hospital/Health Centre  
Reg #  
Wt 30p M ✓ F ✓ Date Nov 20,  
Press 2008

B Paracetamol 500mg qtdly 2/52  
B Omeprazole 40mg od

Generic Sub Y/N

Doctor's Name

Rep. Y/N X

Signature

1266019

Doctor's Registration Number

Pharmacist

Date dispensed

MARKSMAN LIMITED

AUTHORISED SIGNATURE

22.11.2008

Take

Price RX
X

Queue

Patient: MCLEOD, KAYAN *Kayan*
Cov 1: CA

Patient Bill Type: CA PRIVATE PD
Cov 2:

Drug Bill Type: 0
Cov 3:

Drug Name:
Cov 4:

Cost: 0 DJJ: Form: Cost 1:

Duration: 0 Mfr: Onhand: Cost 2:

Quantity: .000 Pk Size: Cost 3:

Drug Name	Quantity	Patient \$	Plan1 \$	Plan2 \$	Plan3 \$	Plan4 \$	Total \$
PANADEINE F 325/30MG 30 TABS	112.000	12758.60	.00	.00	.00	.00	12758.60
OLIT 20MG	30.000	1330.55	.00	.00	.00	.00	1330.55
Totals:		14089.15	0.00	0.00	0.00	0.00	14089.15

Enter Drug for Pricing.

*Gate*

MARKSMAN LIMITED  
*Edward*  
 AUTHORIZED SIGNATURE  
 22.11.22

# North East Regional Health Authority

Name James Smith Hospital/Health Centre  
Age 60 Wt M F ☒ Reg # 333777  
Address \_\_\_\_\_ Date Nov 20  
2022

R<sub>x</sub>

PO NILE + 50 } 2/52  
B Paracetamol to 90mg

Generic Sub Y/N

Rep. Y/N X

Doctor's Name

Signature

Doctor's Registration Number

Pharmacist

Date dispensed

MARKSMAN LIMITED

Pharmacist Signature

26.11.22

Dark

Price RX

Queue

Patient: SMITH, JONES *J. Jones* Cov 1: CA  
 Patient Bill Type: CA PRIVATE PD Cov 2:  
 Drug Bill Type: 0 Cov 3:  
 Cov 4:

Drug Name:

Cost: 0 DIV: Form: Cost 1:  
 Duration: 0 Mfr: Onhand: Cost 2:  
 Quantity: .000 Pk Size: Cost 3:

Drug Name	Quantity	Patient \$	Plan1 \$	Plan2 \$	Plan3 \$	Plan4 \$	Total \$
NISE 100MG TABLETS	30.000	2124.56	.00	.00	.00	.00	2124.56
PANADEINE 325MG/8MG TABS 100S	112.000	6204.92	.00	.00	.00	.00	6204.92
Totals:		8329.48	0.00	0.00	0.00	0.00	8329.48

Choose Entry to Edit.

*Platte*

MARKSMAN LIMITED  
*Edward*  
 AUTHORIZED SIGNATURE  
 22.11.22



# North East Regional Health Authority

SNB Hospital/Health Centre  
Miguel Reilly Reg #  
by Wt M ☒ F Date Nov 21;  
SS 2002

R Zerosen + bel 2/1  
R Paradox F + gandy / 15

*[Large handwritten flourish]*

Generic Sub Y/N \_\_\_\_\_ Rep. Y/N X \_\_\_\_\_  
Doctor's Name McGraw  
[Signature] 120009  
Signature \_\_\_\_\_ Doctor's Registration Number  
Pharmacist \_\_\_\_\_  
Date dispensed \_\_\_\_\_

*[Handwritten signature]*

MARKSMAN LIMITED  
Edward  
AUTHORISED SIGNATURE  
22.11.22

Price RX

X



Queue

Patient RUBY, MIGUEL

Cov 1: CA

Patient Bill Type: CA PRIVATE PD

Cov 2:

Drug Bill Type: 0

Cov 3:

Cov 4:

Drug Name:

Cost: 0 Dili: Form: Cost 1:

Duration: 0 Mfr: Onhand: Cost 2:

Quantity: .000 Pk Size: Cost 3:

Drug Name	Quantity	Patient \$	Plan1 \$	Plan2 \$	Plan3 \$	Plan4 \$	Total \$
ZERODOL-P TABLETS 30'S	30.000	3045.80	.00	.00	.00	.00	3045.80
PANADEINE F 325/30MG 30 TABS	112.000	12758.60	.00	.00	.00	.00	12758.60

Totals: 15804.40 0.00 0.00 0.00 0.00 15804.40

Enter Drug for Pricing.

MARKSMAN LIMITED

Authorised Signatory

22.11.20



# Marksman Ltd.

14-16 Balmoral Avenue  
Kingston 10  
Jamaica  
Phone: (876) 929-0026/6692  
Fax: (876) 754--6256

## Requisition

Date Nov 22, 2022	Page 1
Requisition Number RQN0000000000000007004	

Reference	Description	Default Vendor	Requisition Date	Expiration Date	Date Required
	ITEMS FOR ACCIDENT VICTIMS	FONTANA	Nov 22, 2022		

Quantity Required	UOM	Item Number	Description	Vendor Number	Expected Arrival
30		01	Zerodol P TABLETS 30'S	FONTANA	
224		02	Panadeine F 325/30MG 30 TABS	FONTANA	
30		03	OLIT 20MG	FONTANA	
30		04	Nise 100MG Tablets	FONTANA	
112		05	Panadeine 325MG/8MG	FONTANA	
1		06	Therafirm	FONTANA	
Total Requisition					50,928.00 JAD

Comments:  
Items for accident victims.

MARSHMAN  
  
AUTHORISED SIGNATURE  
22.11.2022

