



Morris and Dickson Co., LLC  
PRESCRIPTION (LEGEND) DRUG PEDIGREE  
History of Drug Sales and Distributions

(Wholesaler's Name)

Legend Drug Name, Strength, Dosage Form Container Size: FLOMAX 0.4 MG CAPSULE SA, 0.4MG, CAP.SR 24H, 100

☐ This is a repackaged drug (requires repackager's pedigree information and authentication of repackager's pedigree)

NDC (optional) 00597-0058-01

Lot Number	Quantity	Unique Serial#
A0700033	1	

Reference\* Number: 20070306  
Document Type: PurchaseOrderNumber  
Reference\* Date: 2007-03-06  
(related to the sale by the wholesaler identified above)

OWNERSHIP HISTORY

PHYSICAL DISTRIBUTION HISTORY

(if different from owner information)

Manufacturer's Name: BOEHRINGER INGELHEIM \*CBEDI

Manufacturer's information for authentication: BOEHRINGER INGELHEIM \*CBEDI

1. Wholesaler that purchased from the MANUFACTURER or a REPACKAGER(which requires authentication)

Name: Morris and Dickson Co., LLC  
Address: 410 Kay Lane, Shreveport, LA, 71115, USA  
Date Purchased and Ref: 34552, PurchaseOrderNumber, 2007-02-16  
Print Name of Recipient: Marc Gasca  
Signature of Recipient: Marc Gasca  
Name of the Authenticator: Marc Gasca  
Signature of the Authenticator: Marc Gasca  
**To authenticate a subsequent transaction, contact:**  
Name: Grace Gonzales  
Telephone Number: 800-442-4443  
E-Mail Address: grace@southwoodhealthcare.com

Name: Morris and Dickson Co., LLC  
Address: 10301 Highway 1 South, Shreveport, LA, 71115, USA  
Date Purchased and Ref: 34552, PurchaseOrderNumber, 2007-02-16  
Print Name of Recipient: Marc Gasca  
Signature of Recipient: Marc Gasca  
Name of the Authenticator: Marc Gasca  
Signature of the Authenticator: Marc Gasca  
**To authenticate a subsequent transaction, contact:**  
Name: Grace Gonzales  
Telephone Number: 800-442-4443  
E-Mail Address: grace@southwoodhealthcare.com

2 #1 Above SOLD TO:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date Purchased and Ref: \_\_\_\_\_  
Print Name of Recipient: \_\_\_\_\_  
Signature of Recipient: \_\_\_\_\_  
Name of the Authenticator: \_\_\_\_\_  
Signature of the Authenticator: \_\_\_\_\_  
**To authenticate a subsequent transaction, contact:**  
Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

SHIPPED TO:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date Purchased and Ref: \_\_\_\_\_  
Print Name of Recipient: \_\_\_\_\_  
Signature of Recipient: \_\_\_\_\_  
Name of the Authenticator: \_\_\_\_\_  
Signature of the Authenticator: \_\_\_\_\_  
**To authenticate a subsequent transaction, contact:**  
Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

I swear or affirm that the information contained on this pedigree is accurate and complete and that prior sales and distribution is authenticated, if required

Robert GoodRich, InternalUser

2007-03-15

Signature (Authorised to bind the Company)

Print Name and Title

Date

page \_\_\_\_\_  
of \_\_\_\_\_  
pages.

\*Reference Number should be identified as an invoice, purchase order, shipping document number or similar unique identifier.

Prescription (legend) Drug Pedigree DH 2129, 7/06 (obsoletes previous editions).

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