

Date of B:-

NAME:-

CLINIC:-

No of Carriers:-

Medication: -

Flavor:-

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
Sun 10-Jul							
Mon 11-Jul							
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Sun 24-Jul							
Mon 25-Jul							
Tue 26-Jul							
Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Date of B:- 07/05/1963

NAME:- Adamo Dalana

CLINIC:- Street Health

No of Carriers:- 0

Medication: -Methadone

Flavor:- Grape

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Sun 24-Jul							
Mon 25-Jul							
Tue 26-Jul							
Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Adamo Dalana

Adamo Dalana

Adamo Dalana

Date of B:- 13/06/1980

NAME:- Alkenbrack Erin

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Hydromorphone

Flavor:- Grape

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
Sun 10-Jul							
Mon 11-Jul							
Tue 12-Jul							
Wed 13-Jul							
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Fri 15-Jul							
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Fri 22-Jul							
Sat 23-Jul							
Sun 24-Jul							
Mon 25-Jul							
Tue 26-Jul							
Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Alkenbrack Erin

Alkenbrack Erin

Alkenbrack Erin

Date of B:- 14/07/1983

NAME:- Anderson Doug

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Methadone Grape

Flavor:- Grape

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Sat 23-Jul							
Sun 24-Jul							
Mon 25-Jul							
Tue 26-Jul							
Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Anderson Doug

Anderson Doug

Anderson Doug

Date of B:- 01/01/1973

NAME:- Babcock Leslie

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Sun 24-Jul							
Mon 25-Jul							
Tue 26-Jul							
Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Babcock Leslie

Babcock Leslie

Babcock Leslie

Date of B:- 01/07/1975

NAME:- Badour Jennifer

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Methadone Grape

Flavor:- ----

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Sun 24-Jul							
Mon 25-Jul							
Tue 26-Jul							
Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Badour Jennifer

Badour Jennifer

Badour Jennifer

Date of B:- 21/04/1987

NAME:- Bellamy Megan

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Methadone

Flavor:- Blue

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
Sun 10-Jul							
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Fri 22-Jul							
Sat 23-Jul							
Sun 24-Jul							
Mon 25-Jul							
Tue 26-Jul							
Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Bellamy Megan

Bellamy Megan

Bellamy Megan

Date of B:- 21/06/1979

NAME:- Bernard Leonard

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Mon 25-Jul							
Tue 26-Jul							
Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Bernard Leonard

Bernard Leonard

Bernard Leonard

Date of B:- 17/03/1970

NAME:- ball Cindy

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Methadone

Flavor:- Strawberry

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Mon 25-Jul							
Tue 26-Jul							
Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

ball Cindy

ball Cindy

ball Cindy

Date of B:- 21/11/1973

NAME:- Barcier Shelly

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Methadone

Flavor:- Strawberry

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
Sun 10-Jul							
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Mon 25-Jul							
Tue 26-Jul							
Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Barcier Shelly

Barcier Shelly

Barcier Shelly

Date of B:- 04/12/1968

NAME:- Barcier Kelly

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Mon 25-Jul							
Tue 26-Jul							
Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Barcier Kelly

Barcier Kelly

Barcier Kelly

Date of B:- 30/05/1956

NAME:- Bernard Marilyn

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Methadone

Flavor:- Strawberry

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
Sun 10-Jul							
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Mon 25-Jul							
Tue 26-Jul							
Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Bernard Marilyn

Bernard Marilyn

Bernard Marilyn

Date of B:- 25/07/1988

NAME:- Brown Sarah

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Methadone

Flavor:- Crystal lite

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Sun 24-Jul							
Mon 25-Jul							
Tue 26-Jul							
Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Brown Sarah

Brown Sarah

Brown Sarah

Date of B:- 09/07/1994

NAME:- Buck,Bradey

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Hydromorphone

Flavor:- ----

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Fri 15-Jul							
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Mon 18-Jul							
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Mon 25-Jul							
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Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Buck,Bradey

Buck,Bradey

Buck,Bradey

Date of B:- 12/03/1977

NAME:- Cardoso, Sergio

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Suboxone

Flavor:- ----

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Sun 24-Jul							
Mon 25-Jul							
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Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Cardoso, Sergio

Cardoso, Sergio

Cardoso, Sergio

Date of B:- 14/02/1983

NAME:- Catena Mario

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Methadone orange

Flavor:- ----

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Catena Mario

Catena Mario

Catena Mario

Date of B:- 20/12/1975

NAME:- Clark Nicole

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Suboxone

Flavor:- ----

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
Sun 10-Jul							
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Mon 25-Jul							
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Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Clark Nicole

Clark Nicole

Clark Nicole

Date of B:- 04/11/1986

NAME:- Clancy Ashley

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Methadone

Flavor:- Grape

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Clancy Ashley

Clancy Ashley

Clancy Ashley

Date of B:- 09/05/1983

NAME:- Coles Corey

CLINIC:- ----

No of Carriers:- nan

Medication: -----

Flavor:- ----

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
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Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Coles Corey

Coles Corey

Coles Corey

Date of B:- 19/04/1960

NAME:- Collins Donna

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Methadone

Flavor:- Grape

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Mon 25-Jul							
Tue 26-Jul							
Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Collins Donna

Collins Donna

Collins Donna

Date of B:- 15/08/1972

NAME:- Comeau Mark

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
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Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Comeau Mark

Comeau Mark

Comeau Mark

Date of B:- 27/10/1982

NAME:- Decker JoceyIn

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Suboxone

Flavor:- None

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Mon 25-Jul							
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Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Decker JoceyIn

Decker JoceyIn

Decker JoceyIn

Date of B:- 30/11/1978

NAME:- Delarosail Kim

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
Sun 10-Jul							
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Mon 25-Jul							
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Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Delarosail Kim

Delarosail Kim

Delarosail Kim

Date of B:- 4/12/1977

NAME:- Dore Crystal

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Methadone

Flavor:- Strawberry Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Mon 25-Jul							
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Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Dore Crystal

Dore Crystal

Dore Crystal

Date of B:- 20/12/1983

NAME:- Healey, Tasha

CLINIC:- Change Health Clinic

No of Carriers:- 0

Medication: -Methadone

Flavor:- Grape

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
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Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Healey, Tasha

Healey, Tasha

Healey, Tasha

Date of B:- 18/01/1970

NAME:- Garrah Suzanne

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Mon 25-Jul							
Tue 26-Jul							
Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Garrah Suzanne

Garrah Suzanne

Garrah Suzanne

Date of B:- 31/07/1991

NAME:- Godard keli

CLINIC:- Napanee MMT.

No of Carriers:- nan

Medication: -methadone Blue

Flavor:- ----

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Godard keli

Godard keli

Godard keli

Date of B:- 04/11/1999

NAME:- Ferril,Cherokee

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Suboxone

Flavor:- ----

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Sun 24-Jul							
Mon 25-Jul							
Tue 26-Jul							
Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Ferril,Cherokee

Ferril,Cherokee

Ferril,Cherokee

Date of B:- 03/01/0985

NAME:- Fitzgerald Joel

CLINIC:- Solution

No of Carriers:- 0

Medication: -Grape

Flavor:- ----

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Sun 24-Jul							
Mon 25-Jul							
Tue 26-Jul							
Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Fitzgerald Joel

Fitzgerald Joel

Fitzgerald Joel

Date of B:- 18/08/1987

NAME:- Flieler Trevor

CLINIC:- Street Health

No of Carriers:- 0

Medication: -mehtadone

Flavor:- None

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
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Mon 25-Jul							
Tue 26-Jul							
Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Flieler Trevor

Flieler Trevor

Flieler Trevor

Date of B:- 03/04/1984

NAME:- Flindall Michael

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Methadone

Flavor:- Grape

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Flindall Michael

Flindall Michael

Flindall Michael

Date of B:- 27/10/1989

NAME:- Garey Jillisa (Cheryl)

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Garey Jillisa (Cheryl)

Garey Jillisa (Cheryl)

Garey Jillisa (Cheryl)

Date of B:- 20/06/1975

NAME:- Garrison Corey

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Methadone

Flavor:- Grape

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Garrison Corey

Garrison Corey

Garrison Corey

Date of B:- 05/02/1952

NAME:- Grady Gary

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Grady Gary

Grady Gary

Grady Gary

Date of B:- 30/11/1966

NAME:- Green Lynda

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Methadone

Flavor:- Blue

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
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Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Green Lynda

Green Lynda

Green Lynda

Date of B:- 03/10/1975

NAME:- Green Nicole

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Methadone

Flavor:- Strawberry

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Mon 25-Jul							
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Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Green Nicole

Green Nicole

Green Nicole

Date of B:- 30/05/1969

NAME:- Hartwick Dale

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Hartwick Dale

Hartwick Dale

Hartwick Dale

Date of B:- 01/02/1995

NAME:- Herrington Kortney

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Methadone

Flavor:- Blue

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Herrington Kortney

Herrington Kortney

Herrington Kortney

Date of B:- 05/11/1986

NAME:- Hill Johnathan

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Methadone

Flavor:- Grape

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
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Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Hill Johnathan

Hill Johnathan

Hill Johnathan

Date of B:- 22/08/1958

NAME:- Hodge Pam

CLINIC:- Street Health

No of Carriers:- 0

Medication: -Methadone

Flavor:- Grape

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
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Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Hodge Pam

Hodge Pam

Hodge Pam

Date of B:- 02/02/1980

NAME:- Holland, Amanda

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
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Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Holland, Amanda

Holland, Amanda

Holland, Amanda

Date of B:- 05/08/1977

NAME:- Holmes Samantha

CLINIC:- Change Health Clinic

No of Carriers:- 2

Medication: -Methadone

Flavor:- Grape

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
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Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Holmes Samantha

Holmes Samantha

Holmes Samantha

Date of B:- 21/10/1963

NAME:- Huffman Lloyd

CLINIC:- Solutions

No of Carriers:- 0

Medication: -methadone

Flavor:- Strawberry

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
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Sat 30-Jul							
Sun 31-Jul							

Huffman Lloyd

Huffman Lloyd

Huffman Lloyd

Date of B:- 17/10/1982

NAME:- Houard Jason

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
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Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Houard Jason

Houard Jason

Houard Jason

Date of B:- 04/04/1985

NAME:- Huffman Jason

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
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Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Huffman Jason

Huffman Jason

Huffman Jason

Date of B:- 31/07/1982

NAME:- Huffman Mathew

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
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Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Huffman Mathew

Huffman Mathew

Huffman Mathew

Date of B:- 22/09/1992

NAME:- Hulan Dylan

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Mehtadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
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Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Hulan Dylan

Hulan Dylan

Hulan Dylan

Date of B:- 08/04/1977

NAME:- Jeffery Jay

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
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Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Jeffery Jay

Jeffery Jay

Jeffery Jay

Date of B:- 19/04/1984

NAME:- Kerr Nicholas

CLINIC:- Solution

No of Carriers:- 0

Medication: -Methadone

Flavor:- ----

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Mon 25-Jul							
Tue 26-Jul							
Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Kerr Nicholas

Kerr Nicholas

Kerr Nicholas

Date of B:- 22/12/1999

NAME:- Kennedy Cassidy

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Methadone orange

Flavor:- ----

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Mon 25-Jul							
Tue 26-Jul							
Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Kennedy Cassidy

Kennedy Cassidy

Kennedy Cassidy

Date of B:- 24/01/1968

NAME:- Kouri Donna

CLINIC:- Napanee MMT.

No of Carriers:- Am dose till Noon only

Medication: -Methadone

Flavor:- Extra Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Mon 25-Jul							
Tue 26-Jul							
Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Kouri Donna

Kouri Donna

Kouri Donna

Date of B:- 19/02/1994

NAME:- Lake Tyler

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Methadone

Flavor:- Lite Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
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Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Lake Tyler

Lake Tyler

Lake Tyler

Date of B:- 06/09/1983

NAME:- Landry, Christine

CLINIC:- Solution

No of Carriers:- 0

Medication: -Methadone

Flavor:- Strawberry

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Mon 25-Jul							
Tue 26-Jul							
Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Landry, Christine

Landry, Christine

Landry, Christine

Date of B:- 08/10/1967

NAME:- Long , Cathy

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Suboxone

Flavor:- None

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
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Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Long , Cathy

Long , Cathy

Long , Cathy

Date of B:- 20/10/1991

NAME:- Leveaque Hollie

CLINIC:- Change Health Clinic

No of Carriers:- 0

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Mon 25-Jul							
Tue 26-Jul							
Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Leveaque Hollie

Leveaque Hollie

Leveaque Hollie

Date of B:- 01/04/1968

NAME:- Levesque Kim

CLINIC:- Street Health

No of Carriers:- 0

Medication: -Methadone

Flavor:- Strawberry Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Wed 27-Jul							
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Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Levesque Kim

Levesque Kim

Levesque Kim

Date of B:- 01/10/1971

NAME:- Lloyd Edward

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Methadone

Flavor:- Lite Grape

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Lloyd Edward

Lloyd Edward

Lloyd Edward

Date of B:- 16/01/1987

NAME:- Loft Shane

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Loft Shane

Loft Shane

Loft Shane

Date of B:- 10/01/1985

NAME:- Low Brennan

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
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Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Low Brennan

Low Brennan

Low Brennan

Date of B:- 01/07/1989

NAME:- Mabey Mike

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Mabey Mike

Mabey Mike

Mabey Mike

Date of B:- 02/07/1979

NAME:- McCormick Kandice

CLINIC:- Street Health

No of Carriers:- 0

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
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Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

McCormick Kandice

McCormick Kandice

McCormick Kandice

Date of B:- 15/05/1995

NAME:- Mcdermott Sabrina

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Methadone0

Flavor:- ----

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
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Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Mcdermott Sabrina

Mcdermott Sabrina

Mcdermott Sabrina

Date of B:- 06/12/1985

NAME:- Mcdonald Kate

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Suboxone

Flavor:- ----

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
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Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Mcdonald Kate

Mcdonald Kate

Mcdonald Kate

Date of B:- 06/12/1985

NAME:- Mcinnis Tim

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Suboxone

Flavor:- ----

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
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Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Mcinnis Tim

Mcinnis Tim

Mcinnis Tim

Date of B:- 03/04/1992

NAME:- Mclean Ashley

CLINIC:- Solution

No of Carriers:- 0

Medication: -Methadone

Flavor:- ORANGE

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
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Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Mclean Ashley

Mclean Ashley

Mclean Ashley

Date of B:- 12/10/1952

NAME:- Morton Richard

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
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Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Morton Richard

Morton Richard

Morton Richard

Date of B:- 31/08/1987

NAME:- Murdoch Ainsley

CLINIC:- Change Health Clinic

No of Carriers:- 0

Medication: -Mehtadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
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Sat 30-Jul							
Sun 31-Jul							

Murdoch Ainsley

Murdoch Ainsley

Murdoch Ainsley

Date of B:- 17/11/1971

NAME:- oliver Dennis

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
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Sat 30-Jul							
Sun 31-Jul							

oliver Dennis

oliver Dennis

oliver Dennis

Date of B:- 10/09/1995

NAME:- Periera Dustyn

CLINIC:- Solutions

No of Carriers:- nan

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
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Sat 30-Jul							
Sun 31-Jul							

Periera Dustyn

Periera Dustyn

Periera Dustyn

Date of B:- 21/05/1999

NAME:- Whalen , Tarone

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Methadone

Flavor:- orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
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Thu 07-Jul							
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Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Whalen , Tarone

Whalen , Tarone

Whalen , Tarone

Date of B:- 13/091973

NAME:- Pammet cherie

CLINIC:- Solution

No of Carriers:- 0

Medication: -Methadone

Flavor:- orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
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Sat 30-Jul							
Sun 31-Jul							

Pammet cherie

Pammet cherie

Pammet cherie

Date of B:- 10/12/1986

NAME:- Pammet Robert

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Suboxone

Flavor:- None

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
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Mon 25-Jul							
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Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Pammet Robert

Pammet Robert

Pammet Robert

Date of B:- 04/02/1983

NAME:- Patrick Patricia (trish)

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Sun 24-Jul							
Mon 25-Jul							
Tue 26-Jul							
Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Patrick Patricia (trish)

Patrick Patricia (trish)

Patrick Patricia (trish)

Date of B:- 25/12/1983

NAME:- Pitcher Ashley

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Suboxone

Flavor:- None

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Pitcher Ashley

Pitcher Ashley

Pitcher Ashley

Date of B:- 09/07/1956

NAME:- Rowe-Mack Barbara

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Methadone

Flavor:- Extra Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Tue 26-Jul							
Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Rowe-Mack Barbara

Rowe-Mack Barbara

Rowe-Mack Barbara

Date of B:- 20/11/1975

NAME:- Rattie Derek

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Fri 22-Jul							
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Mon 25-Jul							
Tue 26-Jul							
Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Rattie Derek

Rattie Derek

Rattie Derek

Date of B:- 07/01/1985

NAME:- Renaud Kaesi

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Methadone orange

Flavor:- Grape

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Renaud Kaesi

Renaud Kaesi

Renaud Kaesi

Date of B:- 14/11/1991

NAME:- Reid Kaylee

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Mon 25-Jul							
Tue 26-Jul							
Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Reid Kaylee

Reid Kaylee

Reid Kaylee

Date of B:- 04/10/1975

NAME:- Rutherford Jon

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Methadone

Flavor:- Grape

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Mon 25-Jul							
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Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Rutherford Jon

Rutherford Jon

Rutherford Jon

Date of B:- 27/02/1972

NAME:- Sawyer Mike

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Suboxone

Flavor:- None

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
Sat 09-Jul							
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Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Sawyer Mike

Sawyer Mike

Sawyer Mike

Date of B:- 10/05/1984

NAME:- scott , lisa

CLINIC:- Solution

No of Carriers:- 0

Medication: -Suboxone

Flavor:- None

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
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Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

scott , lisa

scott , lisa

scott , lisa

Date of B:- 24/12/1979

NAME:- Sherman John

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Methadone

Flavor:- Strawberry

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
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Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Sherman John

Sherman John

Sherman John

Date of B:- 19/12/1978

NAME:- Smith Cindy

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Suboxone

Flavor:- None

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
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Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Smith Cindy

Smith Cindy

Smith Cindy

Date of B:- 11/07/1973

NAME:- Snider Laura

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
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Wed 27-Jul							
Thu 28-Jul							
Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Snider Laura

Snider Laura

Snider Laura

Date of B:- 05/08/1975

NAME:- Sparks Amanda

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
Fri 08-Jul							
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Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Sparks Amanda

Sparks Amanda

Sparks Amanda

Date of B:- 31/03/1995

NAME:- Stevenson Tyson

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
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Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Stevenson Tyson

Stevenson Tyson

Stevenson Tyson

Date of B:- 07/05/1973

NAME:- Tregunna Robert

CLINIC:- Solution

No of Carriers:- nan

Medication: -Methadone orange

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
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Sat 30-Jul							
Sun 31-Jul							

Tregunna Robert

Tregunna Robert

Tregunna Robert

Date of B:- 10/02/1969

NAME:- Wiercinski Michael

CLINIC:- Change Health Clinic

No of Carriers:- 0

Medication: -Methadone

Flavor:- ----

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
Thu 07-Jul							
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Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Wiercinski Michael

Wiercinski Michael

Wiercinski Michael

Date of B:- 30/10/1987

NAME:- Wilson Niki

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Methadone

Flavor:- Extra Strawberry

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
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Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Wilson Niki

Wilson Niki

Wilson Niki

Date of B:- 29/04/1980

NAME:- Wannamaker Jody

CLINIC:- Change Health Clinic

No of Carriers:- 0

Medication: -Methadone

Flavor:- Grape

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
Wed 06-Jul							
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Sat 30-Jul							
Sun 31-Jul							

Wannamaker Jody

Wannamaker Jody

Wannamaker Jody

Date of B:- 25/12/1962

NAME:- Young Warren

CLINIC:- Solutions

No of Carriers:- 0

Medication: -Methadone

Flavor:- Orange

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
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Fri 29-Jul							
Sat 30-Jul							
Sun 31-Jul							

Young Warren

Young Warren

Young Warren

Date of B:- 15/02/1978

NAME:- Youmans Valarie.

CLINIC:- Napanee MMT.

No of Carriers:- 0

Medication: -Methadone orange

Flavor:- ----

Date/Day	Dose	C/O	Time	Phar/SIG	Pat/SIG	Returns	Assessed
Fri 01-Jul							
Sat 02-Jul							
Sun 03-Jul							
Mon 04-Jul							
Tue 05-Jul							
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Sun 31-Jul							

Youmans Valarie.

Youmans Valarie.

Youmans Valarie.