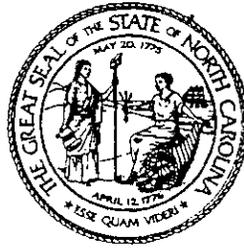


Office of Investigations
& InspectionsMailing Address:
PO Box 362
Newton, NC 28658828-465-2324
Fax: 828-465-4539Bailey & Dixon
Legal Counsel
919-828-0731NORTH CAROLINA
BOARD OF PHARMACY
OFFICE OF INVESTIGATIONS & INSPECTIONS

October 2, 2002

David R. Work
Executive DirectorMailing Address:
PO Box 459
Carrboro, NC 27510-0459919-942-4454
Fax: 919-967-5757
www.ncbop.orgCVS/pharmacy
Permit Holder #6636
5680 NC Hwy 42 W.
Garner, NC 2752**LETTER OF REPRIMAND**

Dear Permit Holder:

On September 17, 2002, representatives of your permit met with Board member Robert Crocker, Board staff, and RPh Michael Smith at a prehearing conference in the Board's office located at 104-C Carrboro Plaza, Hwy 54 Bypass, Carrboro, NC. The purpose of the conference was to consider the culpability of RPh Smith in the dispensing of Suprax Cefixime on an order for Zithromax Suspension, and your responsibility for the error and/or other violations of the Pharmacy Practice Act.

After giving careful consideration to the investigative findings and your response, Mr. Crocker found that RPh Smith committed the error as alleged. He also found that the permit was culpable for allowing RPh Smith to fill prescriptions at such a rate as to pose a danger to the public health or safety.

Considering these findings, Mr. Crocker directed that this Letter of Reprimand be issued to the permit for violation of 21 NCAC 46.1811. This letter will be made a part of the permit's record with the Board for consideration should similar activity be found in the future.

Sincerely,

Steve Hudson
Director of Investigations & Inspectionscc: File
Josh Kohler
Susan DelMonico
Ann Christian#02.76 Permit Holder -- CVS #6636 (CO.LOR)
CERTIFIED MAIL - RETURN RECEIPT REQUESTED
M/C/F: 10/4/02

*A Notary Public must notarize your signature on the appropriate line of the original (white) copy if you accept the Letter of Reprimand. If, however, you do not accept the Letter of Reprimand, you must sign the appropriate signature line at the end of the document. The original (white) document should be returned using the enclosed envelope, to the Board at P. O. Box 362, Newton, NC 28658, within ten (10) days. The yellow copy is provided for your records.

Permit Holder, Permit No. 6636 has full knowledge of the right to a formal hearing before the Board and freely, knowingly, and voluntarily waives such right by accepting this Letter of Reprimand.

Permit Holder, Permit No. 6636 understands and agrees that consenting to this action voluntarily relinquishes any right to judicial review of Board actions that may be taken concerning this matter.

Permit Holder, Permit No. 6636 understands and agrees that this action will not become effective unless and until approved by the Board.

Permit Holder, Permit No. 6636 admits there is a factual basis for the issuance of the Letter of Reprimand.

CONSENTED TO BY [Signature] _____ Title President of [Organization]
(On behalf of Permit No.6636)

State of Rhode Island _____ Date _____
Providence County

I, Stephen E. Murphy, a Notary Public for the above named County and State, do hereby certify that Susan Delmonico personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witnessed my hand and official seal

This the 24 day of March, 2003

Stephen E. Murphy #33550
Notary Public
My Commission Expires: 2/1/2006



Permit Holder, Permit No. 6636 does not accept the Letter of Reprimand as a disposition of this matter.

(On behalf of Permit number 6636) Title _____
Date _____