45

EXHIBIT 45

[redacted]

Prescriptions P[redacted]rmacy

61 NE Third Ave.
Deerfield Beach, FL 33441

Tel: 954-354-0355
Tel: 866-475-4428

Fax: 954-354-0357
Fax: 866-475-4458

DEAR DOCTOR,

Your patient has contacted us regarding a REFILL of their respiratory medications.

In order to supply these products to your patient, we ask that you sign and fax us the attached order. Our toll free fax number is 1-866-475-4458.

[redacted]

Patient has [illegible] improve with the use of a nebulizer. ICD 9 Code:

☐ [illegible] ☐ [illegible] ☒ [illegible] COPD ☐ 491.0 Chronic Bronchitis

☐ [illegible] ☐ [illegible] Bronchitis ☐ 493.2 Chronic Obst. Asthma

[illegible] by the pharmacist in a 2 cc vial

☒ [illegible] ☐ Albuterol 2.5mg & Triamcinolone 400 mcg /2cc

☐ Albuterol 2.5mg & [illegible] 400 mcg /2cc

DIRECTION FOR USE (# OF VIALS/DAY): Vial QID

Kindly check next to any medication(s) to be used in a single vial

☐ Cromolyn Sodium [illegible] /2 cc ☐ Metaproterenol 0.6 %/2.5 cc ☐ Albuterol 0.083% /3 cc

☐ Ipratropium Bromide 0.5mg /2 or 2.5cc ☐ Metaproterenol 0.6 %/2.5 cc ☐ Albuterol Solution 0.5%

☒ Budesonide 350mcg/2cc (Generic for Pulmicort) ☐ Acetylcysteine 10 % / 3cc

[illegible]

[illegible] ☒ Yes ☐ No

[illegible] ☒ Neb. Filters

[illegible] ☒ Neb. Replacement Kits

[redacted]

[redacted]	Date
[redacted]	7/27/2004
[redacted]	City
[redacted]	FLOSMOORE
[redacted]	Fax Number
[redacted]	(708) 957-7471