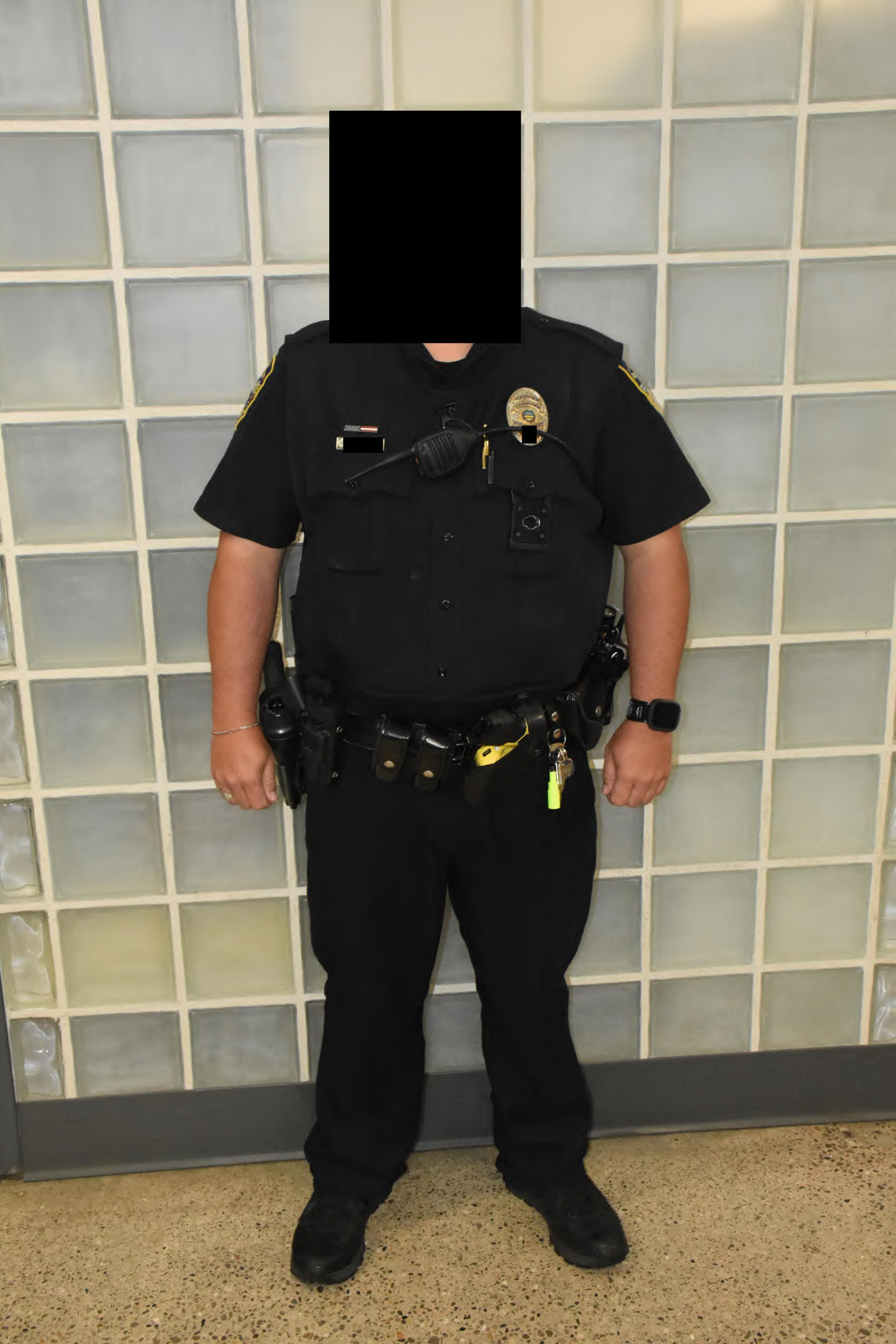










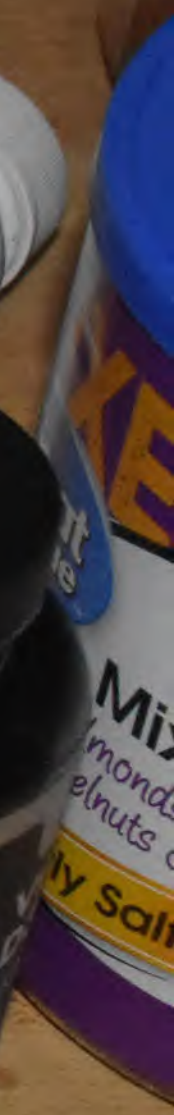












genOa
healthcare®

RX# [REDACTED]

CALLUWAY, GARY

DOB: 11/14/72

MFG: GRANULES PHARMACEUTICALS

TAKE 1 TABLET BY

#90 [REDACTED]

Generic for: [REDACTED]

Exp: 01/30/27 2 REFILLS

genOa
healthcare®

438

RX# [REDACTED]

CALLOWAY, GARY

DOB: 11/14/72

*Safety

MFG: GRANULES PHARMACEUTICALS

TAKE 1 TABLET BY MOUTH

#90 [REDACTED]

Generic for [REDACTED]

Exp: 01/30/27 2 REFILLS

43 E MAIN STREET SU

AMELIA, OH

P:513.6

F:513.6

ARY

Safety Cap: Y

PHARMACEUTICALS

70010-0780-10

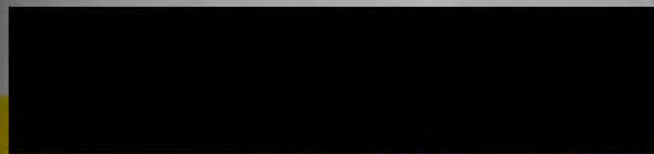
ET BY MOUTH DAILY

Use By

REFILLS

XXX/BOTT//DM:02

MAIN STREET SUITE 113
AMELIA, OH 45102
P:513.685.6033
F:513.685.0040



N: 04/08/26

Cap: Y*

R: 07/07/26

0010-0780-10

AQR:180.00

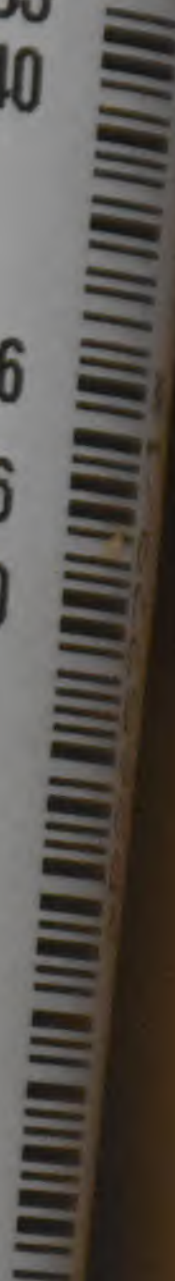
TH DAILY

TAB

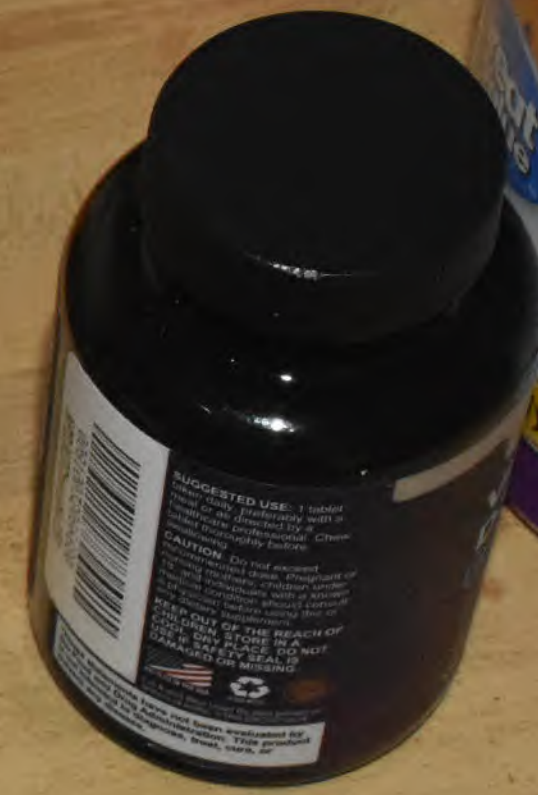
DEN/EMT

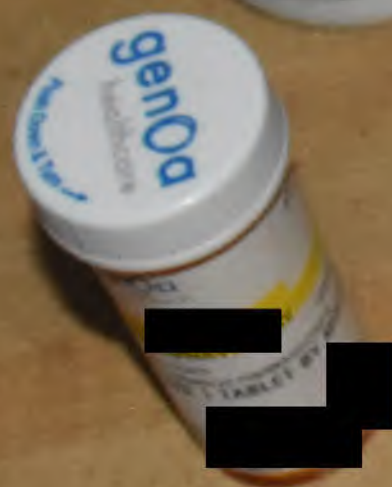
Use By: 07/07/27

XXX/BOTT//DM:02/F#:222











CVS pharmacy
Cincinnati, OH cvs.com
TEL: 513-943-2801
RX: [REDACTED]
QT: 720
REFILL: 3 by 5/27/27
PRSCR: [REDACTED]
DATE FILLED: 6/1/26
DISCARD AFTER: 6/11/27
[REDACTED]



 **CVS pharmacy**
947 Cincinnati Blvd. #2700
Cincinnati, OH cvs.com

TEL: 513-943-2801

RX: [REDACTED]

QTY: 720

REFILL: 3 by 5/27/27

PRSCBR: [REDACTED]

DATE FILLED: 6/11/26

DISCARD AFTER: 6/11/27

[REDACTED]



MORNING



MIDDAY



EVENING



BEDTIME

▲ PHARMACY

CVS pharmacy

Cincinnati, OH

CVS.COM

TEL: 513-943-2801

RX: [REDACTED]

QTY: 720

REFILL: 3 by 5/27/27

PRESCRIBER: [REDACTED]

DATE FILLED: 5/11/26

DISCARD AFTER: 5/11/27

BY: Wanda Bowman

BY: DR. REDDY'S LAB

GARY

Gary Calloway

(AT) [REDACTED]



MORNING



MIDDAY



EVENING



BEDTIME

SEE DIRECTIONS

Take 1 mouth

SEE PHARMACY ADVICE

GARY

Gary
Calloway

640 Daniel Ct 16 A, Cincinnati, OH 45219



MORNING



MIDDAY



EVENING



BEDTIME

SEE DIRECTIONS

Take 2 tablets by
mouth 4 times a day

▲ PHARMACY ADVICE

GARY

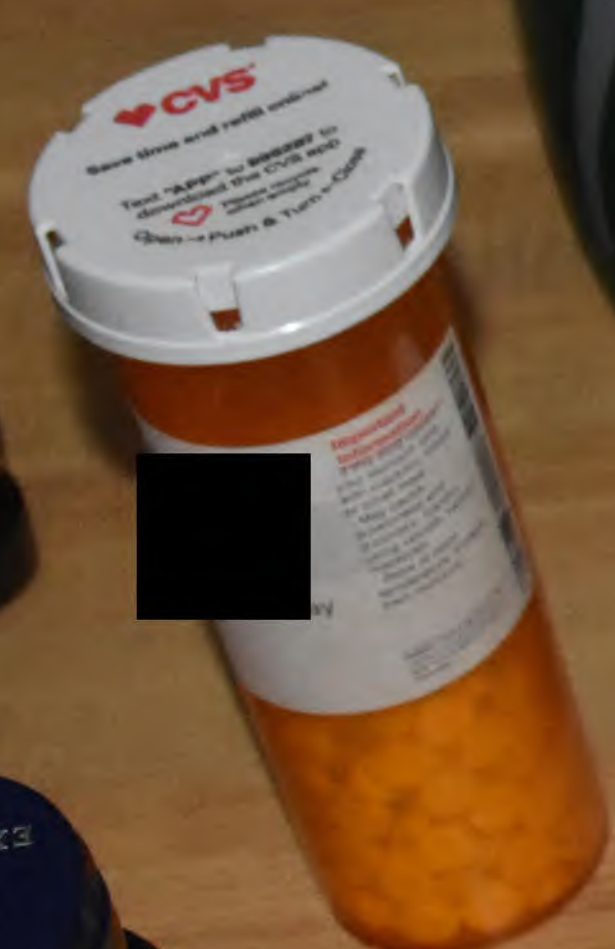
Gary
Calloway

640 Daniel Ct 16 A, Cincinnati, OH 45244

SEE DIRECTIONS

Take 2 tablets by
mouth 4 times a day

PHARMACY ADVICE





COVID-19 Vaccin

Please keep this record card, which contains information about the vaccines you have received.
 Por favor, guarde esta tarjeta de registro que incluye información médica sobre las vacunas que ha recibido.



Calloway Last Name Gary First Name MI
11-14-72 Date of birth _____ Patient number (medical record or IIS record number) _____

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	[REDACTED]		
2 nd Dose COVID-19			
Other		mm dd yy	
Other		mm dd yy	



CELL: (513) 304-2007
 OFFICE: (513) 752-4000
 FAX: (513) 619-9946
 E-MAIL: llatham@sibcyccline.com



792 Eastgate South Drive • Suite 800
 Web Site: <http://www.sibcyccline.com>

CLERMONT COUNTY
MUNICIPAL COURT
4430 ST. RT. 222
BATAVIA, OHIO 45103
CLERMONT COUNTY, OH

THE STATE OF OHIO

SUMMONS IN LIEU OF ARREST
WITHOUT WARRANT, AND
COMPLAINT UPON SUCH
SUMMONS

Rule 4(A) (3)

Form XJ

(Name of Defendant)

(Street Address)

(City, State, Zip Code)

SUMMONS NO.

CASE NO.

S.S.N.

AGE

D.O.B.

HT

WT

HAIR

EYES

TO DEFENDANT:

SUMMONS

In lieu of immediate arrest upon a misdemeanor you are summoned
and ordered to appear at ** the Clermont County Municipal Court at

o'clock

(Day, Date)

20

** If you fail to appear at this time and place you may be arrested.
This summons served personally on the defendant on

20

COMPLAINT

On

20

at

you did

Orc.

Deeree

Signature of Issuing / Charging Law Enforcement Officer

Being duly sworn, the issuing / charging law enforcement officer states that he
has read the above

Issuing / Charging Law Enforcement Officer

Sworn to and subscribed before me by

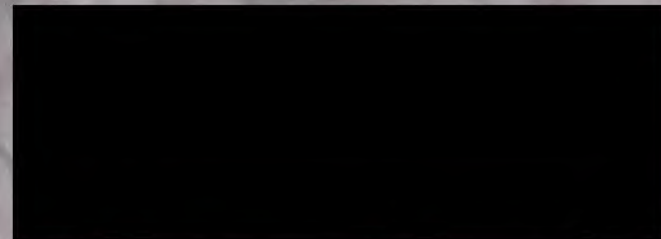
MY COMPLETION BY

NOTICE TO DEFENDANT

(complaint to be filed with clerk)

**Delete the lines not applicable

CLERMONT COUNTY
MUNICIPAL COURT
4430 ST. RT. 222
BATAVIA, OHIO 45103
CLERMONT COUNTY, OHIO



051318

THE STATE OF OHIO

SUMMONS IN LIEU OF ARREST
WITHOUT WARRANT, AND
COMPLAINT UPON SUCH
SUMMONS

V.

Rule 4(A) (3)

Form XII

(Name of Defendant)

(Street Address)

SUMMONS NO.

(City, State, Zip Code)

CASE NO.

AGE _____ D.O.B. _____

S.S.N.

----------------------	----------------------	----------------------	----------------------

HT _____ WT _____ HAIR _____ EYES _____

TO DEFENDANT:

SUMMONS

In lieu of immediate arrest upon a misdemeanor you are summoned
and ordered to appear at ** the Clermont County Municipal Court at

o'clock

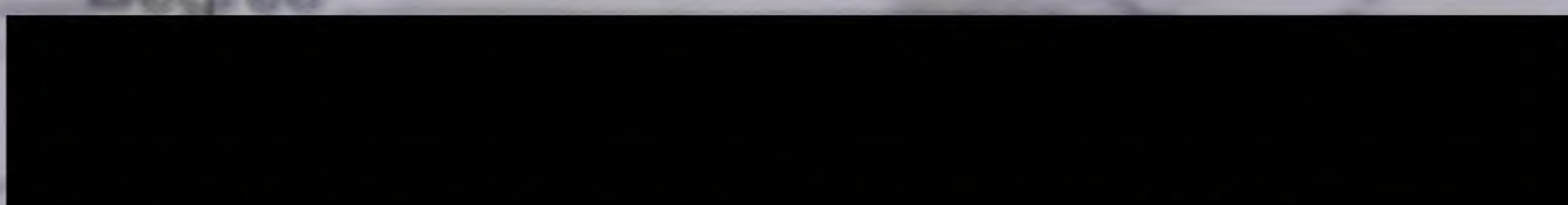
(Time)
20 26 .** If you fail to appear at this time and place you may be arrested.
This summons served personally on the defendant on
6/17, 20 26.

COMPLAINT

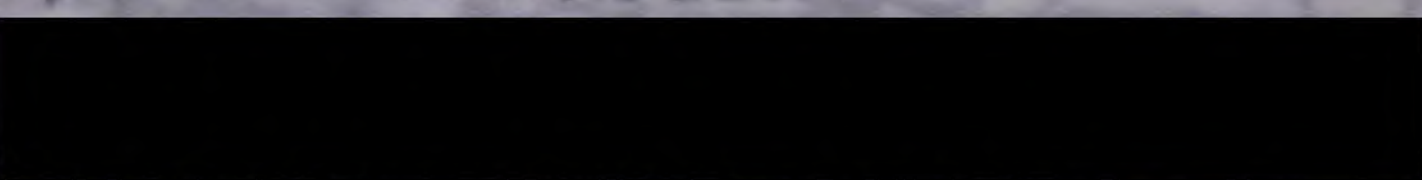
On 6-27, 20 26, at 6420

you did not appear

Orc. 24502 Degree 1 in the


Signature of Issuing / Charging Law Enforcement Officer

Being duly sworn, the issuing / charging law enforcement officer states that he has read the above complaint and that it is true.


Issuing / Charging Law Enforcement Officer

Sworn to and subscribed before me by _____

on _____, 20 _____

Orc. _____ Degree _____

Signature of Issuing / Charging Law Enforcement Officer

Being duly sworn, the issuing / charging law enforcement officer states that he
has read the above complaint and that it is true.

Issuing / Charging Law Enforcement Officer

Sworn to and subscribed before me by _____

_____ on _____, 20____

Judge / Clerk / Deputy Clerk

Court

OR

Notary Public

My Commission Expires _____, 20____

County / State of Ohio/

NOTICE TO DEFENDANT: Officer not required to swear to summons
-(complaint on your copy)

**Delete the lines not applicable

Image First Solutions
Cincinnati, Ohio 513-753-0141
Form# 070902