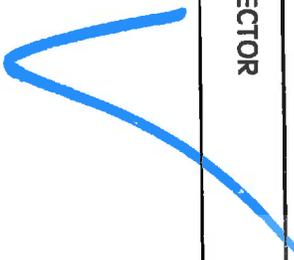


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

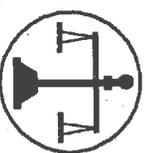
TO	DATE
<i>Myra</i>	<i>2-19-08</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000432	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

Mark A. Rowan, PA, MD & FL
Dayna D. Bird, PA

Rowan Law Offices
325 Memorial Boulevard
Connellsville, PA 15425



Connellsville: 724-628-8180

Uniontown: 724-438-8180

Facsimile: 724-628-8189

Email: mrowan@dc1.net

February 15, 2008

RECEIVED

FEB 19 2008

Department of Health and Human Services
Attn: Mr. Robert Kerr, Director
P. O. Box 8206
1801 Main Street
Columbia, SC 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: Tamper-resistant Prescription Pads
My Client: Kwikitickets.com, Inc.

To Mr. Kerr:

Please be advised that I represent Kwikitickets.com, Inc., a printing company which prints tamper-resistant prescription pads. In accordance with the recent Medicare regulations, Kwikitickets.com, Inc., hereby formally requests to be placed on your state's list of approved vendors for these pads.

In conformity with the Medicare regulations, the tamper-resistant prescription pads printed by Kwikitickets.com, Inc., meet all three of the characteristics required by Medicare. The specific industry-recognized features of the Kwikitickets.com, Inc., pads and the characteristics they meet are as follows:

1. **Prevention of unauthorized copying of a completed or blank prescription form:**
 - a. Kwikitickets.com, Inc. pads use a "void" pantograph. A latent repetitive "void" pattern that is printed across the entire front document of the prescription blank. The word "void" appears if the script is photocopied, scanned, or physically or chemically erased.
 - b. Thermochromic ink is used.
 - c. A watermark appears on the reverse that can only be seen at a forty-five (45) degree angle.
2. **Prevention of erasure or modification of information written on the prescription by the prescriber:**
 - a. Tamper-resistant background ink shows erasures or attempts to change written information.

3. **Prevention of the use of a counterfeit prescription form:**

- a. Sequentially-numbered blanks are printed.
- b. Each job has an individual batch number that appears on the prescription which can be traced to the specific prescriber who ordered the pads.
- c. Duplicate or triplicate blanks are available if required by your state's regulations or requested by the prescriber.

An Affidavit/Certification executed by the company's president, David Smith, is attached which certifies that the prescription pads printed by Kwiktickets.com, Inc., meet the Medicare requirements. A sample of my client's product is enclosed for your review. A photocopy of a prescription page is also enclosed to show the "void" pantograph.

Kindly place Kwiktickets.com, Inc., on your list of approved providers of tamper-resistant prescription pads. If you require any forms or applications to be completed, please forward those to me. If you require any further information, or if there are any other steps necessary to place Kwiktickets.com, Inc., on your approved vendor list, please call me to discuss.

Thank you for your time in considering this request.

Very truly yours,



Mark A. Rowan

MAR

Enclosure

cc: David Smith, President, Kwiktickets.com, Inc.

AFFIDAVIT/CERTIFICATION

I, David Smith, being duly sworn according to law, depose and say that I am the President of Kwiktickets.com, Inc., and that I am personally familiar with the information stated in this Affidavit/Certification. I hereby certify that in conformity with the Medicare regulations, the tamper-resistant prescription pads printed by Kwiktickets.com, Inc., meet all three of the characteristics required by Medicare. The specific industry-recognized features of the Kwiktickets.com, Inc., pads and the characteristics they meet are as follows:

1. **Prevention of unauthorized copying of a completed or blank prescription form:**
 - a. Kwiktickets.com, Inc. pads use a "void" pantograph. A latent repetitive "void" pattern that is printed across the entire front document of the prescription blank. The word "void" appears if the script is photocopied, scanned, or physically or chemically erased.
 - b. Thermochromic ink is used.
 - c. A watermark appears on the reverse that can only be seen at a forty-five (45) degree angle.
2. **Prevention of erasure or modification of information written on the prescription by the prescriber:**
 - a. Tamper-resistant background ink shows erasures or attempts to change written information.
3. **Prevention of the use of a counterfeit prescription form:**
 - a. Sequentially-numbered blanks are printed.
 - b. Each job has an individual batch number that appears on the prescription which can be traced to the specific prescriber who ordered the pads.
 - c. Duplicate or triplicate blanks are available if required by your state's regulations or requested by the prescriber.

Date

2-14-08


David Smith, President
Kwiktickets.com, Inc.

COMMONWEALTH OF PENNSYLVANIA :
COUNTY OF FAYETTE : SS.

On this, the 17th day of February, 2008, before me, the undersigned officer, personally appeared **David Smith**, known to me, (or satisfactorily proven), to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Sworn to and subscribed
Before me this 17th
day of February, 2008.



Barbara Lowe, Notary Public

MY COMMISSION EXPIRES:

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Barbara J. Lowe, Notary Public
City Of Corneliusville, Fayette County
My Commission Expires Mar. 30, 2010
Member, Pennsylvania Association of Notaries

VERIFY DOCUMENT AUTHENTICITY -
THE WORD "VOID" APPEARS WHEN TRYING TO REPRODUCE.

NO. 0952

LIC # DS 022876L

DR. JOHN D. SAMPLE
TOWN MEDICAL CENTER

123 Main St., Suite 100
Anytown, ON 12345

Tel: 123-4567

Fax: 123-4567

Name _____

Age _____

Address _____

R _____

Date _____

- Label
 No Substitution

Signature _____

M.D.

REPEAT: 1 2 3 4 5 PRN NR

The Original Document has a High Security Watermark, which cannot be copied and
Thermo Ink that responds to warmth. See reverse for details.