## SAMPLE DEA FORM - 222 U.S. OFFICIAL ORDER FORM SCHEDULE I & II

See Reverse of Purchaser's			No order form may be issued for Schedule I and II substances unless a OMB APPROVAL			
Copy of Instructions			completed application form has bee		een activated, (21 CFR 1305.04) No. 1117-0010	
TO: (Name of Supplier)				STREET ADDRESSS		
McKesson				495 S 107th Ave		
CITY and STATE DATE			TO BE FILLED IN BY SUPPLIER			
Tolleson, AZ		(2)	SUPPLIER'S DEA REGISTRATION No.			
TO BE FILLED IN BY PURCHASER						
Line	No. of	Size of	Name of Iter	n	National Drug Code Packages Date	
No.	Packages	Package	Name of iter	11	Shipped Shipped	
1	(3)	100ct	Codeine Sulfate 30n	ng Tabs		
2		10bx	Duramorph 1mg/ml 1	.0ml Amps		
3		5bx	Fentanyl Patch 12	ncg/hr		
4		50ml	Fentanyl 50mcg/ı	ml Vial		
5		25bx	Fentanyl 50mcg/ml	50ml Vial		
6		20ml	Hydromorphone 2m			
7		30ml	Methadone HCL 10mg			
8		20ml	Methadone HCL 10m	g/ml Vial		
9		5bx	Morphine Sulfate P/F 1mg/			
10		100ct	Hydrocodone 5-1.5m	ng Tabs		
11		473ml	Hydrocodone Syrup 5-	-		
12		10bx	Opana 1mg 1ml A	lmps		
← LAST LINE				SIGNATURE OF PURCHASER		
4	COMPLETED			OR ATTORNEY OR AGENT		
Date Issued		DEA Registration No.		Name and	Address of Registrant	
Schedules				1		
Registered as a		No. of this Order Form				
DEA Form-222			U.S. OFFICI	IAL ORDER FORMS - SCHEDULES I & II		
(Oct 2010)			DRUG ENFORCEMENT ADMINISTRATION			

SUPPLIER'S COPY 1

## DEA 222 FORM CHECKLIST

- 1. Name of supplier, address, city, state, zip are correct.
- 2. Fill in the date the form is completed.
- 3. Number of packages, size and strength are correct.
- 4. Fill in the "Last Line Completed" space.
- 5. Authorized signature on the form.
- 6. Be sure the form does not contain any alterations.
- 7. Remove the purchaser's copy (BLUE) and retain for records.