

# DEA 222 Form Sample

See Reverse of PURCHASER'S Copy for Instructions		No order form may be issued for Schedule I and II substances unless a completed application form has been received, (21 CFR 1305.04).			OMB APPROVAL No. 1117-0010	
TO: (Name of Supplier) <b>Southern Anesthesia &amp; Surgical</b> ①				STREET ADDRESS <b>One Southern Court</b> ②		
CITY and STATE <b>West Columbia, SC</b> ③		29169	DATE <b>Today's Date</b> ④	TO BE FILLED IN BY SUPPLIER		
TO BE FILLED IN BY PURCHASER				SUPPLIERS DEA REGISTRATION NO.		
L I N E N o.	TO BE FILLED IN BY PURCHASER		TO BE FILLED IN BY SUPPLIER			
	No. of Packages	Size of Package ⑥	Name of Item ⑦	National Drug Code	Packages Shipped	Date Shipped
1	⑤ 2	10 x 2ml	Fentanyl amps			
2	4	20ml	Fentanyl vial			
3	3	30ml	Demerol 50mg/ml			
4	1	25/box	Demerol 50mg/ml 1ml amps			
5	1	10/box	Morphine 10mg carpject luer lock			
6	2	20ml	Morphine 15mg/ml vial			
7	1	10/box	Numorphan 1mg/ml amps			
8	5	5/box	Duragesic Patch 12mcg/hr			
9	2	5/box	Fentanyl Patch 50mcg/hr			
10	3	20ml	Nembutal 50mg/ml vial			
⑧ 8 LAST LINE COMPLETED (MUST BE 10 OR LESS)		SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT ⑨		<i>John Doe, M.D.</i>		
Date Issued		DEA Registration No.	Name and Address of Registrant			
Schedules		<b>Dr. John Doe 123 Anywhere Street Anywhere, US 12345</b>				
Registered as a						
DEA Form-222 (Oct. 1992)		U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II DRUG ENFORCEMENT ADMINISTRATION				

## REQUIREMENTS FOR PROPERLY COMPLETED 222 FORMS:

DEA requires that your 222 form address be the same as the address on your current DEA Certificate. DO NOT fill out suppliers DEA Registration No., National Drug Code, Packages Shipped and Date Shipped. This information will be completed by Southern Anesthesia & Surgical

- ① **Name of Supplier:** Southern Anesthesia & Surgical
- ② **Street Address:** One Southern Court
- ③ **City and State:** West Columbia, SC 29169
- ④ **Date:** Today's Date (the date you are filling the form out)
- ⑤ **Number of Packages:** The quantity of the drug being ordered.
- ⑥ **Size of Package:** The size of the drug being ordered (ie. 20ml, 10x5ml).
- ⑦ **Name of Item:** The name and description/strength of the drug being ordered (ie. Fentanyl vial, Fentanyl amps, Demerol 50mg/ml).
- ⑧ **Last Line Completed:** The number of different types of drugs being ordered, not the quantity (only one line should be completed for each item).
- ⑨ **Signature of Physician or Power of Attorney\*:** Unsigned forms cannot be processed.

**Mail the top two copies (Brown & Green) to us. Retain the bottom copy (Blue) for your records.**

\* (If the signature is anyone other than the Physician, we must have a copy of the Power of Attorney in our files.)

**If you have questions or would like assistance in completing your form, please call our DEA Compliance Team @ 1-888-222-3722.**