

SAMPLE DEA FORM 222

Place this sample with your blank DEA Form 222s for quick reference. Use this sample and the "7-Step Checklist" (below) to ensure your form is correct before mailing.

See Reverse of PURCHASER'S Copy for Instructions	No order form may be issued for Schedules I and II substances unless a completed application form has been received (21 CFR 1305.04).	OMB APPROVAL No. 1117-0010
TO: BUTLER SCHEIN ANIMAL HEALTH SUPPLY 1*		STREET ADDRESS 3820 TWIN CREEKS DRIVE
CITY and STATE COLUMBUS, OH 43204	DATE 2* MM/DD/YY	TO BE FILLED IN BY SUPPLIER SUPPLIER'S DEA REGISTRATION NO.
TO BE FILLED IN BY PURCHASER		
L I N E N o. No.	No. of Packages	Size of Package
1	3*	250 ML
2		20 ML
3		5x10ML
etc.		100ML
.		20 ML
.		50 ML
.		20 ML
.		30 ML
.		250 ML
.		5
		Name of Item
		National Drug Code
		Packages Shipped
		Date Shipped
		Socumb, 6 GR
		Hydromorphone Inj 2 MG/ML
		Morphine Sulfate PF 1MG/ML
		Sleepaway, 260MG or 4GR
		Morphine Sulfate, 15 MG/ML
		Fentanyl CIT, 50MCG/ML
		Demerol HCL, 100 MG/ML
		Demerol HCL, 50 MG/ML
		Fatal Plus
		Fentanyl Patches *(see below)
4* LAST LINE COMPLETED <small>(MUST BE 10 OR LESS)</small>		SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT 5* Sign Name HERE
Date Issued	DEA Registration No.	(Name and Address of Registrant) (NOTE: THE NAME AND ADDRESS APPEARING IN THIS BLOCK MUST BE EXACTLY THE SAME AS THE NAME AND ADDRESS ON THE DEA FORM 223 - CONTROLLED SUBSTANCE REGISTRATION)
Schedules		
Registered as a	Form No.	

U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II
SUPPLIER'S COPY 1

* Indicate Fentanyl Patches as 12mcg, 25mcg, 50mcg, 75mcg, or 100mcg

"7-Step Checklist"

1. The name of supplier, address, city and state is correct.
2. The form is dated.
3. The number of packages, size of package, and strength desired is correct.
4. The "NO. OF LINES COMPLETED" block is filled in.
5. The DEA Registrant or Power of Attorney has signed the form.
6. The form contains no erasures or alterations.
7. Remove the purchaser's copy (blue copy) and place in your records.