



## DEA 222 Sample Form and Instructions for Completion

<b>See Reverse of PURCHASER'S Copy for Instructions</b>		No order form may be issued for Schedule I and II substances unless a completed application form has been received. (21 CFR 1305.04).		<b>OMB APPROVAL No. 1117-0010</b>	
TO: (Name of Supplier) <b>1</b> Physician Supply Company, Limited			STREET ADDRESS <b>2</b> 5041 Spencer Highway, Suite 904		
CITY and STATE <b>3</b> Pasadena, TX 77505		DATE <b>4</b> today's date		<b>TO BE FILLED IN BY SUPPLIER</b>	
				SUPPLIERS DEA REGISTRATION No.	
<b>LINE No.</b>	<b>TO BE FILLED IN BY PURCHASER</b>				
	No. of Packages <b>5</b>	Size of Package <b>6</b>	Name of Item <b>7</b>		National Drug Code
1	2	1	Cocaine 4% Solution 4ml		
2	1	25	Demerol 25mg/0.5ml 0.5ml Amp		
3	4	10	Fentanyl Citrate 50mcg/ml 2ml Amp		
4	5	25	Fentanyl Citrate 50mcg/ml 2ml Vial		
5	2	10	Hydromorphone 2mg/ml 1ml Amp		
6	1	10	Morphine Sulf 4mg/ml 1ml C/J		
7	1	25	Morphine Sulf 5ml/ml 1ml Vial		
8					
9					
10					
<b>8</b> 7 ◀ <b>LAST LINE COMPLETED (MUST BE 10 OR LESS)</b>			SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT <b>9</b>		
Date Issued		DEA Registration No.		Name and Address of Registrant	
Schedules					
Registered as a		No. of this Order Form			
DEA Form - 222 (AUGUST 2011)		<b>U.S. OFFICIAL ORDER FORMS - SCHEDULES I &amp; II</b> DRUG ENFORCEMENT ADMINISTRATION			<b>162331009</b>
<b>SUPPLIER'S Copy 1</b>					

Do not write in this area.

**Requirements For Properly Completed 222 Forms:** The 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 or Date Shipped. This will be completed by Physician Supply Company.

- 1 Name of Supplier:** Physician Supply Company, Limited
- 2 Street Address:** 5041 Spencer Highway, Suite 904
- 3 City and State:** Pasadena, TX 77505
- 4 Date:** today's date ( the date you are completing the form)
- 5 No. of Packages:** the quantity of the packages being ordered
- 6 Size of Packages:** the size of the drug/package being ordered (ex. 50ml, 10x2ml)
- 7 Name of Item:** the name and description/strength of the drug ordered
- 8 Last Line Completed:** this number should correspond to the Line No. of the last line completed
- 9 Signature of Physician or Power of Attorney:** must be signed by physician or POA on file with us

**1-4** If a mistake is made in areas 1-4 you must **VOID the entire form** and start with a new form. We can not accept forms with any alterations in this area.

**5-7** If a mistake is made in areas 5-7, you will need to **VOID the line** and re-enter the product on the next available line. Do not write over mistakes in an attempt to make a correction. We cannot accept forms with any attempted alterations or errors.

Questions? Give us a call. **We are here to help!** 866.991.1665 or locally 281.991.1665