

Hospira S2 Order Instructions/Cover Letter

Please complete this cover letter and send with your original DEA 222 form to:

*Hospira
1635 Stone Ridge Drive
Stone Mountain, GA 30083*

Special Notes:

- **Please consider using an expedited, traceable mailing service such as Fed Ex, UPS, etc to send your DEA 222 form and this cover letter.**
- Hospira has different DEA 222 form acceptance criteria than wholesalers. Please utilize the Hospira Schedule II Controlled Substances List when completing your DEA 222 form. Please note the columns titled Number of Pkgs and Size of Package.
- DEA regulations do not allow Hospira to fulfill orders using a faxed 222 form. Please send original forms only.
- If your facility has not ordered direct from Hospira within the last 6 months, please also include a copy of your DEA registration.
- All orders less than 150 lbs will ship via Federal Express Ground service, unless expedited delivery is requested.

Facility Name: _____

Contact Name: _____

Purchase Order Number: _____

Hospira Customer/Account Number: _____

Contact Telephone Number: _____

**If expedited P1 delivery service is requested, please initial here: _____

- *By initialing, you are authorizing Hospira to charge your account the freight costs associated with expedited delivery.*

Products Requested:

Number of Packages:

National Drug Code (NDC):
