

Important things to remember when ordering your Schedule 2 and 2N Controlled Drugs



Listed below is detailed information to help you in filling out the DEA Form 222 for schedule 2 & 2N drugs. This form is only to be used in ordering schedule 2 & 2N drugs.

Do you have the correct MWI address on the form and envelope?

For states WA, OR, ID, CA, NV, UT, AZ: 8900 W. Hurley Avenue, Ste. 101, Visalia, CA 93291

For states CT, DC, DE, MA, MD, ME, MI, NH, NJ, NY, OH, PA, RI, VA, VT, WV:

1499 Zeager Road, Suite #2 Elizabethtown, PA 17022

For all other states: 2450 Midpoint Drive, Edwardsville, KS 66111

Is your address correct?

Product will be shipped to the address on the DEA license ONLY.

Do you have corrections on the form?

Form 222 can contain **NO corrections or strike-over marks.**

Did you sign your form?

This form is invalid without a proper signature. Must be signed by the DEA registrant or a person authorized by a power of attorney. MWI must have a copy of this power of attorney at one of our approved locations to process the order.

Did you keep the correct copy and mail the rest to MWI?

Please keep customer copy (BLUE copy) and mail remaining copies to MWI for processing at either our Edwardsville, KS, Elizabethtown, PA or Visalia, CA location, depending on which state your practice resides in (see above).

Did you look at the back of the blue copy?

Be sure to refer to the back of the blue copy of your 222 form for complete instructions.

SAVE THIS WITH YOUR 222 ORDER FORMS FOR FUTURE REFERENCE

Supplier's Address:
MWI's address

See Reverse of PURCHASER'S Copy for instructions		<small>No order form may be issued for Schedule I and II substances unless a completed application form has been received, (21 CFR 1303.04).</small>		OMB APPROVAL No. 1117-0010		
TO: (Name of Supplier) MWI Veterinary Supply			STREET ADDRESS *SEE ADDRESS ABOVE			
CITY and STATE *SEE ADDRESS ABOVE		DATE Mo-Day-Year	TO BE FILLED IN BY SUPPLIER SUPPLIER'S DEA REGISTRATION No.			
TO BE FILLED IN BY PURCHASER			(Blank) ← Leave blank			
LINE No.	No. of Packages	Size of Package	Name of Item	National Drug Co.	Packages Shipped	Date Shipped
1	12	Btl/100	Codeine 15mg tabs			
2	2	250cc	Fatal Plus, sodium pentobarbital, 6 grain/mL			
3	10	100cc	Sleepaway 260mg/mL			
4	5	20cc	Hydromorphone 2mg/mL			
5						
6						
7						
8						
9						
10						

Last Line Completed: Enter only the number of the lines used. In the example above, the last line completed would be 4.

SAMPLE

Signature: Must be signed by the DEA registrant or a person authorized by a power of attorney. MWI must have a copy of this power of attorney at one of our approved locations to process the order.

Registrant Address:
DEA registrant's address

LAST LINE COMPLETED (MUST BE 10 OR LESS)		SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT (Signature)	
Date Issued	DEA Registration No.	Name and Address of Registrant	
Schedules 2, 2N 3, 3N, 4, 5		Doe, E. John DVM ABC Veterinary Clinic 1234 Main Street Anywhere, USA	
Registered as a Practitioner	No. of this Order Form 123456789		

DEA Form -222 (Oct. 1992)

U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II
 DRUG ENFORCEMENT ADMINISTRATION
 SUPPLIER'S Copy 1

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If you have further questions, please contact your sales representative.