

## Ordering CII Medications with DEA 222 Form

**BEFORE YOU ORDER: CII** The comprehensive Drug Abuse Prevention and Control Act requires that DEA form 222( accompany all orders for Schedule II pharmaceuticals. All items in our catalog indicated by CII require this form. When placing an order for Schedule II drugs, please adhere to the following:

1. **1a.:** Name of Vendor/Wholesaler/Pharmacy
2. **Street Address:** Street Address of Vendor/Wholesaler/Pharmacy
3. **Date.:** Date you are filling out the form.
4. **Order Details:** MUST be filled in. If any part is left blank, the form will be returned to you for completion.
  - **No. of Packages:** The quantity of the drug being ordered (e.g., 1 x 10, 1 x 5).
  - **Size of Package:** The size of the drug being ordered (e.g., 20 ml, 10 x 5 ml).
  - **Name of Item:** The name and strength of the drug being ordered (e.g., Meperidine 25 mg./ml vial). List either brand or generic name-you CANNOT use *bJ21i1* names on the form.
  - **ONLY Schedule II or 11-N items** may be on the form; please enter all other items separately.
5. **Last Line Completed:** The line number that contains the LAST drug you are ordering. Do NOT skip any lines when completing form and use only one line per order. This field MUST be filled in. If this is left blank or incorrect, the form will be returned to you for completion (if blank) or replacement (if incorrect).
6. **Signature of Purchaser or Attorney or Agent:** You MUST sign this form. If the form is not signed, it will be returned for your signature. If it is signed by anyone other than the registrant, we must have a copy of the Power of Attorney form.
7. **Name and Address of Registrant:** Your preprinted address must match your currently registered address on your DEA Registration Certificate. NO alterations are permitted. Shipments of controlled substances must be sent to your current registered address only.
8. **Sending Form:** You must submit Supplier's Copy 1 (brown) and DEA Copy 2 (green) and the carbon between them to Vendor/Wholesaler/Pharmacy. If either of these copies is missing, the form will be returned for replacement. Please retain Copy 3 (blue) for your records.
9. **Alterations or corrections to the form are NOT permitted:** Absolutely **NO** part of the form may be altered or crossed out. If any part of the form is altered or crossed out, the form will be returned. A new, unaltered form must be submitted.
10. Please leave the National Drug Code blank until you receive your shipment. Once the ordered product is received, you should fill in the NDC, number of packages received, and date.

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	
1 (Name of Supplier)		2 STREET ADDRESS			
CITY and STATE		3 DATE		TO BE FILLED IN BY SUPPLIER	
		SUPPLIER'S DEA REGISTRATION No.			
4		TO BE FILLED IN BY PURCHASER			
LINE No.	No. of Packages	Size of Package	Name of Item	National Drug Code	Packages Shipped
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
5 LAST LINE COMPLETED (MUST BE 10 OR LESS)		6 SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT			
Date Issued		DEA Registration No.		7 Name and Address of Registrant	
Schedules					
Registered as a		No. of this Order Form			
DEA Form 222 (Oct. 1992)		U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II DRUG ENFORCEMENT ADMINISTRATION SUPPLIER'S Copy 1			