

**SAMPLE DEA FORM - 222  
U.S. OFFICIAL ORDER FORM  
SCHEDULE I & II**

<b>See Reverse of Purchaser's Copy of Instructions</b>		No order form may be issued for Schedule I and II substances unless a completed application form has been activated, (21 CFR 1305.04)				<b>OMB APPROVAL No. 1117-0010</b>	
TO: (Name of Supplier) <b>McKesson</b> <b>1</b>			STREET ADDRESS <b>495 S 107th Ave</b>				
CITY and STATE <b>Tolleson, AZ</b>		DATE <b>2</b>		<b>TO BE FILLED IN BY SUPPLIER</b>			
<b>TO BE FILLED IN BY PURCHASER</b>				SUPPLIER'S DEA REGISTRATION No.			
Line No.	No. of Packages	Size of Package	Name of Item	National Drug Code	Packages Shipped	Date Shipped	
1	<b>3</b>	100ct	Codeine Sulfate 30mg Tabs				
2		10bx	Duramorph 1mg/ml 10ml Amps				
3		5bx	Fentanyl Patch 12mcg/hr				
4		50ml	Fentanyl 50mcg/ml Vial				
5		25bx	Fentanyl 50mcg/ml 50ml Vial				
6		20ml	Hydromorphone 2mg/ml Vial				
7		30ml	Methadone HCL 10mg/ml Oral				
8		20ml	Methadone HCL 10mg/ml Vial				
9		5bx	Morphine Sulfate P/F 1mg/ml 10ml Vial				
10		100ct	Hydrocodone 5-1.5mg Tabs				
11		473ml	Hydrocodone Syrup 5-1.5mg/5ml				
12		10bx	Opana 1mg 1ml Amps				
<b>4</b> ← LAST LINE COMPLETED				SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT <b>5</b>			
Date Issued		DEA Registration No.		Name and Address of Registrant			
Schedules							
Registered as a		No. of this Order Form					

DEA Form-222  
(Oct 2010)

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

- DEA 222 FORM CHECKLIST**
- 1. Name of supplier, address, city, state, zip are correct.**
  - 2. Fill in the date the form is completed.**
  - 3. Number of packages, size and strength are correct.**
  - 4. Fill in the "Last Line Completed" space.**
  - 5. Authorized signature on the form.**
  - 6. Be sure the form does not contain any alterations.**
  - 7. Remove the purchaser's copy (BLUE) and retain for records.**