

## **Checklist for Completing Single-Sheet DEA Form 222**

## How to order Schedule II and IIN products from Covetrus North America using your 222 DEA Form:

- 1 THE NUMBER OF PACKAGES, SIZE OF PACKAGE, AND NAME OF ITEM: desired is correct
- 2 LAST LINE COMPLETED: Use 1 line per item. Enter ONLY the number of lines used. (In the example below, the last line completed would be 3.)
- 3 SIGNATURE/TITLE: of the DEA Registrant or Power of Attorney (must send copy of POA with every order)
- O DATE: Today's Date
- **6** ON THE 222 FORM FOR SUPPLIER ADDRESS (DEA 222 FORM)

Customers in:	CT, DC, DE, IN, IL, KY, MA, MD, ME, MI, NC,NH, NJ, NY, OH, PA, RI, SC, TN, VA, VT, WI, WV	И	and address: (only use this address within	Covetrus North America 3820 Twin Creeks Dr. Columbus, OH 43204
Customers in:	AK, AL, AR, AZ, CA, CO, FL, GA, HI, IA, ID, KS, LA, MN ,MO, MS, MT, ND, NE, NM, NV, OK, OR, SD, TX, UT, WA, WY	И	and address: (only use this address within	Covetrus North America 14800 FAA Blvd, STE 100 Ft. Worth, TX 76155

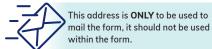
- 6 NO ERASURES OR ALTERATIONS: The form will be cancelled and returned
- 7 MAKE A COPY: Purchaser must make a copy of the order form for its records before mailing the original to the supplier.

## To order additional DEA 222 Form: Go to www.deadiversion.usdoj.gov | Click on Order Form Request (DEA 222)

PURCHASER INFORMATION YOUR NAME YOUR STREET ADDRESS YOUR CITY, STATE, ZIPCODE				REGISTRATION INFORMATION				SUPPLIER DEA NUMBER:#													
				REGISTRATION #: YOUR DEA REGISTRATION NUMBER			PART 2: TO BE FILLED IN BY PURCHASER														
				REGISTERED AS: YOUR PRACTICE TYF SCHEDULES: YOUR SCHEDULES	PΕ				COVETRUS NORTH AMERICA												
				ORDER FORM NUMBER: 123456789					BUSINESS NAME												
				DATE ISSUED: 11012019					REFER TO INSTRUCTION 5  STREET ADDRESS REFER TO INSTRUCTION 5												
				ORDER FORM 1 OF 3																	
							CITY, STATE, ZIP CODE														
					1		-			_,											
PART 1: TO BE FILLED IN BY PURCHASER					PART 5		PART 3: ALTERNATE SUPPLIER IDENTIFICATION to be filled in by														
YOUR PRINTED OR TYPED NAME AND TITLE						TO BE FILLED IN BY			first supplier (name in part 2) if order is endorsed to another supplier to fill.												
Prin	t or Type N	ame and T	itle		PURCH		ALTERNATE DEA#														
YOUR SIGNATURE 3 TODAY'S DATE 4							Signature – by first supplier														
Signature of requesting Official Date (must be authorized to sign order form)					-			Signature by mac supplier													
								OFFICIAL AUTHORIZED TO EXECUTE ON DATE													
									BEHALF OF SUPPLIER												
	NO. OF	PACKAGE			NUMBER	DATE	РΔ	RT 4.	TO F	RE FI	IIF	) IN F	N SI	IPPI	IFR			NUMBER	DATE		
ITEM	PACKAGES	SIZE		NAME OF ITEM	REC'D	REC'D		17411 4110 DETTEEED IN DI SOTT EIEN								SHIPPED					
1	1	20ML		ROMORPHONE 2MG/ML																	
2	3	250ML		ET EUS SULUTION																	
3	2	100CT	HYDF	ROCODONE/HOMATROPINE 5MG/1.5MG	i																
5							-		-					_							
6							-														
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17								$\Box$	$\neg$												
18																					
19																					
20																					
3	3 ← LAST LINE COMPLETED (MUST BE 20 OR LESS) (2)														1	1					

\*Indicate Fentanyl Patches as: 12mcg, 25mcg, 50mcg, 75mcg, or 100mcg





Covetrus North America Attn: Regulatory Affairs 400 Metro Place North Dublin, OH 43017