

**Avoid having your form returned! We're here to help!!!**  
**1.888.222.3722**

**DEA 222 Form Sample**

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	
TO: (Name of Supplier) <b>Southern Anesthesia &amp; Surgical ①</b>			STREET ADDRESS <b>One Southern Court ②</b>		
CITY and STATE <b>West Columbia, SC ③ 29169</b>		DATE <b>Today's Date ④</b>		TO BE FILLED IN BY SUPPLIER	
				SUPPLIERS DEA REGISTRATION NO.	
LINE No.	TO BE FILLED IN BY PURCHASER				
	No. of Packages	Size of Package ⑥	Name of Item	National Drug Code	Packages Shipped
1	⑤ 2	10 x 2ml	Fentanyl amps ⑦		
2	4	20ml	Fentanyl vial		
3	3	30ml	Demerol 50mg/ml		
4	1	25/box	Demerol 50mg/ml 1ml amps		
5	1	10/box	Morphine 10mg carpject luer lock		
6	1	500ml	Meperidine Syrup 50mg/5ml		
7	3	4ml	Cocaine 4% Topical Solution		
8	1	10 x 3ml	Ultiva 1mg/3ml vial		
9	1	100's	Oxycodone/APAP caps 5/500mg		
10					
⑧ LAST LINE COMPLETED (MUST BE 10 OR LESS)		⑨ SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT <i>John Doe, M.D.</i>			
Date Issued	DEA Registration No.		Name and Address of Registrant <b>Dr. John Doe 123 Anywhere Street Anywhere, US 12345</b>		
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			

**Requirements For Properly Completed 222 Forms:**

DEA requires that your 222 form address be the same as the address on your current DEA Certificate. DO NOT fill out suppliers DEA Registration No., National Drug Code, Packages Shipped and Date Shipped. This information will be completed by Southern Anesthesia & Surgical.

- ① **Name of Supplier:** Southern Anesthesia & Surgical
- ② **Street Address:** One Southern Court
- ③ **City and State:** West Columbia, SC 29169
- ④ **Date:** Today's Date (the date you are filling out the form)
- ⑤ **Number of Packages:** The quantity of the drug being ordered
- ⑥ **Size of Package:** The size of the drug being ordered (ie. 20ml, 10x5ml)
- ⑦ **Name of Item:** The name and description/strength of the drug being ordered (ie. Fentanyl vial, Fentanyl amps, Demerol 50mg/ml)
- ⑧ **Last Line Completed:** This number should correspond to the Line No. of the last line on which a product was ordered.
- ⑨ **Signature of Physician or Power of Attorney\*:** Unsigned forms cannot be processed. \*If the signature is anyone other than the Physician, we must have a copy of the Power of Attorney in our files.

**Mistake in this area? You will need to VOID your entire form and start with a new one. Please do not write over mistakes in an attempt to correct. This is considered an alteration. We cannot accept forms with alterations or errors.**

**Mistake in this area? You will need to VOID the line and re-enter the product on the next available line. Please do not write over mistakes in an attempt to correct. This is considered an alteration. We cannot accept forms with alterations or errors.**

**Mistake in this area? You will need to VOID your entire form and start with a new one. Please do not write over mistakes in an attempt to correct. This is considered an alteration. We cannot accept forms with alterations or errors.**

**Omission in this area? The form will be returned to the Purchaser for completion of entry.**

**Mail the top two copies (Brown & Green) to us. Retain the bottom copy (Blue) for your records.**