



**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>Midwest Veterinary Supply</b> ①			STREET ADDRESS <b>5374 Maly Road</b> ②		
CITY and STATE <b>Sun Prairie, WI 53590</b> ③			DATE <b>11/1/10</b> ④	TO BE FILLED IN BY SUPPLIER	
TO BE FILLED IN BY PURCHASER			SUPPLIER'S DEA REGISTRATION No.		
LINE No.	No. of Packages	Size of Package ⑥	Name of Item		National Drug Code
1	4 ⑤	250mL	<b>Fatal Plus Solution</b> ⑦		
2	3	5ct	<b>Fentanyl Patch, 25 mcg</b>		
3	2	5ct	<b>Fentanyl Patch, 50 mcg</b>		
4	6	20mL	<b>Morphine Injectable, 15mg/mL</b>		
5	2	20mL	<b>Hydromorphone Injectable, 2mg/mL</b>		
6					
7					
8					
9					
10					
5 ⑧ LAST LINE COMPLETED (MUST BE 10 OR LESS)			SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT ⑨ <i>-Sign Here-</i>		
Date Issued		DEA Registration No.	Name and Address of Registrant		
Schedules		Dr. Jonathan Doe 1234 Somewhere Street Anywhere, US 12345-0000-000			
Registered as a		No. of this Order Form			
DEA Form -222 (JANUARY 2010)		U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II DRUG ENFORCEMENT ADMINISTRATION SUPPLIER'S Copy 1			123456789

**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 Midwest Veterinary Supply.

- ① **Name of Supplier:** Midwest Veterinary Supply
- ② **Street Address:** 5374 Maly Road
- ③ **City and State:** Sun Prairie, WI 53590
- 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 (i.e. 20mL, 10x5mL)
- ⑦ **Name of Item:** The name and description/strength of the drug being ordered (ie. Fatal Plus vial)
- ⑧ **Last Line Completed:** This number should correspond to the line number 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.**

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

Mail the top two copies (Brown & Green with carbon intact) to us.  
Remove and retain the bottom copy (Blue) for your records.

Midwest Veterinary Supply  
If you have further questions please contact your local Midwest Veterinary Supply branch.