

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:** Enter quantity of items or packages being ordered (See below for example on ordering products containing multiples)
- 2 LAST LINE COMPLETED:** Use **1 line per item.** Enter **ONLY** the number of lines used (This number indicates how many different types of products being ordered. Each line counts as one)
- 3 PRINTED NAME/SIGNATURE/TITLE (No stamped signatures accepted):** of the DEA Registrant or of Power or Attorney (Must send copy of POA with every order)
- 4 DATE: Today's Date**
- 5 ON THE 222 FORM FOR SUPPLIER ADDRESS (DEA 222 FORM):** SUPPLIER DEA NUMBER below can be left blank

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	Complete 222 form with supplier name and address: (only use this address within the form, not to mail the form. Mailing address for form below.	RB0395219 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	Complete 222 form with supplier name and address: (only use this address within the form, not to mail the form. Mailing address for form below.	RB0393912 Covetrus North America 14800 FAA Blvd, STE 100 Ft. Worth, TX 76155

- 6 NO ERASURES, WHITE OUT OR ALTERATIONS:** The form must be error free or 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, ZIP CODE		REGISTRATION INFORMATION REGISTRATION #: YOUR DEA REGISTRATION NUMBER REGISTERED AS: YOUR PRACTICE TYPE SCHEDULES: YOUR SCHEDULES ORDER FORM NUMBER: 123456789 DATE ISSUED: 11012019 ORDER FORM 1 OF 3		SUPPLIER DEA NUMBER:# <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>			
PART 1: TO BE FILLED IN BY PURCHASER YOUR PRINTED OR TYPED NAME AND TITLE Print or Type Name and Title YOUR SIGNATURE 3 TODAY'S DATE 4 Signature of requesting Official (must be authorized to sign order form) Date		PART 5: TO BE FILLED IN BY PURCHASE		PART 2: TO BE FILLED IN BY PURCHASER COVETRUS NORTH AMERICA BUSINESS NAME SEE ADDRESS ABOVE (BASED ON YOUR STATE) 5 STREET ADDRESS SEE ADDRESS ABOVE (BASED ON YOUR STATE) CITY, STATE, ZIP CODE			
PART 3: ALTERNATE SUPPLIER IDENTIFICATION ... to be filled in by first supplier (name in part 2) if order is endorsed to another supplier to fill. ALTERNATE DEA# <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		Signature – by first supplier OFFICIAL AUTHORIZED TO EXECUTE ON BEHALF OF SUPPLIER DATE		PART 4: TO BE FILLED IN BY SUPPLIER NATIONAL DRUG CODE		NUMBER SHIPPED	DATE SHIPPED
ITEM	NO. OF PACKAGES	PACKAGE SIZE	NAME OF ITEM	NUMBER REC'D	DATE REC'D		
1	1	473ML	HYDRO/HOMA 5MG/1.5MG/5ML 1				
2	3	50ML	FENTANYL 50MCG/ML				
3	2	BX5	FENTANYL PATCH 12MCG				
4	1	20ML	METHADONE 10MG/ML				
5	4	20ML	HYDROMORPHONE 2MG/ML				
6	2	250ML	FATAL PLUS				
7	1	BX10	DURAMORPH 1MG/ML 10 AMP				
8	3	50ML	MORPHINE 50MG/ML				
9	1	30ML	DEMEROL 50MG/ML				
10	1	100CT	HYDROCODONE/APAP 10MG/325MG				
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
10	◀ LAST LINE COMPLETED (MUST BE 20 OR LESS) 2						

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

8 MAIL TO ADDRESS: This address is **ONLY** to be used to mail the form, it should not be used within the form.

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

For Schedule II/IIN or DEA 222 order questions, please email: 222orders@covetrus.com.