covetrus

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)
4. **DATE: Today's Date**
5. **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	**Complete 222 form with supplier name and address:** (only use this address within the form, **not** to mail the form)	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)	RB0393912 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

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:# ☐☐☐☐☐☐☐☐☐

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 1: TO BE FILLED IN BY PURCHASER

YOUR PRINTED OR TYPED NAME AND TITLE
Print or Type Name and Title

YOUR SIGNATURE 3
Signature of requesting Official
(must be authorized to sign order form)

TODAY'S DATE 4
Date

PART 5: TO BE FILLED IN BY PURCHASE

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# ☐☐☐☐☐☐☐☐☐

Signature – by first supplier

OFFICIAL AUTHORIZED TO EXECUTE ON BEHALF OF SUPPLIER

DATE

ITEM	NO. OF PACKAGES	PACKAGE SIZE	NAME OF ITEM	NUMBER REC'D	DATE REC'D	PART 4: TO BE FILLED IN BY SUPPLIER NATIONAL DRUG CODE	NUMBER SHIPPED	DATE SHIPPED
1	1	20mL	Hydromorphone 2mg/mL					
2	3	250mL	Fatal Plus Solution 1					
3	2	100ct	Hydrocodone/Homatropine 5mg/1.5mg					
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
3	← 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 call: 877-524-1215 or email: 222Orders@covetrus.com.

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