

## **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: 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	CT, DC, DE, IN, IL, KY, MA, MD, ME, MI, NC,NH, NJ, NY, OH, PA, RI, SC, TN, VA, VT, WI, WV	Þ	Complete 222 form with supplier name and address: (only use this address within the form, <b>not</b> to mail the form. Mailing address for form below.	RB0395219 Covetrus North America 3820 Twin Creeks Dr. Columbus, OH 43204
Customers	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, <b>not</b> to mail the form. Mailing address for form below.	RB0393912 Covetrus North America 14800 FAA Blvd, STE 100 Ft. Worth, TX 76155

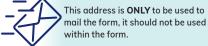
- (6) NO ERASURES, WHITE OUT OR ALTERATIONS: The form must be error free or will be cancelled and returned
- 7 MAKE A COPY: Purchaser must make a copy of the order form for its records before mailing the original to the supplier

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

PURCHASER INFORMATION			ON	REGISTRATION INFORMATION			SUPPLIER DEA NUMBER:#														
YOUR NAME				REGISTRATION #: YOUR DEA REGISTRATION NUMBER			PART 2: TO BE FILLED IN BY PURCHASER														
YOUR STREET ADDRESS				REGISTERED AS: YOUR PRACTICE TYPE			co	VETE	2116	NORT	н лм	EDIC	٨								
YOUR CITY, STATE, ZIPCODE				SCHEDULES: YOUR SCHEDULES ORDER FORM NUMBER: 123456789 DATE ISSUED: 11012019 ORDER FORM 1 OF 3			COVETRUS NORTH AMERICA BUSINESS NAME														
								SEE ADDRESS ABOVE (BASED ON YOUR STATE) 5													
										STREET ADDRESS											
l			SEE ADDRESS ABOVE (BASED ON YOUR STATE)																		
								CITY, STATE, ZIP CODE													
PART 1: TO BE FILLED IN BY PURCHASER						PART 5	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.														
YOUR PRINTED OR TYPED NAME AND TITLE					TO BE																
Print or Type Name and Title					FILLED 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)									OFFICIAL AUTHORIZED TO EXECUTE ON DATE												
						BEHALF OF SUPPLIER															
	NO. OF PACKAGE				NUMBER	DATE	PART 4: TO BE FILLED IN BY SUPPLIER NUMBER DATE														
ITEM	PACKAGES	SIZE		NAM	REC'D	REC'D	NATIONAL DRUG CODE SHIPPED SHIPPED														
1	1	473ML		RO/HOMA 5MG/																	
2	3	50ML		ANYL 50MCG/M																	
3	2	BX5		ANYL PATCH 12																	
4	1	20ML		IADONE 10MG/																	
5	4	20ML		ROMORPHONE :	2MG/ML																
6	2	250ML		L PLUS																	
7	1	BX10		MORPH 1MG/N																	
8	3	50ML		PHINE 50MG/ML	-																
9	1	30ML		ROL 50MG/ML																	
10	1	100CT	HYDR	ROCODONE/APA	AP 10MG/325MG																
11																					
12																					
13																					
14																					
15																					
16																					
17																					
18																					
19																					
20   10																					
10	4 I ACTII	NE COMPL	ETED /A	MIST BE 20 OR	I ESSI			1 7	T	Т				1	I						

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





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