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)**
   - 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: 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)
   - RB0393912 Covetrus North America
     14800 FAA Blvd, STE 100
     Ft. Worth, TX 76155
   - 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
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)

**PART 1:** TO BE FILLED IN BY PURCHASER

**PART 2:** TO BE FILLED IN BY PURCHASER

**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.

**PART 4:** TO BE FILLED IN BY SUPPLIER

**PART 5:** TO BE FILLED IN BY PURCHASE

**ITEM** | **NO. OF PACKAGES** | **PACKAGE SIZE** | **NAME OF ITEM** | **NUMBER REC’D** | **DATE REC’D** | **NATIONAL DRUG CODE** | **NUMBER SHIPPED** | **DATE SHIPPED**
--- | --- | --- | --- | --- | --- | --- | --- | ---
1 | 1 | 20mL | Hydromorphone 2mg/mL | 1 | | | | |
2 | 3 | 250mL | Fatal Plus Solution | | | | | |
3 | 2 | 100ct | Hydrocodone/Homatropine 5mg/1.5mg | | | | | |