

Checklist for Completing 222 Forms

How to order Schedule II and IIN products from Covetrus North America using your 222 DEA Form:

1 ON 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)	Covetrus North America 3820 Twin Creeks Dr. Columbus, OH
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)	Covetrus North America 14800 FAA Blvd, STE 100 Ft. Worth, TX

- 2 CURRENT DATE:** Form is valid for 60 days from this date.
- 3 THE NUMBER OF PACKAGES, SIZE OF PACKAGE, and NAME OF ITEM:** desired is correct.
- 4 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 8.)
- 5 SIGNATURE:** of the DEA Registrant or Power of Attorney (must send copy of POA with every order).
- 6 NO ERASURES OR ALTERATIONS:** The form will be cancelled and returned.
- 7 SUBMIT:** Copy 1 (brown) and Copy 2 (green). Remove and **KEEP** the Purchaser (blue) copy. Once your product is received complete the NDC, number of packages, and date received on the blue copy.

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

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

See Reverse of PURCHASER'S Copy for Instructions		No order form may be issued for Schedules I and II substances unless a completed application form has been received (21 CFR 1305.04).				OMB APPROVAL No.1117-0010			
TO: COVETRUS NORTH AMERICA 1			STREET ADDRESS SEE ADDRESS ABOVE (BASED ON YOUR STATE) 1						
CITY and STATE SEE ADDRESS ABOVE 1		DATE 2 MM/DD/YY 2		TO BE FILLED IN BY SUPPLIER					
			SUPPLIER'S DEA REGISTRATION NO. LEAVE BLANK						
TO BE FILLED IN BY PURCHASER									
LINE No.	No. of Package	Size of Package	Name of Item	National Drug Code				Packages Shipped	Date Shipped
1	1 3	250 ml	Socumb, 6 GR						
2	5	20 ml	Hydromorphone Inj 2MG/ML						
3	3	25x1ml	Hydromorphone Inj 2MG/ML						
4	1	50 ml	Fentanyl Cit,50MCG/ML						
5	1	20 ml or 50 ml	Nembutal Sodium 50mg/ml						
6	2	250 ml	Fatal Plus						
7	3	5	Fentanyl Patches *(see strength below)						
8	5	20ml	Methadone 200mg/20ml						
9									
10									
LAST LINE COMPLETED (Must be 10 or less) 4			SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT SIGN NAME HERE 5						
Date Issued		DEA Registration No.		Name and Address of Registrant (Note: The name and address appearing in this block must be exactly the same as the name and address on the DEA Form 223 – Controlled Substance Registration)					
Schedules									
Registered as a		Form No.							
U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II SUPPLIER'S COPY 1									

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