



Sample DEA 222 Form

See reverse of PURCHASER'S Copy for Instructions		OMB APPROVAL No. 1117-0010		
TO: (Name of Supplier) Wall Medical, Inc. 1		STREET ADDRESS 4485 Commerce Dr, Ste. 106 2		
CITY, STATE & ZIP CODE Buford, GA 30518 3		DATE: Today's Date 4	TO BE FILLED IN BY SUPPLIER	
LINE No.	TO BE FILLED IN BY PURCHASER		SUPPLIERS DEA REGISTRATION NUMBER:	
	No. of Packages	Size of Package	Name of Item	
	5 2 5	10 X 2 ml 6	Fentanyl Amps 7	National Drug Code
				Packages Shipped
				Date Shipped
10 8	LAST LINE COMPLETED (MUST BE 10 OR LESS)	SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT 9		
Date Issued	DEA Registration No.	Name and Address of Registrar: Dr. John Doe 1234 Any Street Any City, US 12345		
Schedules				
Registered as a	No. of this Order Form			

DEA Form - 222 (Oct. 1992) U.S. OFFICIAL FORMS - SCHEDULES 1 & 2 DRUG ENFORCEMENT ADMINISTRATION

REQUIREMENTS FOR PROPERLY COMPLETED 222 FORMS:

DEA requires that your 222 form address be the same as the address on your current DEA certificate. DO NOT fill out suppliers DEA Registration No., National Drug Code, Packages Shipped and Date Shipped. This information will be completed by Wall Medical.

- 1 Name of Supplier: Wall Medical, Inc.
- 2 Street Address: 4485 Commerce Dr, Ste. 106
- 3 City & State: Buford, GA 30518
- 4 Date: Today's Date (the date you are filling the form out)
- 5 Number of Packages: The quantity of the drug being ordered.
- 6 Size of Package: The size of the drug being ordered (ie. 20ml. 10x5ml).
- 7 Name of item: The name and description/strength of the drug being ordered (ie. Demerol 50mg/ml).
- 8 Last Line Completed: The number of different types of drugs being ordered, not the quantity. (Only one line should be completed for each item.)
- 9 Signature of Physician or Power of Attorney: Unsigned forms cannot be processed.

Mail the top two copies (Brown & Green) to us. Retain the bottom copy (Blue) for your records.

*(If the signature is anyone other than the Physician, we must have a copy of the Power of Attorney in our files.)