

DEA 222 Form Sample

- 1) Fill out 222 form following the guide on the back of the form. To have form verified for accuracy prior to mailing, email completed 222 form to dto@epicurpharma.com. (Epicur does not use CSOS.)
- 2) Make a copy of the form to save for your records. **Mail official copy to:** Epicur Pharma, Attn: DTO Team, 8000 Commerce Pkwy #600, Mt. Laurel, NJ 08054. Epicur will ship order once 222 form is received by mail.



Questions? Call 888-508-5032

= Must be filled out.

PURCHASER INFORMATION REGISTRANT'S NAME REGISTRANT'S STREET ADDRESS CITY, STATE, ZIP CODE	REGISTRATION INFORMATION REGISTRATION #: XXXXXXXXX REGISTERED AS: PRACTITIONER SCHEDULES: YOUR SCHEDULES ORDER FORM NUMBER: 123456789 DATE ISSUED: 01132020 ORDER FORM 1 OF 3	SUPPLIER DEA NUMBER:# <input style="width:100px; height:20px;" type="text"/> PART 2: TO BE FILLED IN BY PURCHASER EPICUR PHARMA Business Name 8000 COMMERCE PKWY, #600 Street Address MT. LAUREL NJ 08054 City, State, Zip Code
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PART 1: TO BE FILLED IN BY PURCHASER REGISTRANT'S PRINTED NAME AND TITLE Print or Type Name and Title REGISTRANT'S SIGNATURE Signature of Requesting Official (must be authorized to sign order form) TODAY'S DATE Date	PART 5: 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. ALTERNATE DEA# <input style="width:100px; height:20px;" type="text"/> Signature - by first supplier _____ OFFICIAL AUTHORIZED TO EXECUTE ON BEHALF OF SUPPLIER _____ DATE _____
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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	# OF VIALS	1.0	HYDROMORPHONE INJ 2 MG/ML					
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
	<----- LAST LINE COMPLETED (MUST BE #20 OR LESS)							

Sample