

**See Reverse of PURCHASER'S Copy for Instructions**

No order form may be issued for Schedule I and II substances unless a completed application form has been received (21 CFR 1305.04).

**OMB APPROVAL**  
No. 1117-0010

TO: (Name of Supplier)

STREET ADDRESS

CITY and STATE

DATE

**TO BE FILLED IN BY SUPPLIER**  
SUPPLIER'S DEA REGISTRATION No.

LINE No.	No. of Packages	Size of Package	TO BE FILLED IN BY PURCHASER		TO BE FILLED IN BY SUPPLIER	
			Name of Item	National Drug Code	Packages Shipped	Date Shipped
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**LAST LINE COMPLETED (MUST BE 10 OR LESS)**

SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT

Date Issued

DEA Registration No.

Name and Address of Registrant

Schedules

Registered as a

No. of this Order Form

DEA Form -222 (MAY 2008)

**U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II**  
DRUG ENFORCEMENT ADMINISTRATION  
SUPPLIER'S Copy 1

**134638801**