See Revers Copy	See Reverse of PURCHASER'S Copy for Instructions		application form has been	completed application form has been received; (21 CFR 1305.04).	No. 1117-0010	0010
TO: (Name of Supplier)	(4)		STREET ADDRESS	DDRESS		-
CITY and STATE		DATE		TO BE FILLED IN 1	D IN BY SUPPLIER	1
	TO BE FILLE	BE FILLED IN BY PURCHASER				
No. of S	Size of Package	Name of Item		National Drug Code	Packages Shipped	Date Shipped
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<b>▲</b> C00	COMPLETED (MI	MUST BE 10 OR LESS)	SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT	CHASER		
Date Issued	DEA Registration No.		Name and Address of Registrant	it.		
Schedules						
Registered as a	No. of this Order Form	rder Form	y = E Y.		10000000000000000000000000000000000000	
Registered as a  DEA Form -222	No. of this O	rder Form	g = t V.		10000000000000000000000000000000000000	