

DRUG ENFORCEMENT ADMINISTRATION (DEA) MAIL ORDER REPORT

Company Name,
Address,
Point of Contact and Telephone Number

COMPANY INFORMATION			PRODUCT INFORMATION								PURCHASER INFORMATION						SHIP TO INFORMATION					Date Info.			
Record Number	Trans. Type	DEA Registration Number	Product ID	Product Name	Chemical Code	Dosage Form	Dosage Strength	Package Size	No. of Pkgs.	Lot Number	First Name	Last Name	Address 1	Address 2	City	State Code	Zip Code	First Name	Last Name	Address 1	Address 2	City	State Code	Zip Code	Date of Shipment