

Single Page DEA Form 222: Ordering Schedule I and II Controlled Substances

Instructions



1. Complete Part 1 (highlighted in red in the example on page 2) and Part 2 (highlighted in blue).
2. Make a copy of the filled in form **before placing the order**.
3. Order the controlled substances, giving the original DEA Form 222 to the supplier, and retaining the copy for your own records.
4. Upon receipt of the controlled substances, complete Part 5 (highlighted in green) with the amount received and the date.

See an example of a completed form on page 2.

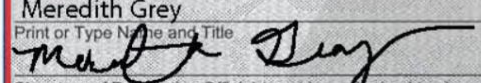
EXAMPLE

EXAMPLE

Step #2

PURCHASER INFORMATION 	REGISTRATION INFORMATION 	SUPPLIER DEA NUMBER:# <table border="1" data-bbox="1575 284 1953 341"> <tr> <td>R</td><td>G</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td> </tr> </table> <p>PART 2: TO BE FILLED IN BY PURCHASER BUSINESS NAME Seattle Grace Childrens-Department of General Surgery, MSRB 3 STREET ADDRESS 1150 W. Med Center Dr. Room #235B CITY, STATE, ZIP CODE Seattle, WA 48109</p>	R	G	1	2	3	4	5	6	7
R	G	1	2	3	4	5	6	7			

PART 1: TO BE FILLED IN BY PURCHASER

Meredith Grey
 Print or Type Name and Title

 Signature of Requesting Official (must be authorized to sign order form)

Step #1

Date: 1-30-2020

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 #

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Signature- by first supplier _____
 OFFICIAL AUTHORIZED TO EXECUTE ON BEHALF OF SUPPLIER _____ DATE _____

ITEM	NO. OF PACKAGES	PACKAGE SIZE	NAME OF ITEM	NUMBER REC'D	DATE REC'D	PART 4: TO BE FILLED IN BY SUPPLIER		NUMBER SHIPPED	DATE SHIPPED
						NATIONAL DRUG CODE			
1	1	250 ml	Pentobarbital 360 mg/ml	1	2/3/20				
2	1	10 ml	Fentanyl citrate 250 mcg/10 ml	1	2/3/20				
3									
4									
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14									
15									
16									
17									
18									
19									
20									
2									

Step #3, AFTER drugs are received

Supplier completes

Don't forget this box!

LAST LINE COMPLETED (MUST BE 20 OR LESS)