

# Checklist for Completing 222 Forms

<b>Customers in:</b> CT, DC, DE, IN, IL, KY, MA, MD, ME, MI, NC, NH, NJ, NY, OH, PA, RI, SC, TN, VA, WI, WV	<b>Complete the form with supplier name and address:</b> Henry Schein Animal Health, 3820 Twin Creeks Columbus, OH
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**TIPS FOR SUCCESSFUL ORDER COMPLETION:**

1. Current date. Form is valid for 60 days from this date.
2. The number of packages, size of package, and strength desired is correct.
3. "**LAST LINE COMPLETED**" see reverse of Purchaser's copy instructions 7 and 8.
4. Signature of the DEA Registrant or Power of Attorney (must send copy of POA with every order).
5. No Erasures or Alterations. The form will be cancelled and returned.
6. Submit Copy 1(brown) and Copy 2(green). Remove and keep the Purchaser blue copy.\*Once your Product is received complete the NDC, number of packages and date received on the blue copy.

See Reverse of PURCHASER'S Copy for Instructions		No order form may be issued for Schedules I and II substances unless a completed application form has been received (21 CFR 1305.04).				OMB APPROVAL No. 1117-0010	
TO: <b>HENRY SCHEIN ANIMAL HEALTH</b> <b>1</b>			STREET ADDRESS <b>See Address Above</b>				
CITY and STATE <b>See Address Above</b>		DATE <b>2 MM/DD/YY</b>		TO BE FILLED IN BY <b>SUPPLIER</b> SUPPLIER'S DEA REGISTRATION NO.			
L I N E N o.	TO BE FILLED IN BY PURCHASER			National Drug Code		Package Shipped	Date Shipped
	No. of Packages	Size of Package	Name of Item				
	<b>3</b>	250 ml	Socumb, 6 GR				
		20 ml	Hydromorphone Inj 2 MG/ML				
		10 ml	Recuvyra 50 mg/ml				
	etc.	50 ml	Fentanyl Cit, 50MCG/ML				
	.	B x 10	Opana 1MG/ML				
	.	20 ml or 50 ml	Nembutal Sodium 50mg/ml				
	.	5 x 20 ml amp	Fentanyl Citrate 50MCG/ML ampules				
	.	250 ml	Fatal Plus				
.	5	Fentanyl Patches *(see strength below)					
.	20ml	Methadone 200mg/20ml					
	100 ct	Hydrocodone Bit/Homatropine 5mg					
	473ml	Hydrocodone/Homa Syrup 5mg/1.5mg					
<b>4</b> LAST LINE COMPLETED (MUST BE 10 OR LESS)		SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT <b>5</b> Sign Name <b>HERE</b>					
Date Issued	DEA Registration No.	(Name and Address of Registrant) (NOTE: THE NAME AND ADDRESS APPEARING IN THIS BLOCK MUST BE EXACTLY THE SAME AS THE NAME AND ADDRESS ON THE DEA FORM 223 - CONTROLLED SUBSTANCE REGISTRATION)					
Schedules Registered as a		Form No.	U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II SUPPLIER'S COPY 1				

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**\*Indicate Fentanyl Patches as: 12mcg, 25mcg, 50mcg, 75mcg, or 100mcg**

**For Schedule 2/2N or DEA 222 order questions:  
CALL 1-877-524-1215 or Email [222Orders@HenryScheinVet.com](mailto:222Orders@HenryScheinVet.com).**