# Checklist for Completing Single-Sheet DEA Form 222

## How to order Schedule II and IIN products from Covetrus North America using your 222 DEA Form:

1. **THE NUMBER OF PACKAGES, SIZE OF PACKAGE, AND NAME OF ITEM:** desired is correct
2. **LAST LINE COMPLETED:** Use 1 line per item. Enter ONLY the number of lines used. (In the example below, the last line completed would be 3.)
3. **SIGNATURE/TITLE:** of the DEA Registrant or Power of Attorney (must send copy of POA with every order)
4. **DATE:** Today’s Date
5. **ON THE 222 FORM FOR SUPPLIER ADDRESS (DEA 222 FORM):**
   - Customers in: CT, DC, DE, IN, IL, KY, MA, MD, ME, MI, NC, NH, NJ, NY, OH, PA, RI, SC, TN, VA, VT, WI, WV
   - Complete 222 form with supplier name and address: Covetrus North America 3820 Twin Creeks Dr. Columbus, OH 43204
   - Customers in: AK, AL, AR, AZ, CA, CO, FL, GA, HI, IA, ID, KS, LA, MN, MO, MS, MT, ND, NE, NM, NV, OK, OR, SD, TX, UT, WA, WY
   - Complete 222 form with supplier name and address: Covetrus North America 14800 FAA Blvd, STE 100 Ft. Worth, TX 76155
6. **NO ERASURES OR ALTERATIONS:** The form will be cancelled and returned
7. **MAKE A COPY:** Purchaser must make a copy of the order form for its records before mailing the original to the supplier.

---

## PURCHASER INFORMATION
- **YOUR NAME**
- **YOUR STREET ADDRESS**
- **YOUR CITY, STATE, ZIPCODE**

## REGISTRATION INFORMATION
- **REGISTRATION #: YOUR DEA REGISTRATION NUMBER**
- **REGISTERED AS:**
- **SCHEDULES:**
- **ORDER FORM NUMBER:** 123456789
- **DATE ISSUED:** 11012019

## SUPPLIER DEA NUMBER:
- [Redacted]

## PART 2: TO BE FILLED IN BY PURCHASER
- **BUSINESS NAME**
- **STREET ADDRESS**

## PART 3: ALTERNATE SUPPLIER IDENTIFICATION
- **OFFICIAL AUTHORIZED TO EXECUTE ON BEHALF OF SUPPLIER**

## PART 4: TO BE FILLED IN BY SUPPLIER
- **NATIONAL DRUG CODE**

## PART 5: TO BE FILLED IN BY PURCHASER
- **SIGNATURE**
- **TODAY’S DATE**

### ITEM
<table>
<thead>
<tr>
<th>NO. OF PACKAGES</th>
<th>PACKAGE SIZE</th>
<th>NAME OF ITEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>20ML HYDROMORPHONE 2MG/ML</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>250ML FATAL PLUS SOLUTION</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>100CT HYDROCODONE/HOMATROPINE 5MG/1.5MG</td>
</tr>
</tbody>
</table>

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

---

**MAIL TO ADDRESS:**

This address is ONLY to be used to mail the form, it should not be used within the form.

Covetrus North America
Attn: Regulatory Affairs
400 Metro Place North
Dublin, OH 43017

---

**To order additional DEA 222 Form:** Go to www.deadiversion.usdoj.gov | Click on Order Form Request (DEA 222)

---

© 2019 Covetrus. All Rights Reserved. No copying without permission. Not responsible for typographical errors. Lit. No. 19RGT331 (12/2019)