



Avoid having your form returned! We're here to help!!!

Call our DEA Compliance Team **1.888.222.3722, prompt 5.**

DEA 222 Form Sample (New Single-Page)

Once completed, make a copy for your records and mail original to us.

PURCHASER INFORMATION Dr. John Doe 123 Anywhere Street Anywhere, US 12345			REGISTRATION INFORMATION REGISTRATION #: REGISTERED AS: SCHEDULES: ORDER FORM NUMBER: DATE ISSUED:			FILL IN SUPPLIER DEA NUMBER: ① <input type="text"/> PART 2: TO BE FILLED IN BY PURCHASER ② ACE SOUTHERN Surgical Solutions BUSINESS NAME ③ One Southern Court STREET ADDRESS ④ West Columbia, SC 29169 CITY, STATE, ZIP CODE						
PART 1: TO BE FILLED IN BY PURCHASER ① Print or Type Name and Title ⑩ <i>John Doe, M.D.</i> Signature of Requesting Official (must be authorized to sign order form) _____ Date _____				PART 5: TO BE FILLED IN BY PURCHASER ⑤ Today's Date _____		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# <input type="text"/> Signature - by first supplier _____ Official authorized to execute on behalf of supplier _____ Date _____						
ITEM	NO. OF PACKAGES ⑥	PACKAGE SIZE ⑦	⑧ NAME OF ITEM	NUMBER REC'D	DATE REC'D	PART 4: TO BE FILLED IN BY SUPPLIER NATIONAL DRUG CODE				NUMBER SHIPPED	DATE SHIPPED	
1	2	10 x 2ml	Fentanyl amps									
2	4	20ml	Fentanyl vial									
3	3	30ml	Demerol 50mg/ml									
4	1	10/box	Morphine 2mg/ml 1ml Carpujects									
5												
6												
7												
8												
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11												
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16												
17												
18												
19												
20												
4 ⑨	← LAST LINE COMPLETED (MUST BE 20 OR LESS)											

Requirements For Properly Completed 222 Forms:

DEA requires that your 222 form address be the same as the address on your current DEA Certificate. DO NOT fill out Supplier DEA Number in Part 2, or anything in Part 3. This information will be completed by ACE SOUTHERN after your order has shipped.

- ① **Fill in Supplier DEA Number:** Please call 888.222.3722, prompt 5 for assistance
- ② **Business Name:** ACE SOUTHERN Surgical Solutions
- ③ **Street Address:** One Southern Court
- ④ **City, State, Zip Code:** West Columbia, SC 29169
- ⑤ **Date:** Today's Date (the date you are filling out the form)
- ⑥ **Number of Packages:** The quantity of the drug being ordered
- ⑦ **Package Size:** The size of the drug being ordered (ie. 10x2ml, 20ml)
- ⑧ **Name of Item:** The name and description/strength of the drug being ordered (ie. Fentanyl amps, Fentanyl vial, Demerol 50mg/ml)
- ⑨ **Last Line Completed:** This number should correspond to the Line Item No. of the last line on which a product was entered
- ⑩ **Signature of Physician or Power of Attorney***
**If the signature is anyone other than the Registered Physician, we must have a copy of the Power of Attorney on file.*
- ⑪ **Printed name and title of person signing the form**

Mistake anywhere on this form? You will need to VOID your entire form, keep on file for your records, and start with a new one. Please do not write over mistakes in an attempt to correct. This is considered an alteration. We cannot accept forms with alterations or errors.