

Sample DEA Form 222

See Reverse of PURCHASER's
Copy for Instructions

No order form may be issued for Schedule I and II substance unless
completed application form has been received. (21 CFR 1305.04).

OMB APPROVAL
NO. 1117-0010

TO: **Southeastern Emergency Equip.** STREET ADDRESS **5760 Hwy. 96 W**

CITY and STATE Youngsville, NC 27596			DATE Today's Date	TO BE FILLED IN BY SUPPLIER		
			SUPPLIER DEA REGISTRATION No.			
TO BE FILLED IN BY PURCHASER						
No. of Packages	Size of Package	Name of Item	National Drug Code	Packaging Shipped	Date Shipped	
1	2	10 carp	Morphine Sulfate 10mg/ml 1ml			
2	1	25 vials	Fentanyl Citrate 0.05mg/ml 2ml			
3	1	25 amps	Demerol 50mg/ml 1ml			
4	2	10 carp	Hydromorphone 2mg/ml 1ml			
5						
6						
7						
8						
9						
10						

4	LAST LINE COMPLETED	(MUST BE 10 OR LESS)	SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT
			Authorized Signature
Date Issued	DEA Registration No.	Name and Address of Registrant	
Schedules			
Registered as a	No. of this Order Form		