See Reverse of PURCHASER'S Copy for Instructions

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

OMB APPROVAL No. 1117-0010

TO: *(Name of Supplier)* OMEGA PHARMACY FIRST MEDICAL

STREET ADDRESS 3777 86TH STREET

CITY and STATE URBANDALE, IOWA

DATE TODAYS DATE

TO BE FILLED IN BY PURCHASER

LINE No.	No. of Packages	Size of Package	Name of Item
1	1	25 X 2ML	FENTANYL .05MG/ML CPJ
2	1	25 X 5ML	FENTANYL .05MG/ML AMP
3	1	10ML	FENTANYL .05MG/ML VIAL
4	1	20ML	FENTANYL .05MG/ML VIAL
5	1	50ML	FENTANYL .05MG/ML VIAL
6			
7			
8			
9			
10			

TO BE FILLED IN BY SUPPLIER

SUPPLIERS DEA REGISTRATION No.

ional Drug Code	Packages Shipped	Date Shipped

DO NOT WRITE IN THIS AREA

5 ◀ LAST LINE COMPLETED *(MUST BE 10 OR LESS)*

SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT

SIGNATURE OF AUTHORIZED PERSON

Date Issued | DEA Registration No. | Name and Address of Registrant

NO MISTAKES OR CORRECTIONS ARE ALLOWED BY THE DEA

Registered as a: DISTRIBUTOR

No. of this Order Form: 180820633

DEA Form - 222 (AUGUST 2011)

U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II

DRUG ENFORCEMENT ADMINISTRATION

SUPPLIER'S Copy 1

W 185030100

1. Use typewriter or ballpoint pen. Make three clear, legible copies of each form.

2. Grip the right stub firmly, grasp left stub and snap to remove a 3-part manifold set from the booklet. **Copies 1 and 2 must not be separated nor the carbon removed. Suppliers will refuse to fill your order unless copies 1 and 2 are received with carbon intact.** The triplicate copy must be retained by you at the registered address, available for inspection by enforcement officers, for two years after the date of the order. (When items are received, the date of receipt and the number of items received must be recorded in the spaces provided on the triplicate copy.)

3. Do not make erasures or alterations. In case of error, void all copies of the form and keep on file. The supplier cannot fill your order if the form bears any erasure or alteration.

4. If more than ten line items are ordered, additional order forms must be used.

5. The order form must be dated and signed as of the day it is submitted for filling.

6. Sign the order form in the same way you signed your application for registration. A person properly authorized by a power of attorney, on file at the registered location as set forth in 21 CFR 1305.5, may sign on behalf of the purchasing registrant. In such cases the officer or agent will indicate the capacity in which he signs, as "Secretary," "Agent," "Attorney in-fact," etc.

7. Only one item may be ordered on a single line. A line item is any number of units of the same description, i.e., the same kind of drug and the same size of container, or the same number and size of dosage units. If an order form containing an item which is not a Schedule I or II Controlled Substance is submitted, that item should be voided and not filled pursuant to the order form.

8. Enter the last line completed - this generally should correspond to the number of lines used. If a number has not been entered, the form will be returned to you for completion before the supplier is allowed to fill it.

9. All transfers of Schedules I and II Substances must be made on official order forms, as indicated in number 7, above, with the following exceptions only:

a. Schedule II Substances dispensed to a patient by a duly registered practitioner.

b. Schedule II Substances procured by a patient on a prescription of a practitioner.

10. A registrant is entitled to order only those substances which he is authorized to handle. A Schedule I substance may be handled only where authorization for a specific substance is granted. It is the responsibility of the supplier to verify this authorization.

11. If an order form sent to a supplier is lost in the mail, or your book or unused order forms should become lost, stolen, or misplaced, the full facts should be communicated to the Drug Enforcement Administration Division Office serving your area, so that proper precautions can be taken to prevent their misuse by unauthorized persons.

12. If you should move from the address entered by the DEA on these forms, or discontinue your business or profession, all unused forms should be returned to the Drug Enforcement Administration Headquarters, Attn: Registration Section / ODRR, P.O. Box 2639, Springfield, VA 22152-2639, along with your Registration Certificate for cancellation.

13. Order forms must be maintained separately from all other records of the registrant.

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the DEA-FOI/Records Management Section/Operations Unit (SARO), 8701 Morrissette Drive, Springfield, VA 22152; and to the Office of Management and Budget, Paperwork Reduction Project No.1117-0010, Washington, D.C. 20503.