



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			STREET ADDRESS 8515 DOUGLAS AVE SUITE 23		
CITY and STATE URBANDALE, IOWA		DATE TODAY'S DATE	TO BE FILLED IN BY SUPPLIER		
			SUPPLIERS DEA REGISTRATION No.		
TO BE FILLED IN BY PURCHASER					
LINE No.	No. of Packages	Size of Package	Name of Item	Code	Date Shipped
1	1	25 X 2ML	FENTANYL .05MG/ML VIAL		
2	1	25 X 5ML	FENTANYL .05MG/ML VIAL		
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					
5 LAST LINE COMPLETED (MUST BE 10 OR LESS)			SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT SIGNATURE OF DOCTOR, DENTIST OR AUTHORIZED PERSON		
Date Issued		DEA Registration No.		Name and Address of Registrant	
Schedules					
Registered as a		No. of this Order Form			
DEA Form -222 (Oct. 2004)		U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II DRUG ENFORCEMENT ADMINISTRATION SUPPLIER'S Copy 1			111396315

DO NOT WRITE IN THIS AREA

NO MISTAKES OR CORRECTIONS ARE ALLOWED BY THE DEA

- ⇒ ONLY FILL IN INFORMATION FOR MEDICATIONS AND SIZES BEING ORDERED
- ⇒ YOU MAY ORDER AS MANY PACKAGES AS YOU NEED
- ⇒ A CURRENT COPY OF A DEA LICENCE MUST BE ON FILE WITH OMEGA PHARMACY
- ⇒ MAIL TOP TWO COPIES TO OMEGA PHARMACY, 8515 DOUGLAS AVE SUITE 23, URBANDALE, IOWA, 50322. ATTN DEA 222 PROCESSING, KEEP THE BOTTOM COPY FOR YOUR RECORDS
- ⇒ IF YOU HAVE ANY QUESTIONS CALL 800-247-1633 BEFORE FILLING OUT THE DEA FORM 222
- ⇒ YOU MAY FAX THE COMPLETED FORM TO 515-278-6714 FOR REVIEW BEFORE MAILING. ORDERS CANNOT BE PROCESSED UNTILL THE ORIGINAL FORM IS RECEIVED