

PLEASE READ INSTRUCTIONS ON THE FORM CAREFULLY AND COMPLETE IN FULL.
PLEASE PRINT CLEARLY.
IF FURTHER CLARIFICATION IS NEEDED, PLEASE CALL (800) 350-0397.

SHIPPER INFORMATION:				WHOLESALE INFORMATION:			
DEA NAME:				NAME:			
DBA NAME:							
ADDRESS:				ADDRESS:			
ADDRESS:				ADDRESS:			
CITY:	STATE:	ZIP:		CITY:	STATE:	ZIP:	
EXP ACCT#:	BUYING GROUP:			WHSL ACCT#:			

Shipper Phone No.: () - DEA No.: DEA Exp. Date _____

Print Name (Authorized Registrant) _____ Signature (Authorized Registrant) _____ Date _____

PLEASE NOTE - THIS FORM IS NOT AN AUTHORIZATION TO RETURN SCHEDULES I & II ITEMS. UPON RECEIPT A "DEA 222 ORDER FORM" WILL BE MAILED TO YOU. ONCE YOU RECEIVE THE COMPLETED "DEA 222 FORM" ONLY THE SCHEDULE I & II ITEMS LISTED AND QUANTITY SPECIFIED MAY BE RETURNED.
NOTE: **EXP Pharmaceutical Services** RECOMMENDS USING A SHIPPING METHOD THAT CAN **TRACK AND CONFIRM DELIVERY** OF YOUR SHIPMENT.

ITEM NO	FULL PKG		PARTIAL PKG			COMPLETE IN FULL AND PLEASE PRINT CLEARLY	
	QTY	PKG SIZE	QTY	PARTIAL COUNT	PKG SIZE	ITEM NAME (Description including Name, Form and Strength)	NATIONAL DRUG CODE
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							