



Single Page DEA Form 222: Ordering Schedule I & II Controlled Substances

1. Complete **part 1** and **part 2** of DEA Form-222 and **MAKE A COPY OF THE FORM BEFORE ORDERING.**
2. Order your controlled substances and give the original DEA Form-222 to the supplier, retain the copy for your own records.
3. Upon receipt of the controlled substances, complete **Part 5** with the date and amount received.

See the example completed form on [page 2](#).

EXAMPLE

EXAMPLE

Step #2

PURCHASER INFORMATION



REGISTRATION INFORMATION



SUPPLIER DEA NUMBER:#

R G 1 2 3 4 5 6 7

PART 2 TO BE FILLED IN BY PURCHASER

Seattle Grace Childrens-Department of General Surgery, MSRB 3
BUSINESS NAME
1150 W. Med Center Dr. Room #235B
STREET ADDRESS
Seattle, WA 48109
CITY, STATE, ZIP CODE

PART 1 TO BE FILLED IN BY PURCHASER

Meredith Grey

Print or Type Name and Title

Signature of Requesting Official (must be authorized to sign order form)

Step #1

1-30-2020

Date

PART 5 TO BE FILLED IN BY PURCHASER

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 #

Empty grid for alternate DEA number

Signature- by first supplier

OFFICIAL AUTHORIZED TO EXECUTE ON BEHALF OF SUPPLIER

DATE

PART 4: TO BE FILLED IN BY SUPPLIER

NATIONAL DRUG CODE

NUMBER SHIPPED

DATE SHIPPED

Supplier completes

| ITEM | NO. OF PACKAGES | PACKAGE SIZE | NAME OF ITEM | NUMBER REC'D | DATE REC'D |
|------|--|--------------|--------------------------------|--------------|------------|
| 1 | 1 | 250 ml | Pentobarbital 360 mg/ml | 1 | 2/3/20 |
| 2 | 1 | 10 ml | Fentanyl citrate 250 mcg/10 ml | 1 | 2/3/20 |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
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| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |
| 20 | | | | | |
| 2 | LAST LINE COMPLETED (MUST BE 20 OR LESS) | | | | |

Step #3, AFTER drugs are received

Don't forget this box!

LAST LINE COMPLETED (MUST BE 20 OR LESS)