

Controlled Substance Ordering System Available

DEA 222 Form Preparation

DEA's CSOS program allows for secure electronic controlled substances orders without the supporting paper DEA Form 222.

Ordering Freedom:

CSOS transactions are the only allowance for electronic ordering of Schedule I and II controlled substances, but may also be used for Schedule III-V substances. Additionally, CSOS has no line item limit for a single order.

Faster Transactions:

CSOS certificates contain the same identification information as DEA Form 222, which allows for timely and accurate validation by the supplier. Faster transactions allow for just-in-time ordering and smaller inventories.

Accurate Orders:

CSOS reduces the number of ordering errors.

Decreased Cost:

Order accuracy and decreased paper work result in a lower transaction cost.

For more information or to enroll, please contact your Account Manager.



Customer Service Representatives are available to assist in completing and mailing DEA 222 forms to purchase Schedule II products.
877.530.1633

Proper Preparation of Single-Sheet **DEA 222 Form** Order Form

Use the following instructions for completing your **DEA 222 Order Form** and sending to VistaPharm.

Part 1

1. "Signature of Requesting Official" line must have the name printed and person's title. Signed by person with legal authority and state what authority is with DEA.
2. Current date.
3. List items ordered: "No. of Packages," "Size of Package," "Name of Item (with strength)"
4. Fill in "Last Line Completed." This number should represent the number of lines completed

Part 2

5. Supplier's DEA Registration, name and DEA registered address is RV0422220 • VistaPharm Inc. • 13701 66th Street North • Largo, FL 33771

Part 3 and Part 4

6. Do NOT fill in area marked PART 3 or PART 4.
7. Do NOT alter printed information in "Purchaser Information" or "Registration Information" sections. If your name or address has changed, contact your Regional DEA Office. Shipment can only be made to the address printed on the DEA 222 Order Form.

8. Federal Regulations Do NOT allow suppliers to accept DEA 222 Order Forms containing Corrections, Alterations, or Write-overs. If a mistake is made while completing a form, you must VOID the form and issue a new one.
9. The DEA 222 Order Form is mailed to the following address: VistaPharm Inc. • 13701 66th Street North • Largo, FL 33771

Part 5

10. Once shipment has been received, on your copy of the DEA 222 form, in PART 5; fill in "Number Received" and "Date Received". Send a copy to your local DEA office.
11. The approved abbreviation for the product Methadone HCL Oral Concentrate Cherry is Methadone HCL O/C Cherry. The approved abbreviation for the product Methadone HCL Sugar-Free is Methadone HCL SFDF. Only one item may be entered on each numbered line. Do not use more than one line per product.

Make a copy of the front and back of the form for your records. Send the ORIGINAL DEA 222 Form to VistaPharm. Refer to the back of your DEA 222 Form for further instructions for completing these forms.

PURCHASER INFORMATION VISTAPHARM INC. 13707 66TH ST N LARGO, FL 33771-4902			REGISTRATION INFORMATION REGISTRATION #. RV0279023 REGISTERED AS: ANALYTICAL LAB SCHEDULES:1,2,3,4 ORDER FORM NUMBER: 193376538 DATE ISSUED: 10302019 ORDER FORM1 OF 3			SUPPLIER DEA NUMBER:# PART 2: TOB BE FILLED IN BY PURCHASER			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>														
PART 1: TO BE FILLED IN BY PURCHASER			PART 5: TO BE FILLED IN BY PURCHASER			PART 3: ALTERNATIVE SUPPLIER IDENTIFICATION - TO BE FILLED IN BY FIRST SUPPLING																	
PRINT OR TYPE NAME AND TITLE 1			DATE 2			ALTERNATE DEA#			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>														
SIGNATURE OF REQUESTING OFFICIAL (MUST BE AUTHORIZED TO SIGN ORDER FORM)			DATE			SIGNATURE BY FIRST SUPPLIER			OFFICIALLY AUTHORIZED TO EXECUTE ON BEHALF OF SUPPLIER			DATE											
ITEM	NO OF PACKAGES	PACKAGE SIZE	NAME OF ITEM	NUMBER REC'D	DATE REC'D	PART 4: TO BE FILLED OUT BY SUPPLIER NATIONAL DRUG CODE 6						NUMBER SHIPPED	DATE SHIPPED										
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2																							
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4			LAST LINE COMPLETED (MUST BE 20 OR LESS)																				