



PROPER PREPARATION OF SINGLE-SHEET DEA 222 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)". The approved abbreviations:
 - Methadone HCL Oral Concentrate Cherry 10mg/mL is Methadone HCL O/C Cherry 10mg/mL
 - Methadone HCL Oral Concentrate Sugar-Free/Dye-Free 10mg/mL is Methadone HCL O/C SFDF 10mg/mL
 Only one item may be entered on each numbered line. Do not use more than one line per product.
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 LLC., 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 LLC., 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".

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 YOUR BUSINESS NAME YOUR BUSINESS ADDRESS YOUR CITY, STATE ZIP CODE	REGISTRATION INFORMATION REGISTRATION #XXXXXXXX REGISTERED AS: XXXXXXXXXXXXXXXX SCHEDULES: X, X, X, X ORDER FORM NUMBER: XXXXXXXXX DATE ISSUED: XXXXXXXX ORDER FORM X OF X	SUPPLIER DEA NUMBER:# PART 2: TO BE FILLED IN BY PURCHASER RV0422220 VISTAPHARM, LLC. BUSINESS NAME 13701 66TH ST N 5 STREET ADDRESS LARGO, FL 33771 CITY, STATE, ZIP CODE
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PART 1: TO BE FILLED IN BY PURCHASER YOUR NAME AND TITLE 1 PRINT OR TYPE NAME AND TITLE YOUR SIGNATURE SIGNATURE OF REQUESTING OFFICIAL (MUST BE AUTHORIZED TO SIGN ORDER FORM)	DATE 2 DATE	PART 5: TO BE FILLED IN BY PURCHASER PART 3: ALTERNATIVE SUPPLIER IDENTIFICATION - TO BE FILLED IN BY FIRST SUPPLIER ALTERNATE DEA# SIGNATURE BY FIRST SUPPLIER OFFICIALLY AUTHORIZED TO EXECUTE ON BEHALF OF SUPPLIER DATE
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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										NUMBER SHIPPED	DATE SHIPPED
1	4	1000 mL	Methadone HCL O/C Cherry 10mg/mL														
2	4	1000 mL	Methadone HCL O/C SFDF 10mg/mL														
3	1	100	Methadone HCL 40mg Tablet														
4	1	100	Methadone HCL 10mg Tablet														
5	1	100 G	Methadone HCL USP Powder														
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
1-20																	

 LAST LINE COMPLETED (MUST BE 20 OR LESS) 4

Ordering
 877.530.1633
 Option 2
 order@paipharma.com

Distribution & Mail Your 222 Forms
 VistaPharm, LLC.
 13701 66th Street North
 Largo, FL 33771

Medical
 877.530.1633
 Option 3

- Form Reminders**
- Print clearly
 - Send forms with sufficient time to process
 - Remember to sign
 - Keep product descriptions limited to appropriate boxes without going out of the box
 - NO cross outs or erasures
 - Don't post-date form
 - Don't fill in the NDC

Fill in Last Line Completed