

Date:

Power of Attorney for DEA Order Forms and Orders for Narcotics

Registrant Name:	
DEA Registration Number:	
Facility Name:	
Address:	
City:	
State:	
Zip / Postal Code:	
Contact Name:	
Phone Number:	
Email Address:	
The following individuals are authorized to sign DEA Form 222 and/or Buprenorphine or Buprenorphine/Nalaxone order forms used to order scheduled narcotics. All signatures must be physical ink signatures.	
Name:	Signature:
It is the responsibility of the Registrant to notify VistaPharm of any changes to this list as soon as possible.	
DEA Registrant	Signature