



Power of Attorney for DEA Order Forms and Orders for Narcotics

Date:

Registrant Name / Facility Name:

DEA Registration Number:

DEA Registrant Agent 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.

Name:	Signature: _____
Name:	Signature: _____
Name:	Signature: _____
Name:	Signature: _____
Name:	Signature: _____

It is the responsibility of the Registrant Agent to notify VistaPharm of any changes to this list as soon as possible.

DEA Registrant Agent Name

Signature

