

DEA 222 ORDER FORM

PROPER PREPARATION OF SINGLE-SHEET DEA 222 ORDER FORM

Use the following instructions for completing your DEA 222 Order Form.

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/mLOnly one item may be entered on each numbered line. Do not use more than one line per product. Keep text within each appropriate box.
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: RP0569840 | PAI Pharma, 1700 Perimeter Rd, Building A, Greenville, SC 29605

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:
PAI Pharma, 1700 Perimeter Rd, Building A, Greenville, SC 29605

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 Greenville, SC. 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: XXXXXXXXXXXX
SCHEDULES: 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
PAI PHARMA
BUSINESS NAME
1700 PERIMETER RD, BUILDING A
STREET ADDRESS
GREENVILLE, SC 29605
CITY, STATE, ZIP CODE

RP0569840

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)

ITEM	NO OF PACKAGES	PACKAGE SIZE	NAME OF ITEM	NUMBER RECD	DATE RECD	PART 4: TO BE FILLED OUT BY SUPPLIER		NUMBER SHIPPED	DATE SHIPPED
						NATIONAL DRUG CODE	HALF OF SUPPLIER		
1	4	1000 mL	Methadone HCL O/C Cherry 10mg/mL						
2	4	1000 mL	Methadone HCL O/C SFDF 10mg/mL						
3	12	100	Methadone HCL 40mg Tablet						
4	1	100	Methadone HCL 10mg Tablet						
5	1	100 G	Methadone HCL USP Powder						
6	4	4000mL	Methadone HCL O/C Cherry 10mg/mL						
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 0
order@paipharma.com

Medical
877.530.1633
Option 2

Distribution & Mail Your 222 Forms
PAI Pharma
1700 Perimeter Rd
Building A
Greenville, SC 29605

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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

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Fill in Last Line Completed