

Preparing your DEA Form - 222

IMPORTANT: This form is **TIME SENSITIVE** and **WILL EXPIRE 60 DAYS** from the date issued. If more than 10 NDC's have been submitted, multiple forms will be required to complete your C2 return.

1. COMPLETING THE DEA FORM - 222

INDICATE the total number of packages to be shipped and the **DATE YOU INTEND TO SHIP** your C2 inventory.

2. ENTERING ORDER FORM NO. & PRINTING A CARRIER LABEL

Login to the Customer Portal and **EDIT** the open inventory with the status indicating **"Awaiting Form - 222"**. Enter your **DEA Form - 222 No.**, found in the bottom-left portion of the form under the heading **No. of this Order Form**, and click **SUBMIT**. You will be prompt to validate your **MedFlat ID** Number. A carrier label will automatically generate in a new tab.

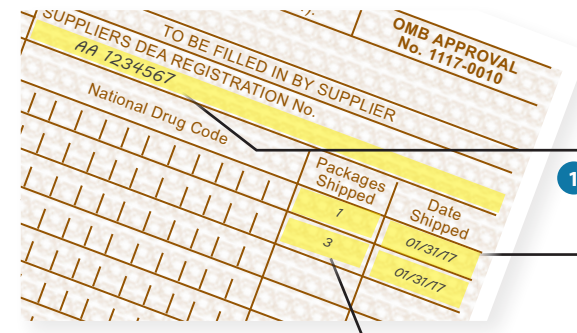
*If your MedFlat already has a carrier label, enter your **MedFlat ID** and **tracking number** before selecting **SUBMIT**.

3. DEA FORM - 222 & COPIES

Keep the **top copy (brown ink)** along with your **return paperwork** for your records, forward the **middle copy (green ink)** to your local DEA field office. Make a **copy** of the **DEA Form - 222⁽¹⁾** and your **MedFlat Customer Return Inventory⁽²⁾**, then include both forms with your flat before sealing and sending.

ADDITIONAL INFORMATION REGARDING PROPER SHIPMENT OF MEDFLATS® IS AVAILABLE ONLINE AT MEDFLATS.COM/SUPPORT.ASPX OR YOU CAN CONTACT US AT 800.257.3527.

To find your local DEA office, visit <http://www.deadiversion.usdoj.gov/> & click on the **"Find your local DEA office"** link.

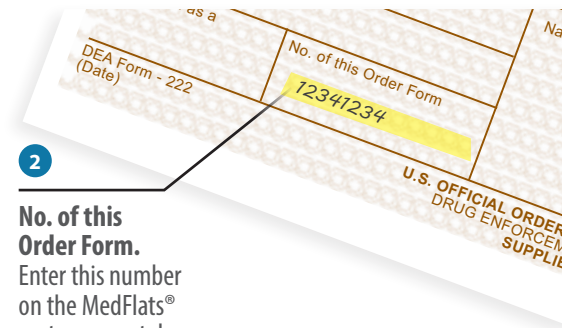


1 Enter your **DEA** number.

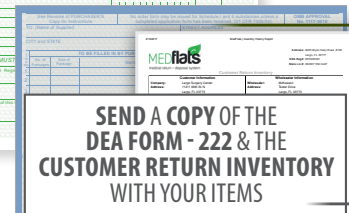
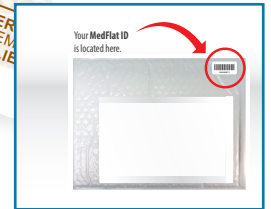
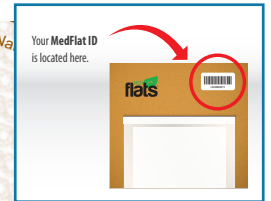
Enter the **date you will ship** your C2 return.



Enter how many **packages** will be shipped for the corresponding product(s). *Please notify our Compliance Department if the quantities change.



2 **No. of this Order Form.** Enter this number on the MedFlats® customer portal.



3 Keep the **Brown DEA Form - 222** copy along with your **return paperwork** for your future records.

Please send your **Green DEA Form - 222** copy to your **local DEA Field office.**

Include a **copy** of your **DEA Form - 222** & the **MedFlat Customer Return Inventory.**