

**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<sup>(1)</sup>** and your **MedFlat Customer Return Inventory<sup>(2)</sup>**, 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](http://MEDFLATS.COM/SUPPORT.ASPX) OR YOU CAN CONTACT US AT 800.257.3527.**

See Reverse of PURCHASER'S Copy for Instructions		No order form may be issued for Schedule I and II substances unless a completed application form has been received, (21 CFR 1305.04).		OMB APPROVAL No. 1117-0010		
TO: (Name of Supplier) ABC PHARMACY			STREET ADDRESS 12345 MAIN STREET			
CITY and STATE TAMPA, FLORIDA		DATE 01/01/2017	TO BE FILLED IN BY SUPPLIER SUPPLIERS DEA REGISTRATION No. AA 1234567			
TO BE FILLED IN BY PURCHASER						
L N E No.	No. of Packages	Size of Package	Name of Item	National Drug Code	Packages Shipped	Date Shipped
1.	1	6/15	APAP OXYCODONE HYDROCHLORIDE	5 9 0 1 1 0 4 4 0 1 0	1	01/31/2017
2.	3	100/100	LILLY/ MORPHINE SULFATE 15 MG/ML INJ	2 1 6 3 7 0 1	3	01/31/2017
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
LAST LINE COMPLETED (MUST BE 10 OR LESS)			SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT			
Date Issued 12/29/2016	DEA Registration No. RP0260581	Name and Address of Registrant PHARMALINK 8285 BRYAN DAIRY ROAD # 200 LARGO, FL 33777				
Schedules 2, 2N, 3, 3N, 4, 5						
Registered as a REVERSE DISTRIBUTOR	No. of this Order Form 2 120114602					
DEA Form - 222 (Date) (JANUARY 2017)		U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II DRUG ENFORCEMENT ADMINISTRATION SUPPLIER'S Copy 1		1XX2134710		

**KEEP & FILE**  
**SEND TO DEA**

**1** Enter your **DEA registration number** here.

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

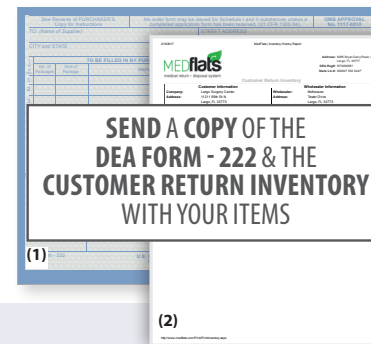
Enter how many **packages** will be shipped for the corresponding product(s). \*Please notify our Compliance Department if the quantities change.

= 1  
 + + = 3

**3** Keep the **brown DEA Form 222** copy along with your return paperwork for 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**.



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