

DEA REQUIREMENTS FOR ORDERING REGULATED DRUGS FROM ACE

Orders will be placed on hold if these requirements have not been met.

STEP YOUR DEA CERTIFICATE - FORM 223

1

- ACE **NEEDS** a copy of a **DEA License** which **MUST MATCH** Form 222 and **SHIPPING ADDRESS**.
- This is **NOT** a state issued certificate, it **MUST SAY FORM 223** on it. It should say: **"Controlled Substance Registration Certificate, Drug Enforcement Administration, Washington DC"**

STEP STATE-ISSUED LICENSE: DENTAL, PHYSICIAN ETC...

2

- This is **NOT** a State Controlled Substance Registration Certificate. It should be state-issued.
- This License **MUST SHOW** these 4 important items: **Doctor's Name, License Number, Doctor is licensed as a Dentist or Physician, Expiration Date** (current, not expired)

STEP PROPERLY COMPLETED DEA 222 FORM - SEE BELOW

3

- This form is **MANDATORY** for **Schedule II Drug** orders
- Class III and Class IV Drugs do not need to be on this form, but ACE still needs to have the items from STEP 1 and STEP 2 (above) on file and up to date.

Visit the DEA web site:
www.deadiversion.usdoj.gov

- Order DEA 222 Drug Order Forms
- Update your DEA Form 223 Certificate
- Reprint your DEA Form 223 Certificate

ORDERING SCHEDULE II DRUGS: HOW TO PREPARE A DEA 222 FORM

Requirements for Properly Completed 222 Forms:

1. **TO: Name of Supplier** must be: **ACE Surgical Supply Co., Inc.**
2. **Street Address:** **1034 Pearl Street**
3. **City and State:** **Brockton, MA 02301**
4. **Date:** **Today's date**
5. **Number of Packages:** The quantity of the drug being ordered
6. **Size of Package:** The size of drug being ordered (ie: 20ml, 10 x 5ml)
7. **Name of Item:** Name and description of drug being ordered (ie: Fentanyl .05 mg/ml)
8. **Number of lines completed or number of items ordered:**
The number of different types of drugs ordered (not quantity)
9. **Signature of Doctor or Power of Attorney**
(When signature is Power of Attorney — we must have a copy on file)
10. Forward the top 2 copies (Brown and Green) to ACE Surgical. Keep the bottom copy (Blue) for your records.
11. **Copies 1 and 2 must not be separated** nor the carbon removed. ACE Surgical will refuse to fill your order unless copies 1 and 2 are received with carbon intact.
12. **If mistakes are made, use a new form. The DEA 222 form cannot be accepted with ANY changes or strikeouts.**
13. A Federal DEA certificate (form 223 - see above) matching the DEA 222 form must be on file at ACE Surgical in order for shipment to be made.
14. If you should move from the address entered by the DEA on these forms, or discontinue your business or profession, all unused forms must be returned to: **Drug Enforcement Administration, P.O. Box 28083, Central Station, Washington, D.C. 20038-8083**, along with your Registration Certificate for cancellation.
15. Please leave the National Drug Code blank until you receive your shipment. Once the ordered products is received, you should fill in the NDC and number of packages received and date.

PLEASE BE SURE TO FILL IN THE AREAS NUMBERED

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) ACE Surgical Supply Co., Inc. 1				STREET ADDRESS 1034 Pearl Street 2		
CITY AND STATE Brockton, MA 02301 3			DATE 4	TO BE FILLED IN BY SUPPLIER		
				SUPPLIER'S DEA REGISTRATION NO.		
TO BE FILLED IN BY PURCHASER						
LINE No.	No. of Packages	Size of Packages	Name of Item	National Drug Code	Packages Shipped	Date Shipped
1	5	30ml	6 Herol 50 mg/ml Amps 7			
2	1	10 x 2ml	Fentanyl 0.05 mg/ml Amps			
3	1	10 x 5ml	Fentanyl 0.05 mg/ml Amps			
4	1	10ml x25	Fentanyl 0.05 mg/ml Vial			
5	1	2ml x25	Fentanyl 0.05 mg/ml Vial			
6	1	20ml x25	Fentanyl 0.05 mg/ml Vial			
7	1	10 x 1ml	Morphine 10mg/ml			
8	1	20ml	Morphine 15 mg/ml			
9						
10						
8 NO. OF ITEMS ORDERED (MUST BE 10 OR LESS)				9 SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT		
Date Issued		DEA Registration No.		Name and Address of Registrant		
Schedules						
Registered as a		No. of this Order Form				
DEA Form - 222 (Oct. 1992)						

DEA 222 Forms Expire after 60 days and orders will be cancelled.

