

7 Steps to Complete DEA Form 222

Please follow these instructions closely. Per Federal regulations any form that has been altered or contains errors will be voided and returned to you.

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1. Complete PART 1 of the form:

- A. Enter purchaser name, signature, and date.** This is the person who signs the DEA application and renewals, or any individual who has been authorized by a power of attorney. Your Medical Director may or may not be the authorized agent.
- B. Since controlled substances are not returnable,** please be very specific with the product information. Please see our Controlled Substance listing to obtain size of package and full descriptions.
- C. No. of packages** - indicate the number of boxes you would like to order.
- D. Size of package** - indicate the number of units per box.
- E. Name of item** - drug name, concentration and delivery format (ie. amp, carpject, vial, etc.).
- F. Do NOT forget** to complete the last line in the box of part one. Last line completed: indicate the number of lines you used to complete your order (ie. if you wrote on one line, write the number "1")

2. Complete PART 2:

- G. Enter Business Name** as Bound Tree Medical. Select the Bound Tree address that corresponds with your shipping location [please see map to determine]. Use this Bound Tree address to complete Street Name, City, and State.
- H. Note:** Bound Tree Medical will complete the Supplier DEA Number #

3. Do NOT write in PART 3 or PART 4. Bound Tree will complete these sections.

4. Make a copy of the completed form for your records.

5. Order your controlled substances.

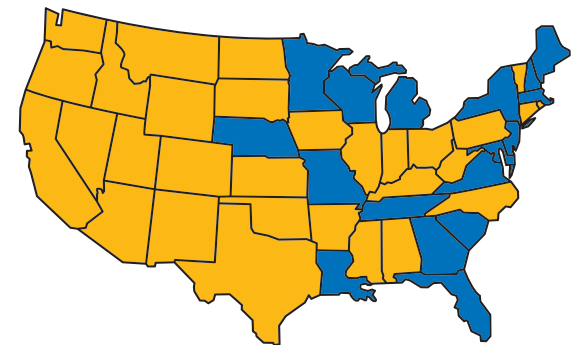
6. Upon receipt of the controlled substances, complete PART 5 with the date and amount received.

7. File order form for your records.

Please mail your completed Form 222 via FedEx or UPS to the Bound Tree Medical address you used as the supplier information [see map below to determine servicing Bound Tree Medical Distribution Center].

We recommend sending your 222 form in a way that can be tracked. The Bound Tree Medical Distribution Center shipping these items must have the original Form 222 in its possession prior to shipping your order.

Bound Tree Shipping Location Addresses



● Bound Tree Medical, LLC
2243 N. Plaza Drive
Visalia, CA 93291

● Bound Tree Medical, LLC
481 Airport Industrial Dr.
Suite 101
Southaven, MS 38671

PURCHASER INFORMATION



REGISTRATION INFORMATION



SUPPLIER DEA NUMBER:#

H

Bound Tree completes this.

PART 2: TO BE FILLED IN BY PURCHASER

BUSINESS NAME

G

STREET ADDRESS

CITY, STATE, ZIP CODE

PART 1: TO BE FILLED IN BY PURCHASER

Print or Type Name and Title

A

Signature of Requesting Official (must be authorized to sign order form)

Date

B

| ITEM | NO. OF PACKAGES | PACKAGE SIZE | Be very specific! | NAME OF ITEM | NUMBER REC'D | DATE REC'D |
|------|-----------------|--------------|-------------------|--------------|--------------|------------|
| 1 | C | D | | E | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
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| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |

PART 5: TO BE FILLED IN BY PURCHASER

Upon receipt of the controlled substances, complete PART 5 with the date and amount received.

PART 3: ALTERNATE SUPPLIER IDENTIFICATION - to be filled in by first supplier (Name in part 2) if order is endorsed to another supplier to fill

ALTERNATE DEA #

Grid for alternate DEA number

Signature- by first supplier

OFFICIAL AUTHORIZED TO EXECUTE ON BEHALF OF SUPPLIER

DATE

PART 4: TO BE FILLED IN BY SUPPLIER

NATIONAL DRUG CODE

NUMBER SHIPPED

DATE SHIPPED

Bound Tree completes PART 3 & 4

F

LAST LINE COMPLETED (MUST BE 20 OR LESS)

Don't forget this box!