



304 Boston Post Road - Old Saybrook CT 06475
Phone 860-388-4599 FAX 860-388-4699

Controlled Medication and FORM 222 Instructions

We are stocking three Class II Meds which require the form 222. Below is a list of the meds and the requirements for how to fill out the form for those specific medications. **You must fill out the portions marked in BLUE only.**

If you need a medication not listed or if you need assistance please call us.

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) Common Cents EMS Supply LLC			STREET ADDRESS 304 Boston Post Road		
CITY AND STATE Old Saybrook CT			DATE TODAYS DATE		
TO BE FILLED IN BY PURCHASER					
LINE No.	No. of Packages	Size of Package	Name of Item		
1	2	5 x 10mL	MORPHINE SULFATE 1mg/ml 10ml SDV		
2	1	25 x 2mL	FENTANYL CIT INJ 50mcg/mL SDV		
3					
4					
5					
6					
7					
8					
9					
10					
TO BE FILLED IN BY SUPPLIER					
SUPPLIER'S DEA REGISTRATION No.					
National Drug Code		Packages Shipped	Date Shipped		
PLEASE DO NOT WRITE IN THIS AREA					
LAST LINE COMPLETED (MUST BE 10 OR LESS)			SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT		
2			MEDICAL DIRECTOR SIGNATURE		
Date Issued	DEA Registration No.	Name and Address of Registrant			
3/17/2016	AB0123456	LASTNAME, FIRST NAME MD			
Schedules		NAME OF THE FACILITY PRODUCTS SHIPPING TO			
2, 2N, 3, 3N, 4, 5		STREET ADDRESS			
Registered as a	No. of this Order Form	CITY, STATE, ZIP CODE			
PRACTITIONER	123456789				
DEA Form - 222 (AUGUST 2011)					
U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II					
DRUG ENFORCEMENT ADMINISTRATION					
SUPPLIER'S Copy 1					
SEND BROWN COPY AND CARBON PAPER TO COMMON CENTS EMS SUPPLY LLC					
DEA Form - 222 (AUGUST 2011)					
U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II					
DRUG ENFORCEMENT ADMINISTRATION					
DEA Copy 2					
SEND GREEN COPY AND CARBON PAPER TO COMMON CENTS EMS SUPPLY LLC					
DEA Form - 222 (AUGUST 2011)					
U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II					
DRUG ENFORCEMENT ADMINISTRATION					
PURCHASER'S Copy 3					
KEEP BLUE COPY FOR YOUR RECORDS					

To order form 222's from the DEA please visit <https://apps.dea diversion.usdoj.gov/webforms/orderFormsRequest.jsp?>

MAIL FORM 222 to Common Cents EMS Supply LLC - 304 Boston Post Road - Old Saybrook CT 06475

Class II Medications shown on the sample Form 222 on other side

Class II
NDC 00409-9094-22



25 each of 2ML
FENTANYL CIT INJ
50mcg/mL SDV

Class II
NDC 0409-3815-12



5 each of 10ML
MORPHINE SUL INJ
1mg/mL SDV

For Class III and Class IV Medications shown below we need to have a copy of your Medical Directors most current DEA License and a Common Cents EMS Supply LLC Prescription Authorization Form showing the Medication on file. An example of their DEA License is shown here. The below medications DO NOT require a form 222.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537		
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
AB0123456	3/17/2018	\$731.00
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2, 2N, 3, 3N, 4, 5	PRACTITIONER	3/17/2017
LASTNAME, FIRST NAME MD NAME OF THE FACILITY PRODUCTS SHIPPING TO STREET ADDRESS CITY, STATE, ZIP CODE		

Form DEA-223 (4/07)

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

If you need a medication not listed or if you need assistance please call us.

Class III
NDC 00409-2051-05



10 each of 5 mL
Ketamine HCl
100mg/mL MDV

Class IV
NDC 00409-6778-02



10 each of 1 mL
Lorazepam
2 mg/mL MDV

Class IV
NDC 00409-2308-01



10 each of 1mL
Midazolam HCl
5mg SDV

Class IV
NDC 00409-2308-02



10 each of 2mL
Midazolam HCl
10mg SDV



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Prescription Pharmaceutical Authorization Form

Organization: _____

Ship to Address: _____

Bill to Address: _____

Contact Name: _____ Title: _____

Contact E-Mail _____ @ _____

Contact Phone: _____ Contact Fax: _____

We will keep this on file for your organization for future purchases

We must have this form completed and signed by your Medical Director in order for us to ship any prescription pharmaceuticals to you. After your Medical Director completes the form please either mail it to Common Cents EMS Supply LLC, 304 Boston Post Road, Old Saybrook CT 06475 or fax it to 860-388-4699

It is required that you send a COPY of your Medical Directors DEA License when you send us a copy of this form. This is not optional

I hereby authorize designated members of the above organization to order

_____ Unlimited Pharmaceuticals

— OR —

_____ Limited Pharmaceuticals (authorized items listed on page 2)

Print Medical Director's Name: _____

Medical Director's Signature: _____

DEA License Number: _____ Date: _____

DEA License Number: _____ Date: _____