

DEA FORM-222 U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II
DRUG ENFORCEMENT ADMINISTRATION OMB APPROVAL No. 1117-0010

PURCHASER INFORMATION

REGISTRATION INFORMATION

SUPPLIER DEA NUMBER: [] [] [] [] [] [] [] [] [] []

PART 2: TO BE FILLED IN BY PURCHASER

BUSINESS NAME PuraGraft

STREET ADDRESS 22001 Northpark Dr. Suite 700

CITY, STATE, ZIP CODE Kingwood, TX 77339

PART 1: TO BE FILLED IN BY PURCHASER

1 Smith, John Q DDS

2 Today's Date

3 Smith, John Q DDS

PART 5: TO BE FILLED IN BY PURCHASER

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 # [] [] [] [] [] [] [] [] [] []

Signature - by first supplier

OFFICIAL AUTHORIZED TO EXECUTE ON BEHALF OF SUPPLIER DATE

PART 4: TO BE FILLED IN BY SUPPLIER

ITEM	NO. OF PACKAGES	PACKAGE SIZE	NAME OF ITEM	NUMBER REC'D	DATE REC'D	NATIONAL DRUG CODE	NUMBER SHIPPED	DATE SHIPPED
1	1	50mL	Meperidine 50 mg/mL vial					
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
1	LAST LINE COMPLETED (MUST BE 20 OR LESS)							

Purchaser and Registration information: your preprinted address must coincide with your current registered address on your DEA Registration Certificate. NO alterations are permitted. Shipments of controlled substances must be sent to your registered address only.

PART 1 to be completed by purchaser:

- 1. Name and Title** must be printed
- 2. Date** must state the current date
- 3. Signature** of the authorized or purchaser. If signing on behalf of the purchasing registrant, indicate "attorney-in-fact," "by power of attorney," "designated agent," or "secretary" immediately after the signature.
- 4. No. of packages** should state the quantity of the drug being ordered (e.g., 1, 1x10, 1x25)
- 5. Size of packages** should state the size of the drug being ordered (e.g., 20 mL, 10/Box, 10x5 mL, 25/Box)
- 6. Name of item** is the name and strength of the drug being ordered (e.g., Meperidine 50 mg/mL Vial). If a specific brand is needed, please send a note attached to the Form 222. Note: only list Schedule II items on the form and do not skip any lines.
- 7. Last Line Completed** must list the line number for the last drug you are ordering. If this is left blank or incorrect, the form will be returned to you.

Part 2 to be completed by purchaser:

- 8. Business name/address** is PuraGraft, 22001 Northpark Drive, Suite 700, Kingwood, TX 77339

PART 3 & PART 4 to be completed by Young Surgical.

You MUST leave these blank when you send the form to us.

PART 5 will be completed by the purchaser when the product arrives.

You MUST leave this blank when you send the form to us.

SENDING THE FORM:

Make a copy of the form to retain in your records and mail the original copy to:

PuraGraft
22001 Northpark Drive, Suite 700
Kingwood, TX 77339

If any part of the form is altered or crossed out, the form will be returned. A new, unaltered form must be submitted.