DEA FORM-222

U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II
DRUG ENFORCEMENT ADMINISTRATION

OMB APPROVAL No. 1117-0010

PURCHASER INFORMATION

TRAVIS, BARBER
HAPPY PETS VETERINARY SUPPLY
3949 LYNN STREET
CAMBRIDGE, MA 02141IPSUM

REGISTRATION INFORMATION

REGISTRATION #: RB000000
REGISTERED AS: PRACTITIONER
SCHEDULES: 2,2N,3,3N,4,M5
ORDER FORM NUMBER: 000000000
DATE ISSUED: 11102019
ORDER FORM: 3 OF 3

SUPPLIER DEA NUMBER:# RA0593219

PART 2: TO BE FILLED IN BY PURCHASER

AMATHEON ANIMAL HEALTH
BUSINESS NAME

1301 NW 84TH AVE STE 101A
STREET ADDRESS

MIAMI, FL 33126
CITY, STATE, ZIP CODE

PART 1: TO BE FILLED IN BY PURCHASER

YOUR NAME AND TITLE
Print or Type Name and Title

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

TODAY'S DATE
Date

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

ITEM	NO. OF PACKAGES	PACKAGE SIZE	NAME OF ITEM	NUMBER REC'D	DATE REC'D
1	1	100CT	CODEINE 15MG TABS		
2	1	100CT	CODEINE 30MG TABS		
3	1	100CT	CODEINE 60MG TABS		
4	2	10BX	DURAMORPH 1MG/ML 10ML		
5	1	250ML	FATAL PLUS SOLUTION		
6	1	20ML	FENTANYL CIT 1000MCG SDV		
7	1	5BX	FENTANYL PATCH 12MCG/HR		
8	2	100CT	HYDROCODONE 5MG-1.5MG TABS		
9	1	473ML	HYDROCODONE SYRUP 5MG-1.5MG/5ML		
10	2	25BX	HYDROMORPHONE 2MG/ML 1ML VIAL		
11	3	50ML	HYDROMORPHONE 10MG/ML 5DV		
12	2	10BX	HYDROMORPHONE 10MG/ML 5ML		
13	1	20ML	HYDROMORPHONE 2MG/ML VIAL		
14	2	20ML	METHADONE 10MG/ML VIAL		
15	3	25BX	MORPHINE SULFATE 10MG/ML 1ML VIAL		
16	2	5BX	MORPHINE SULFATE P/F 1MG/ML 10ML VIAL		
17					
18					
19					
20					

LAST LINE COMPLETED (MUST BE 20 OR LESS)

PART 4: TO BE FILLED IN BY SUPPLIER
NATIONAL DRUG CODE — NUMBER SHIPPED — DATE SHIPPED

DO NOT WRITE IN THIS SECTION
TO BE FILLED IN BY SUPPLIER

1 **Authorized name** AND **title**

2 Authorized signature on the form.

3 Fill in the date the form is completed.

4 Include our supplier DEA number. The Number is **RA0593219**

5 Make sure the name of the Supplier is correct. **AMATHEON ANIMAL HEALTH**

6 Make sure the street address is correct. **1301 NW 84TH AVE STE 101A Miami, FL 33126**

7 **DO NOT WRITE PASS THIS LINE.**

8 Please write the correct size and strength.

9 Fill in the Last Line Completed space.