DEA FORM-222

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						INFORMATION				N SUPPLIER DEA NUMBER													
XYZ Pharmacy LLC. REGISTRATION					: ABC45455																		
NY, US RAGISTERED AS					S: PHARMACY			TO BE FILLED BY PURCHASER															
ORDER FORM I					NO:1023902003			BUSINESS NAME ABC Health															
DATE ISSUED: 1					12282022			CITY, STATE, ZIP CODE NY, 41380															
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TO BE			<u> </u>																				
TO BE FILLED IN BY PURCHASER POINT OF CONTACT NAME RANDOM Pharma					TO BE FILLED IN BY PURCHASER			ALTERNATE SUPPLIER IDENTIFICATION															
\								ALTERNATE DEA															
SICNATURE OF PERSON										RE- b													
(must be authorized to sign order form)										Date Official Stamp &Signature													
ITEM NO. OF PACKAGE NAME OF ITEM																							
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