CII Returns (DEA 222 FORM ONLY)

CUSTOMER INFORMATION				REGISTRATION INFORMATION				SUPPLIER DEA NUMBER												
XYZ Pharmacy LLC.				REGISTRATION: ABC45455																
NY, US				RAGISTERED AS: PHARMACY			TO BE FILLED BY PURCHASER													
				ORDER FORM NO:1023902003			BUSINESS NAME Newer Pharma													
				DATE ISSUED: 12282022			STREET ADDRESS 63, Canad Street													
				ORDER FORM: 1 OF 2				CITY, STATE, ZIP CODE CONTUREY, MA, 01502												
TO BE	FILLED IN		TO BE FI	LLED	ALTERNATE SUPPLIER IDENTIFICATION															
POINT OF CONTACT NAME Paul Annac					IN BY	ALTERNATE DEA														
				11/10/22	PURCHASER			ATURE-	by fir	st sup	plier									
SIGNATURE OF REQUESTING OFFICIAL				DATE					DateOfficial Stamp &Signature											
(must be authorized to sign order form)																				
ITEM NO. OF PACKAGE NAME OF I				OF ITEM	NUMBER RECD	DATE	TO BE FILLED BY SUPPLIER NUMBER DATE SHIPPED SHIPPED													
	PACKAGES	SIZE		RECD	, KEED	NATIONAL DRUG CODE														
1	1	20	zero	oclo1-SPtab												1	11	10	22	
2	1	30	Zifi	200 tab												1	11	10	22	
3	1	100	Zede	ex Syrub												1	-		22	
4	1	100	Zoce	f 500 tab												1			122	
5	2	100	Zyt	ee RB Gel												1	1	-	22	
6	1	100	Zap	f 500 tab ee RB Gel iz tab												1	11/	10	22	
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							+	_		+										
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XYZ Pharmacy LLC.			REGISTRATION: ABC45455															
NY, US				RAGISTERED AS: PHARMACY				TO BE FILLED BY PURCHASER										
141, 03							BUSINESS NAME Newer Pharma											
				ORDER FORM NO:1023902003 DATE ISSUED: 12282022 ORDER FORM: 1 OF 2			STREET ADDRESS 63, Canad Street											
							CITY, STATE, ZIP CODE CENTURY, MA (1502											
1							4											
TO BE	FILLED IN	TO BE FI	LLED	ALTI	ALTERNATE SUPPLIER IDENTIFICATION													
POINT OF CONTACT NAME Karl Brown					IN BY PURCHA	CED	ALTERNATE DEA						1					
	lew	12/22/22	PURCHA	SEN	SIGN	ATURE-	by firs	st supp	olier						1			
SIGNA	TURE OF REQ	UESTING OF		DATE			Date.		c	Official	Stamp	&Sign	nature					
(must	be authorized	to sign orde	er form)															
ITEM	NO. OF	PACKAGE	NAME C	OF ITEM	NUMBER	то в	E FILLE		NUMBER	DATE								
Mary States of the States of t	PACKAGES	SIZE			RECD	RECD		NATIONA	L DRU	G COD	Ε							
		120	Dal	0 650 tab										1		1	12/19/2	
1	1	20		shas tonzal					+					-		1	12/19/22	
2	2	100	_					_	+-				+			1	maha	
3	3	40		cort tab					+			-			-	1	1474	
4	4	20	Dox	ingte tab				_	-		-		1		-	'	14/9/22	
5	1	10	Dy-	tor tab					-				į		+		12/19/22	
6	1	10	Drot	in DS tab					_				i	-	1	-	14/9/22	
		The state of the s													-		+	
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