DEA FORM -222

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CUSTOMER INFORMATION				REGISTRATION INFORMATION					SUPPLIER DEA NUMBER												
XYZ Pharmacy LLC.				REGISTRATION: ABC45455				TO BE FILLED BY DUBCHASED													
NY, US				RAGISTERED AS: PHARMACY				TO BE FILLED BY PURCHASER													
		ORDER FORM	ORDER FORM NO:1023902003				STREET ADDRESS 40th AVENUE														
DATE ISSUED					12282022			CITY, STATE, ZIP CODE TX - 77042													
ORDER FO					1: 1 OF 2																
TO BE FILLED IN BY PURCHASER					TO BE FILLED			ALTERNATE SUPPLIER IDENTIFICATION													
POINT OF CONTACT NAME AW Phar ma					IN BY			ALTERNATE DEA													
				12 28 22 PURCHASER			R	SIGNATURE- by first supplier													
				DATE					Date Official Stamp & Signature												
(must be authorized to sign order form)																					
ITEM NO. OF PACKAGE NAME OF ITEM					NUMBER DATE			то	TO BE FILLED BY SUPPLIER NUMBER DATE												
	PACKAGES	SIZE			RECD	RECD			NATIONAL DRUG CODE												
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2	2	100	Clavam tab			12	20	12		_			_	_	_	_	-		1		
3	1	100	Cyclo	pam tab		1		22	1				_		_	_	-				
4	2	100	Cilac	ar-lotab				22			-	_		-	1	_	-				
5	3	100		c 200 +ab		12	28	2						_		_	-	<u> </u>			
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