CII RETURNS (DEA 222 FORM ONLY)

CUSTOMER INFORMATION				REGISTRATION INFORMATION				SUPPLIER DEA NUMBER								
TO BE FILLED IN BY PURCHASER POINT OF CONTACT NAME Kayl Brown				REGISTRATION: ABC45455 RAGISTERED AS: PHARMACY ORDER FORM NO:1023902003 DATE ISSUED: 12282022 ORDER FORM: 1 OF 2 TO BE FILLED IN BY PURCHASER DATE			TO BE FILLED BY PURCHASER BUSINESS NAME Newer Pharma STREET ADDRESS 6.3, Canad Street CITY, STATE, ZIP CODE CON + UTY, MA 11502 ALTERNATE SUPPLIER IDENTIFICATION ALTERNATE DEA SIGNATURE- by first supplier Date Official Stamp & Signature									
(must be authorized to sign order form) ITEM NO. OF PACKAGE NAME O PACKAGES SIZE				FITEM	NUMBER RECD	DATE	I I I I I I I I I I I I I I I I I I I	TO BE FILLED BY SUPPLIER						DATE		
1	1	20	Dolo	650 tab										1	12/19/2	
2	2	100	Dut	shas tontal	(1	12/19/22	
3	3	40	+ - 1	ort tab										1	12/13/20	
4	4	20		ingte tab										1	12/19/22	
5	1	10	Dut	or tab										1	12/19/22	
6	i	10	Drot	in DS tab										1	14/19/22	