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			STREET ADDRESS 63, Canad Street											
				DATE ISSUED: 12282022 ORDER FORM: 1 OF 2			CITY, STATE, ZIP CODE CENTURY, MA, 01502											
																	TO BE	FILLED IN
				nnacone IN BY			ALTERNATE DEA											
				11/10/22	PURCHA	SIGNATURE- by first supplier												
SIGNATURE OF REQUESTING OFFICIAL				DATE		DateOfficial Stamp &Signature												
(must b	oe authorized	to sign orde	er form)															
ITEM	NO. OF	PACKAGE	NAME OF ITEM		NUMBER RECD	DATE	то в	D BY	NUMBER SHIPPED	DATE SHIPPED								
	PACKAGES	SIZE					NATIONAL DRUG CODE											
1	ì	20	zero	dot-SP tab										1	11	10/22		
2	1	30	Zifi	200 tab										1	11	10 22		
3	ı	100												1	11	10/22		
4	ı	100	Zoce	f 500 tab										. (	11	10/22		
5	2	100	Zyt	ee RB Gel										1	11	10/22		
6	1	100	Zab	ee RB Gel iz tab										1	11/	10/22		
	•	100																
							$\neg$	1	П									
							+		$\Box$									
				-			$\rightarrow$	+	$\dagger$	$\top$								
							+	+	$\Box$	+	+	$\Box$						
							+	+	+	+	+	H						
							+	-	H	_	+	+						
							-	-	$\vdash$	-	-	H						