PURCHASER INFORMATION	REGISTRATION INFORMATION	SUPPLIER DEA NUMBER.#

PURCHASER INFORMATION

INMAR RX SOLUTIONS, INC
3845 GRAND LAKES WAY
SUITE 125
GRAND PRAIRIE, TX 75050-0000

REGISTRATION INFORMATION

REGISTRATION #: RR0191902
REGISTERED AS: REVERSE DISTRIB
SCHEDULES: 1,2,2N,3,3N,4,5,
ORDER FORM NUMBER: 231570186
DATE ISSUED: 10182023
ORDER FORM 1 OF 3

SUPPLIER DEA NUMBER.#

F	O	5	7	0	4	0	9	5

PART 2: TO BE FILLED IN BY PURCHASER

CVS PHARMACY # 16383
BUSINESS NAME
270 AIRPORT PKWY
STREET ADDRESS
HEATH, OH 43056
CITY, STATE, ZIP CODE

PART 1: TO BE FILLED IN BY PURCHASER

Maria De Los Angeles Cruz DEA Clerk

Print or Type Name and Title   by power of attorney   11/08/2023

Signature of Requesting Official (must be authorized to sign order form)   Date

PART 5: TO BE FILLED IN BY PURCHASER

PART 3: ALTERNATE SUPPLIER IDENTIFICATION - to be filled in by first supplier
(name in part 2) if order is endorsed to another supplier to fill

ALTERNATE DEA #

Signature- by first supplier

OFFICIAL AUTHORIZED TO EXECUTE ON BEHALF OF SUPPLIER   DATE

ITEM	NO OF PACKAGES	PACKAGE SIZE	NAME OF ITEM	NUMBER REC'D	DATE REC'D	PART 4: TO BE FILLED IN BY SUPPLIER NATIONAL DRUG CODE						NUMBER SHIPPED	DATE SHIPPED
1	1	12.000	METHADONE HCL 10 MG TABLET TAB			00054-4571-25						1	12/4/23
2	1	10.000	OXYCODONE HCL ER 40 MG TABLET			00093-5733-01						1	12/4/23
3	1	10.000	METHYLPHENIDATE ER(CD) 10MG CP			00115-1736-01						1	12/4/23
4	1	14.000	HYDROCODONE-ACETAMIN 10-325 MG			13107-0021-01						1	12/4/23
5	1	10.000	OXYCODONE HCL (IR) 10 MG TAB T			42858-0002-01						1	12/4/23
6	1	100.000	MORPHINE SULF ER 100 MG TABLET			42858-0804-01						1	12/4/23
7	1	6.000	OXYCONTIN ER 40 MG TABLET TAB			59011-0440-10						1	12/4/23
8	1	100.000	OXYCONTIN ER 40 MG TABLET TAB			59011-0440-10						1	12/4/23
9	1	14.000	OXYCODONE HCL (IR) 20 MG TAB T			65162-0050-10						1	12/4/23
10	1	1.000	OXYCODONE-ACETAMINOPHEN 5-325			71930-0045-12						1	12/4/23
11	1	14.000	HYDROCODONE-ACETAMIN 7.5-325 T			13107-0020-01						1	12/4/23
12	1	30.000	OXYCODONE HCL (IR) 30 MG TAB T			47781-0265-01						1	12/4/23
13	1	30.000	VYVANSE 20 MG CHEWABLE TABLET			59417-0116-01						1	12/4/23
14	1	60.000	HYDROCODONE-ACETAMIN 5-300 MG			27808-0114-01						1	12/4/23
15	1	90.000	MORPHINE SULF ER 60 MG TABLET			42858-0803-01						1	12/4/23
16	1	238.000ML	OXYCODONE HCL 5 MG/5 ML SOLN S			62559-0151-16						1	12/4/23
17													
18													
19													
20													
16													

⟵ LAST LINE COMPLETED (MUST BE 20 OR LESS)