**Instructions**

1. **Customer Information:** Fields must match the DEA Registration Certificate.
2. **Original Package Size:** The measurement of one full, unopened package. This can be a box of vials, a single vial, a box of patches, etc.
3. **Count in Package:** The measurement currently in each separate package. Do not add packages together. (Bottles with the same measurement can be reflected in the quantity). Each partially used bottle measurement must be listed separately.
4. **Quantity of Packages:** The number of packages *AT THE EXACT* measurement listed in the Count in Package. Multiple bottles of the same measurement can be reflected here.
5. **Description:** The drug name *and/or* drug brand name including the drug form (tablets, solution etc.)
6. **Strength:** The strength of the drug per unit of measure
7. **NDC:** The National Drug Code is a 3-segment, 10 or 11 digit number on the front of the drug label

**Example**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Orig. Pkg. Size** | **Count in Pkg.** | **Qty. of Pkgs.** | **Description (include dosage form)** | **Strength** | **NDC (National Drug Code)** |
| 25x2ml | 6x2ml | 1 | Fentanyl Injectable Solution | 50mcg/ml | 00409-9094-22 |
| 100 tab | 62 tab | 1 | Hydrocodone/Homatropine Tablets | 5/1.5mg | 10702-0055-01 |
| 20ml | 20ml | 8  | Hydromorphone Injectable Solution | 2mg/ml | 00641-2341-39 |
| 20ml | 7.2ml | 1 | Hydromorphone Injectable Solution | 2mg/ml | 00641-2341-39 |
| 20ml | 5ml | 1 | Hydromorphone Injectable Solution | 2mg/ml | 00641-2341-39 |

1. **Signature, Title and Date:** Sign and date each page of completed form. This form may be signed by the DEA Registrant *or* a staff member
2. **Submit:** Email or Fax completed Schedule I-II Inventory Form:
	1. Email: **info@123compliant.com** Fax: **(480) 659-2353**

**\*\*123CL will review your inventory form, prepare an official DEA Form 222, and email you with Authorization to Ship along with instructions on the next steps.**

*If you have any questions or need assistance completing this form, please contact us by phone, email or online chat*

*(602) 612-4140 ●* *info@123compliant.com* *●* [*www.123compliant.com*](http://www.123compliant.com) *(chat will pop up)*

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| --- |
| **Customer Information** |
| Facility Name |       | Date |       |  |
| DEA Registrant Name |       |  |
| Registered Address |       |  |
| City |       | State |    | Zip |       |  |
| Facility Contact |       | Phone |       |  |
| Email |       | Fax |       |  |
| DEA # |       | DEA Expiration Date |       | State License # |       |  |
|  |



| **Orig. Pkg. Size** | **Count in Pkg.** | **Qty. of Pkgs.** | **Description (include dosage form)** | **Strength** | **NDC (National Drug Code)** |
| --- | --- | --- | --- | --- | --- |
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