

C-II Ordering Instructions

Sample 222 Form with Instructions:

PURCHASER INFORMATION _____ _____ _____			REGISTRATION INFORMATION REGISTRATION #: REGISTERED AS: SCHEDULES: ORDER FORM NUMBER: DATE ISSUED:			SUPPLIER DEA NUMBER:# R W 0 4 9 8 4 1 9 PART 2: TO BE FILLED IN BY PURCHASER BUSINESS NAME <u>Hikma Pharmaceuticals USA Inc.</u> STREET ADDRESS <u>1809 Wilson Road, 08-118</u> CITY, STATE, ZIP CODE <u>Columbus, OH 43228</u>																																																																																																																																																																																																																											
PART 1: TO BE FILLED IN BY PURCHASER Name and Title Print or Type Name and Title <u>Sign and indicate Signature Authority</u> <u>Current Date</u> 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																																																																																																																																																																																																																											
<table border="1"> <thead> <tr> <th>ITEM</th> <th>NO. OF PACKAGES</th> <th>PACKAGE SIZE</th> <th>NAME OF ITEM</th> <th>NUMBER REC'D</th> <th>DATE REC'D</th> <th colspan="2">PART 4: TO BE FILLED IN BY SUPPLIER</th> <th>NUMBER SHIPPED</th> <th>DATE SHIPPED</th> </tr> <tr> <th colspan="6"></th> <th colspan="2">NATIONAL DRUG CODE</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>100</td> <td>1000mL</td> <td>Methadone HCl Oral Conc - Cherry</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>80</td> <td>1000mL</td> <td>Methadone HCl Oral Conc - Clear</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>50</td> <td>100</td> <td>Methadone HCl 40mg Diskets</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td>20</td> <td>100</td> <td>Methadone HCl Tablets, 5mg</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td>10</td> <td>100</td> <td>Methadone HCl Tablets, 10mg</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr><td>6</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>7</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>9</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>10</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>11</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>12</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>13</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>14</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>15</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>16</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>17</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>18</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>19</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>20</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>					ITEM	NO. OF PACKAGES	PACKAGE SIZE	NAME OF ITEM	NUMBER REC'D	DATE REC'D	PART 4: TO BE FILLED IN BY SUPPLIER		NUMBER SHIPPED	DATE SHIPPED							NATIONAL DRUG CODE				1	100	1000mL	Methadone HCl Oral Conc - Cherry							2	80	1000mL	Methadone HCl Oral Conc - Clear							3	50	100	Methadone HCl 40mg Diskets							4	20	100	Methadone HCl Tablets, 5mg							5	10	100	Methadone HCl Tablets, 10mg							6										7										8										9										10										11										12										13										14										15										16										17										18										19										20										_____ _____
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PART 1. PURCHASER INFORMATION

- Print/Type name and title.
- Sign and indicate signature authority. For example, "attorney-in-fact", "power of attorney", "designated agent", or "secretary" may be used.
- Fill in current date.
- Customer must complete the following columns:
 - No. of packages
 - Package size
 - Name of item(s): Please distinguish between Cherry and Clear Methadone HCl Oral Conc.
 - Fill in "Last Line Completed"

PART 2. SUPPLIER IDENTIFICATION

- Enter DEA number, name, and address of supplier.
 DEA#: RW0498419
 Hikma Pharmaceuticals USA Inc.
 1809 Wilson Road, 08-118
 Columbus, OH 43228

PART 3. ALTERNATE SUPPLIER IDENTIFICATION

- Leave this portion of the form blank.

PART 4. CONTROLLED SUBSTANCE SHIPMENT

- Leave this portion of the form blank.

PART 5. CONTROLLED SUBSTANCE RECEIPT

- Purchaser will enter the number of packages received and date received for each line item on its copy of the original order form.

Purchaser must make a copy of the original order form its records before mailing the original to the supplier.

Mail the original copy to the address below.

Hikma Pharmaceuticals USA Inc.
 1809 Wilson Road, 08-118
 Columbus, OH 43228