

SCHEDULE II RETURN

<p>SECTION #1 GENERAL INFORMATION</p>	<p>SECTION #2 SHIPPER INFORMATION Enter all shipper information as it appears on your DEA registration. **Please include a photocopy of your DEA registration. **</p>
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<p>1) Complete sections 2 & 3, making sure that you PRINT CLEARLY, and provide all required information.</p> <p>2) After completing this form, <u>fax it and a copy of your DEA registration to:</u> 630-892-8780, Attn: CII Dept.</p> <p>3) This form may be copied for use.</p> <p>4) It is a violation of DEA regulations to ship CII's before receiving a DEA 222 form</p>	<p>DEA # _____ EXP. DATE _____</p> <p>FACILITY NAME _____</p> <p>ADDRESS _____</p> <p>CITY, STATE, ZIP _____</p> <p>REGISTRANT'S NAME (print) _____</p> <p>REGISTRANT'S SIGNATURE _____</p> <p>DATE OF SIGNATURE _____</p> <p>PHONE NUMBER _____</p>
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SECTION #3 - CLASS II PRODUCT INFORMATION

	# of FULL PACKAGES	# of UNITS IN PARTIAL PACKAGES	ORIGINAL PACKAGE SIZE	Drug / Brand Name / Strength	NDC Number
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					

<p>1) Only 10 lines are allowed per DEA form 222.</p> <p>2) Each partial bottle must be entered on a separate line.</p>	<p>3) Multiple full packages of the same product (name, strength, and size & NDC number) may be entered on the same line.</p> <p>4) All information is required, or the form must be returned.</p>
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