



AN ACTUAL RX RETURNS FORM WILL BE GENERATED AND SENT TO YOU WITHIN 24-48 HOURS OF YOUR REQUEST. PLEASE DO NOT MAIL NARCOTIC PRODUCTS UNTIL YOU RECEIVE THE ACTUAL RX RETURN FORM.

Please print and mail a copy of this form with your shipment

Shipper Information

DEA NAME: _____ D/B/A: _____ DEA No: _____
ADDRESS: _____ DEA EXP DATE: _____
CITY: _____ STATE: _____ ZIP: _____ STATE ID#: _____
PHONE#: _____ FAX#: _____ EMAIL: _____ BUYING GROUP: _____

Primary Wholesaler

NAME: _____ WHSL ACC#: _____
ADDRESS: _____ PHONE#: _____
CITY: _____ STATE: _____ ZIP: _____ FAX#: _____

Once you receive the DEA 222 FORM, please fill in the "Packages Shipped" column and the "Date Shipped" column. You keep the top brown copy for your records and mail the green copy to your local DEA Office.

Table with 7 columns: SI. No., No of Pkgs., Qty, Sealed (Yes/No), National Drug Code (NDC#), Name and Strength of the Drug, For ARK Rx Returns Use only. Rows 1-10.

Signature (Authorized Registrant): _____

Date: _____