# REQUEST FOR DEA FORM 222

**14430 Black Lake Road**
**Odessa, FL 33556**

Phone Number: 813-749-7113

Fax Number: 813-749-7123

DEA #: RC0444086

State License Florida: 5226

**Date Requested:** _____

## FACILITY INFORMATION

| | |
|---|---|
| Name: | DEA #: |
| Address: | DEA Expiration: |
| City, State, Zip Code: | State License Number: |
| Person In Charge of Inventory: | Wholesaler: |
| Phone Number: | Address: |
| Fax Number: | Account Number: |

| Number of Packages | Size of Package (Labeled Quantity) | Exact Container Count | Description (include dosage form) | Strength | NDC Number (XXXXX-XXXX-XX) | Exp. Date | Lot Number | Control Number |
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*Note: Controlled Substance Schedule 2 (two) Service includes a charge of $50.00 per DEA form 222 which has a maximum of 10 (ten) line items. Waste disposal for controlled substance schedule 2 (two) items is invoiced at $35.00 per DEA form 41 for destruction/disposal.

***Please return completed forms by fax to 813-749-7123**
**Or by e-mail to contact@pharmatechservices.com**