



DEA 222 REQUEST FORM

DEA # RD0188311
EPA # NYR000122879

DISPOSITION AND REPORTING FORM FOR EXPIRED SCHEDULE II PHARMACEUTICALS

100 Colin Drive • Holbrook, NY 11741 • 1-800-473-2138 • Fax: (631) 689-1589 • Email: c2s@guaranteedreturns.com

Date Submitted: _____ **Customers DEA No.:** _____

Customers GRX Account No: _____ Phone No.: _____ Extension: _____

Facility Name: _____ Wholesaler: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

*****IMPORTANT*** PLEASE INDICATE THE NUMBER OF BOXES BEING SENT.
FAILURE TO DO SO MAY CAUSE A DELAY IN SHIPPING.**

Number of Boxes: _____

SPECIAL INSTRUCTIONS:

DEA REGULATIONS REQUIRE THAT A DEA 222 FORM BE GENERATED AND ON FILE AT GUARANTEED RETURNS® PRIOR TO SHIPPING. To expedite, this form can be mailed, faxed or emailed.

Mail To: Guaranteed Returns®
Attention: Control Department
100 Colin Drive
Holbrook, NY 11741

Send Faxes To: Attention Control Department
(631) 689-1589

Email Address: c2s@guaranteedreturns.com

- Upon Receipt, a DEA 222 Form will be generated and sent to the facility. **PLEASE NOTE:** DEA 222 Forms expire 60 days from the issue date so please ship your Schedule II products immediately.
- Once Guaranteed Returns® receives your Schedule II products, our Control Department will verify the quantities of each product received. A Form 41 (Proof Of Destruction) and a disposal manifest will be generated and sent to your facility. These forms must be kept on file at the pharmacy. Guaranteed Returns® will send reports to each crediting manufacturer to ensure that credit is issued in a timely fashion.

• PLEASE VERIFY THAT ALL INFORMATION ON THIS FORM IS ACCURATE AND COMPLETE. THANK YOU •

	QUANTITY	PRODUCT SIZE	PRODUCT DESCRIPTION	PRODUCT NDC # <small>(PLEASE INDICATE NAME OF MANUFACTURER IF NDC # IS NOT AVAILABLE)</small>
→	2	165/100	Ritalin SR 20MG. (EXAMPLE)	8300163360
→	1	34/100	Roxiprin 5 MG (EXAMPLE)	54465325
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

GRX USE ONLY

Date: _____ Initial: _____

**DO NOT SHIP ANY CONTROL SUBSTANCES WITH THIS FORM
IF YOU REQUIRE ADDITIONAL PAGES PLEASE NOTE →**

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