**(Schedule I-II Inventory) Request for DEA Form 222 Instructions**

Please complete all customer information as indicated on your DEA Registration Certificate.

Inventory and list all Schedule I-II pharmaceuticals being shipped for destruction:

* One (1) DEA 222 Order Form will be issued for ten (10) line entries
* Partials must be listed on separate lines (please see example below)
* Failure to list NDCs may result in delay of processing

**Do NOT return Schedule I-II items at this time**

Email, fax or mail completed Schedule I-II Inventory Form to:

**Covanta Environmental Solutions**

7326 E. Evans Road

Suite B

Scottsdale, AZ 85260

**FAX: (480) 659-2353**

**Email: returns@returnsrx.com**

Upon receipt of this form, Covanta Environmental Solutions will prepare an official DEA Form 222 and mail it to your facility. DEA Form 222s must be received before you can ship.

Once you receive official DEA 222 Form(s)

* Confirm the information and enter the packages shipped and date shipped on the form
* Enclose a photo copy of the DEA Form 222 and Schedule I-II Inventory Form
  + Flat Rate Box Customers – Call or email to request a shipping label
    - Flat Rate Box labels are prepaid with signature for delivery. You will automatically receive tracking in your email
  + Bulk Customers – Use shipper of your choice and email the tracking number to returns@returnsrx.com
    - We require using a shipping method that can track and confirm delivery of your shipment

If further clarification is needed, please call (480) 659-9611

**Example**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Orig. Pkg. Size.** | **Count in Pkg.** | **Qty. of Pkgs.** | **Description (include dosage form)** | **Strength** | **NDC** |
| 100ea | 100ea | 17 | Dilaudid Tablets | 2mg | 00074-2415-14 |
| 100ea | 62ea | 1 | Dilaudid Tablets | 2mg | 00074-2415-14 |
| 20ml | 20ml | 8 | Etorphine Injectable Solution | 1mg/ml | 53923-0909-01 |
| 10x2ml | 7x2ml | 1 | Fentanyl Citrate | 50mcg/ml | 10019-0038-67 |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(Schedule I-II Inventory) Request for DEA Form 222** | | | | | | | | | | | |
|  | | | 7326 E. Evans Road • Suite B • Scottsdale, AZ 85260  Phone: (480) 659-9611 • Fax: (480) 659-2353  [www.returnsrx.com](http://www.retunrsrx.com)  DEA #: RC0518160  AZ State Board of Pharmacy #: W002955 | | | | | | | | |
| **Customer Information** | | | | | | | | | | | |
| Facility Name |  | | | | | | | Date | |  |  |
| DEA Registrant |  | | | | | | | | | |  |
| Address |  | | | | | | | | | |  |
| City |  | | | | State | |  | | Zip |  |  |
| Contact |  | | | | Phone | |  | | | |  |
| Email |  | | | | Fax | |  | | | |  |
| DEA # |  | Expiration Date | |  | | State Permit # | | | |  |  |
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| --- | --- | --- | --- | --- | --- |
| **Orig. Pkg. Size.** | **Count in Pkg.** | **Qty. of Pkgs.** | **Description (include dosage form)** | **Strength** | **NDC** |
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**PLEASE NOTE -** THIS FORM IS **NOT** AN AUTHORIZATION TO RETURN SCHEDULE I-II ITEMS. UPON RECEIPT, A “DEA 222 ORDER FORM” WILL BE MAILED TO YOU. ONCE YOU RECEIVE THE COMPLETED “DEA 222 FORM” **ONLY** THE SCHEDULE I-II ITEMS LISTED AND QUANTITY SPECIFIED MAY BE RETURNED.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  | *Signature* |  | *Title* |  | *Date* |  |