

Account Setup for DEA Controlled Substances

1. Pharmacy Name _____

2. a. Pharmacy's dba (doing business as), if any _____

b. Has the pharmacy ever operated under a different name?

Yes No If yes, provide the name _____

3. Pharmacy Address _____

City _____ State _____ ZIP _____

4. Pharmacy Phone Number _____ Fax Number _____

5. Pharmacy Email Address _____

6. Wholesaler Information

Name _____

Division _____

Account Number _____

7. Has the pharmacist in charge ever been sanctioned/disciplined in the state(s) where he/she is licensed?

OR

Has the Owner or Pharmacy ever had a DEA registration suspended or revoked?

Yes No If yes, provide details (when, why, etc).

8. How much DepoDur is expected to be ordered per month? List quantity per NDC.

NDC 24477-020-04 10 mg DepoDur (packaged in cartons of 5) _____

NDC 24477-020-05 15 mg DepoDur (packaged in cartons of 5) _____

Note: Because this is a controlled substance, we need to know how much you are projecting to order. Please be sure to list a specific quantity (how many boxes of 5). You will not be required to purchase the quantities listed. This is just an estimate on your part.

• Please fax the completed **Account Setup Form** and copies of the **DEA Registration, State Board of Pharmacy License, and State Controlled Substance License** (if required) to customer service at **877-204-4154**.

• Then send your **original DEA Form-222** to: **ICS, 420 International Blvd, Suite 500, Brooks, KY 40109**

Note: Your order will be processed only when the original DEA Form-222 is received.

If you have any questions, please contact customer service at 877-757-0662.

I, as the Owner [or authorized representative or officer of the Owner], declare that I have completed this Hospital Pharmacy Questionnaire and, to the best of my knowledge and belief, the information provided is true, correct, and complete.

Owner _____

Name of Entity/Person

By _____

Signature

Name _____ Title _____ Date _____