

See Reverse of PURCHASER'S Copy for Instructions	No order form may be issued for Schedule I and II substances unless a completed application form has been received, (21 CFR 1305.04).	OMB Approval No. 1117-0010
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To: <i>(Name of Supplier)</i> SPECIALTY PHARMACEUTICAL SERVICES	STREET ADDRESS 15 INGRAM BLVD
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CITY and STATE LAVERGNE, TN 37086	DATE 1/28/10	TO BE FILLED IN BY SUPPLIER SUPPLIERS DEA REGISTRATION No.
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LINE No.	TO BE FILLED IN BY PURCHASER			National Drug Code	Packages Shipped	Date Shipped
	No. of Packages	Size of Package	Name of Item			
1	1	5 x 1 mL	DepoDur 10 mg/1 mL			
2						
3						
4						
5						
6						
7						
8						
9						
10						

1	LAST LINE COMPLETED	<i>(MUST BE 10 OR LESS)</i>	SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT	Signature
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Date Issued	DEA Registration No.	Name and Address of Registrant
Schedules		
Registered as a	No. of this Order Form	