

PURCHASER INFORMATION	REGISTRATION INFORMATION	- 2 Today's Date		SUPPLIER DEA NUMBER:# PART 2: TO BE FILLED IN BY PURCHASER BUSINESS HAME PURGGraft STREET ADDRESS 22001 Northpark Dr. Suite 700 GTY: STATE. ZIP CODE/ Kingwood, TX 77339 PART 2: If code is supplier to mother supplier frame in part 1 forcer is supplier ALTERNATE DEA # Signature- by first supplier Optional Autoromotors to Executive on the supplier for the supplier						
PART 1: TO BE FILLED IN BY PURCHASER Smith, John Q DDS Print or Type Name and Title Smith, John 2 DDS Signifure of Requesting Official (must be authorized to sign order	Today's Date									
ITEM NO. OF PACKAGE	NAME OF ITEM		DATE	the second s				NUMBER DATE SHIPPED SHIPPED		
¹ 1 50mL Meperidine	50 mg/mL vial	NUMBER REC'D		1					Crimine C	and the
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Purchaser and Registration information: your preprinted address must coincide with your current registered address on your DEA Registration Certificate. NO alterations are permitted. Shipments of controlled substances must be sent to your registered address only.

PART 1 to be completed by purchaser:

1. Name and Title must be printed

- 2. Date must state the current date
- 3. **Signature** of the authorized or purchaser. If signing on behalf of the purchasing registrant, indicate "attorney-in-fact," "by power of attorney", "designated agent," or "secretary" immediately after the signature.
- 4. No. of packages should state the quantity of the drug being ordered (e.g., 1, 1x10, 1x25)
- 5. Size of packages should state the size of the drug being ordered (e.g., 20 mL, 10/Box, 10x5 mL, 25/Box)
- 6. Name of item is the name and strength of the drug being ordered (e.g., Meperidine 50 mg/mL Vial). If a specific brand is needed, please send a note attached to the Form 222. Note: only list Schedule II items on the form and do not skip any lines.
- 7. Last Line Completed must list the line number for the last drug you are ordering. If this is left blank or incorrect, the form will be returned to you.

Part 2 to be completed by purchaser:

8. Business name/address is PuraGraft, 22001 Northpark Drive, Suite 700, Kingwood, TX 77339

PART 3 & PART 4 to be completed by Young Surgical.

You MUST leave these blank when you send the form to us.

PART 5 will be completed by the purchaser when the product arrives.

You MUST leave this blank when you send the form to us.

SENDING THE FORM:

Make a copy of the form to retain in your records and mail the original copy to:

PuraGraft 22001 Northpark Drive, Suite 700 Kingwood, TX 77339 If any part of the form is altered or crossed out, the form will be returned. A new, unaltered form must be submitted.