

INTRATHECAL FORM

Date: _____

CORRESPONDING DEA 222 FORM # _____

222 Form Line # _____	PATIENT NAME: _____
DRUG ONE _____	CONC. _____ mg/ml ug/ml %
DRUG TWO _____	CONC. _____ mg/ml ug/ml %
DRUG THREE _____	CONC. _____ mg/ml ug/ml %

222 Form Line # _____	PATIENT NAME: _____
DRUG ONE _____	CONC. _____ mg/ml ug/ml %
DRUG TWO _____	CONC. _____ mg/ml ug/ml %
DRUG THREE _____	CONC. _____ mg/ml ug/ml %

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DRUG THREE _____	CONC. _____ mg/ml ug/ml %

This form is intended to correspond to the Drug Enforcement Agency's official 222 Form. **This form in itself does not represent an order**, but in conjunction with the DEA Form 222 represents a complete physician order. It's sole use is to communicate the details of the corresponding 222 form to the pharmacist in a clear and concise format for patient safety. This form identifies a specific patient name for each formula ordered.

Physician Signature M.D.