



SteriPak C-II Controlled Substance Disposal Application
C-II Return Authorization and DEA Form 222

APPLICANT INFORMATION – ENTER ALL INFORMATION AS IT APPEARS ON YOUR CURRENT DEA REGISTRATION

DEA #: _____ DEA EXPIRATION DATE: _____
REGISTRANT NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE #: _____ FAX #: _____
EMAIL: _____ REASON FOR RETURN: _____

C-II PRODUCT INFORMATION – TO COMPLETE THIS SECTION SEE INSTRUCTIONS ON THE BACK OF THIS FORM

FULL PKG QUANTITY	PARTIAL PKG COUNT	PACKAGE SIZE	ITEM NAME (PRODUCT NAME AND STRENGTH)	NATIONAL DRUG CODE (PRODUCT NDC Number)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

CREDIT CARD INFORMATION – ENTER ALL INFORMATION AS IT APPEARS ON YOUR CREDIT CARD

CARD HOLDER NAME: _____
BILLING ADDRESS: _____
CARD TYPE (CIRCLE ONE): Master Card Visa Discover American Express
ACCOUNT NUMBER: _____ EXP DATE: _____
CARD HOLDER SIGNATURE: _____ CHARGE AMT: _____

C-II APPLICATION INSTRUCTIONS

1. THIS FORM IS ONLY AN APPLICATION FOR A DEA FORM 222. DO NOT SEND C-II PRODUCTS TO STERICYCLE UNTIL YOU RECEIVE RETURN AUTHORIZATION AND A DEA FORM 222.
2. CALCULATE PAYMENT DUE USING THE PRICING CHART ON THE BACK OF THIS FORM.
3. COMPLETE CREDIT CARD INFORMATION OR MAKE CHECK/MONEY ORDER PAYABLE TO STERICYCLE.
4. MAIL YOUR PAYMENT, A COPY OF CURRENT DEA REGISTRATION AND THIS COMPLETED FORM TO:

STERICYCLE, INC.
ATTENTION: STERIPAK ACCOUNTING
6026 Lakeside Blvd.
Indianapolis, Indiana 46278

YOU WILL RECEIVE A DEA FORM 222 FOR RETURNING YOUR C-II PRODUCT WITHIN 15 DAYS OF RECEIPT OF THIS COMPLETED APPLICATION.

IF YOU HAVE QUESTIONS, PLEASE CALL STERICYCLE CUSTOMER SERVICE AT 877-546-8441

APRV: _____

SteriPak C-II Controlled Substance Disposal Application

1. INSTRUCTIONS FOR COMPLETING C-II PRODUCT INFORMATION

1. ONLY TEN (10) LINE ENTRIES ARE ALLOWED PER DEA FORM 222.
2. EACH PARTIAL PACKAGE (BOTTLE/CONTAINER) MUST BE ENTERED ON A SEPARATE LINE.
3. MULTIPLE FULL PACKAGES (BOTTLES/CONTAINERS) OF THE EXACT SAME C-II PRODUCT MAY BE ENTERED ON THE SAME LINE.
4. COMPLETE PRODUCT INFORMATION MUST BE ENTERED OR ELSE THE FORM MAY BE RETURNED FOR PROPER COMPLETION.
5. REFER TO EXAMPLE BELOW.

EXAMPLE:

C-II PRODUCT INFORMATION – PRINT CLEARLY AND ENTER ALL REQUESTED INFORMATION				
FULL PKG QUANTITY	PARTIAL PKG COUNT	PACKAGE SIZE	ITEM NAME (PRODUCT NAME AND STRENGTH)	NATIONAL DRUG CODE (PRODUCT NDC Number)
8	-	100	ABC TAB. 325/5MG	12345-1234-01
<i>THE ABOVE EXAMPLE REPRESENTS 8 FULL BOTTLES OF ABC DRUG #100</i>				
6	-	1000	ABC TAB. 325/5MG	12345-1234-10
<i>THE ABOVE EXAMPLE REPRESENTS 8 FULL BOTTLES OF ABC DRUG #1000</i>				
-	32	100	ABC TAB. 325/5MG	12345-1234-01
<i>THE ABOVE EXAMPLE REPRESENTS A PARTIAL BOTTLES OF 32 TABLETS OF ABC DRUG #100</i>				

2. INSTRUCTIONS FOR CALCULATING PAYMENT DUE

1. DETERMINE NUMBER OF PACKAGES
2. DETERMINE FEE FROM CHART BELOW

EXAMPLE: Total payment due for the example C-II Product Information chart above is \$162.50.

8	Full Pkgs. of ABC Tablet 325/5MG #100
6	Full Pkgs. of ABC Tablet 325/5MG #1000
+ 1	Partial Pkg of ABC Tablet 325/5MG #100
15 Packages	

PRICING INFORMATION

\$150.00 FOR UP TO THE FIRST TEN UNITS
 \$2.50 PER UNIT FOR EACH UNIT OVER TEN UNITS

PROCESSING CHARGES	
# PACKAGES	PROCESSING FEE
1 – 10	\$150.00
11	\$152.50
12	\$155.00
13	\$157.50
14	\$160.00
15	\$162.50
16	\$165.00
17	\$167.50
18	\$170.00
19	\$172.50
20	\$175.00