

UniPAK EXPRESS APPLICATION
For 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: _____

PHARMACY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE #: _____

SIGNATURE: _____ PRINT NAME: _____

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.				

WHAT TO DO WITH THIS COMPLETED FORM

- THIS FORM IS ONLY AN APPLICATION FOR A DEA FORM 222. DO NOT SEND C-II PRODUCTS TO UNIVERSAL SOLUTIONS, INC. UNTIL AFTER YOU RECEIVE A RETURN AUTHORIZATION FORM (RAF) AND A DEA FORM 222 FROM UNIVERSAL SOLUTIONS, INC.
- CALCULATE PAYMENT DUE USING THE PRICING CHART ON THE BACK OF THE FORM.
- MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO UNIVERSAL SOLUTIONS, INC.
- MAIL YOUR PAYMENT, A COPY OF YOUR CURRENT DEA REGISTRATION AND THE WHITE COPY OF THIS FORM TO:

UNIVERSAL SOLUTIONS, INC.
ATTENTION: ACCOUNTING
P.O. BOX 998
CONYERS, GA 30012

YOU WILL RECEIVE A DEA FORM 222 AND INSTRUCTIONS FOR RETURNING YOUR C-II PRODUCT WITHIN 15 DAYS OF RECEIPT OF THIS COMPLETED 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 SAME C-II PRODUCT (SAME PRODUCT NAME, STRENGTH, SIZE AND NDC NUMBER) MAY BE ENTERED ON THE SAME LINE. (SEE EXAMPLE BELOW)
4. COMPLETE PRODUCT INFORMATION MUST BE ENTERED OR ELSE THE FORM MAY BE RETURNED FOR PROPER COMPLETION. (SEE EXAMPLE BELOW)

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	APAP/Oxycodone Tab. 325/5MG	12345-6789-01
(The above example represents 8 full bottles of APAP/Oxycodone Tab. #100.)				
6		1000	APAP/Oxycodone Tab. 325/5MG	12345-6789-10
(The above example represents 6 full bottles of APAP/Oxycodone Tab. #1000.)				
	32	100	APAP/Oxycodone Tab. 325/5MG	12345-6789-01
(The above example represents a partial bottle of 32 tablets of APAP/Oxycodone Tab. #100.)				

2. INSTRUCTIONS FOR CALCULATING PAYMENT DUE

Use the Pricing Information and Pricing Chart below to calculate payment due.

Example: Total payment due for the example C-II Product Information above is \$43.75.

	8	Full Pkgs. (Units)	of APAP/Oxycodone Tab. 325/5MG
	6	Full Pkgs. (Units)	of APAP/Oxycodone Tab. 325/5MG
+	1	Partial Pkg. (Unit)	of APAP/Oxycodone Tab. 325/5MG
	15	Pkgs. (Units)	

PRICING INFORMATION	
\$25.00	FOR UP TO THE FIRST TEN UNITS*
\$1.75	PER UNIT (PKG.) FOR EACH ADDITIONAL UNIT (PKG.)
\$10.00	FOR EACH DEA FORM 222 ISSUED

PRICING CHART				
# UNITS	PROCESSING CHARGE		DEA 222 CHARGE	TOTAL DUE
1	\$25.00	+	\$10.00	= \$35.00
2	\$25.00	+	\$10.00	= \$35.00
3	\$25.00	+	\$10.00	= \$35.00
4	\$25.00	+	\$10.00	= \$35.00
5	\$25.00	+	\$10.00	= \$35.00
6	\$25.00	+	\$10.00	= \$35.00
7	\$25.00	+	\$10.00	= \$35.00
8	\$25.00	+	\$10.00	= \$35.00
9	\$25.00	+	\$10.00	= \$35.00
10	\$25.00	+	\$10.00	= \$35.00
11	\$26.75	+	\$10.00	= \$36.75
12	\$28.50	+	\$10.00	= \$38.50
13	\$30.25	+	\$10.00	= \$40.25
14	\$32.00	+	\$10.00	= \$42.00
15	\$33.75	+	\$10.00	= \$43.75
16	\$35.50	+	\$10.00	= \$45.50
17	\$37.25	+	\$10.00	= \$47.50
18	\$39.00	+	\$10.00	= \$49.00
19	\$40.75	+	\$10.00	= \$50.75
20	\$42.50	+	\$10.00	= \$52.50

FOR EACH ADDITIONAL UNIT ADD \$1.75