

## Power of Attorney for DEA Forms 222 and Electronic Orders

DiversifyRx Demo Pharmacy  
123 Main Street  
Dallas, TX 75067  
DEA Number: 123456789

I, \_\_\_\_\_ (name of the person granting power), the undersigned, who am authorized to sign the current application for registration of the above-named registrant under the Controlled Substances Act or Controlled Substances Import and Export Act, have made, constituted, and appointed, and by these presents, do make, constitute, and appoint

\_\_\_\_\_ (name of attorney-in-fact), my true and lawful attorney for me in my name, place, and stead, to execute applications for Forms 222 and to sign orders for schedule I and II controlled substances, whether these orders be on Form 222 or electronic, in accordance with [21 U.S.C. 828](#) and [Part 1305](#) of Title 21 of the Code of Federal Regulations. I hereby ratify and confirm all that said attorney must lawfully do or cause to be done by virtue hereof.

\_\_\_\_\_  
(Signature of the person granting power)

I, \_\_\_\_\_ (name of attorney-in-fact), hereby affirm that I am the person named herein as attorney-in-fact and that the signature affixed hereto is my signature.

\_\_\_\_\_  
(Signature of attorney-in-fact)

Witnesses:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Signed and dated on the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

### Notice of Revocation

The foregoing power of attorney is hereby revoked by the undersigned, who is authorized to sign the current application for registration of the above-named registrant under the Controlled Substances Act or the Controlled Substances Import and Export Act. Written notice of this revocation has been given to the attorney-in-fact \_\_\_\_\_ this same day.

\_\_\_\_\_  
(Signature of person revoking power)

Witnesses:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Signed and dated on the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

Reference: DEA Pharmacist's Manual, Section VIII, Ordering Controlled Substances

## Instructions for completing the Power of Attorney for DEA Forms 222 and Electronic Orders

This document is completed for every person who unpacks the tote(s) received from the wholesaler and anyone who handles and delivers controlled substances. Once this document is fully completed and signed, file it with the pharmacy's DEA paperwork, invoices, and in the Compliance Binder.

1.	Name of Person Granting Power	The registrant's name is entered here. It can be the coordinator, but this document will need to be re-accomplished when the coordinator leaves
2.	Name of Attorney-In-Fact	The employee's name is entered here <ul style="list-style-type: none"><li>• Unpacks the wholesaler tote(s) with C-Its</li><li>• Places stock bottles on the shelf or in a safe</li><li>• Enters data into the CSOS system.<ul style="list-style-type: none"><li>○ This individual cannot submit or accept the order through CSOS</li></ul></li></ul>
3.	Signature of person granting power	Signature of the person listed in Item 1 above
4.	Name of Attorney-In-Fact	The same person listed in Item 2 above
5.	Signature of Attorney-In-Fact	Signature of the individual listed in Items 2 & 4 above
6.	Witnesses	Two people observing the signatures listed above but not the individuals signing above

### Notice of Revocation

7.	Date of Revocation	Enter the date
8.	Signature of Person Revoking Power	Signature of the person listed in item 1 above, the owner, or pharmacist-in-charge
9.	Witnesses	Two people observing the signatures listed above but not the individuals signing above

This document must be retained for two years after the revocation.