

See Reverse of PURCHASERS' Copy for Instructions

OMB APPROVAL No. 1117-0010

No. order form may be issued for Schedule I and II substances unless a completed application form has been received. (21 CFR 1305.04)

TO: (Name of Supplier) **DLAR** STREET ADDRESS

CITY and STATE DATE **11/11/07** TO BE FILLED IN BY SUPPLIER SUPPLIERS DEA REGISTRATION No.

LINE No.	TO BE FILLED IN BY PURCHASER		Name of Item	TO BE FILLED IN BY SUPPLIER	
	No. of Packages	Size of Package		National Drug Code	Date Shipped
1	2	50 ml	NEW BAYAL 50 MG/ML	32270	
2	2	50 mg/100	FENTANYL	9801	
3					
4					
5					
6					
7					
8					
9					
10					

LAST LINE COMPLETED (MUST BE 10 OR LESS) SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT

Date Issued **11/11/07** DEA Registration No. **BB687201** Name and Address of Registrant  
**BDB SMITH**  
**2424 EDWIN ROAD GAB 1801**  
**DURHAM, NC 27705**

Registered as **RESEARCH** No. of this Order Form  
 U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II  
 DRUG ENFORCEMENT ADMINISTRATION  
 SUPPLIER'S Copy 1

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DEA Form -222 (Oct. 1992)