NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Narcotic Enforcement

Official Prescription Program Order Form

> >	Complete items 1-6. An incomplete form may result in the delay of your order. Order only up to a 1-month supply of Official Prescriptions. To receive Official Prescriptions free of charge, you must be registered with the Official	PHYSICIAN'S SPECIALITY CODES Please identify the specialty that most closely describes your practice and enter the three-digit code on the prescription order form in the space provided at left. If you are unable to identify your practice with one of the specialties listed, please enter Code 600 and identify in writing the nature of your practice.			
A	Prescription Program. Forward Order Form to: Standard Register				
>	Official Prescription Program 631 Industrial Blvd. P.O Box 1130	ALLERGY ANESTHESIOLOGY COLON AND RECTAL SURGERY	010 020 030	UROLOGY EMERGENCY MEDICINE PATHOLOGY (Medical Microbiology)	230 250 139
>	Toccoa, GA 30577 If you have questions, call 1-866-772-4683.	DERMATOLOGY DERMATOPATHOLOGY FAMILY PRACTICE MEDICINE	040 041 050 060	PATHOLOGY (Neuropathology) PATHOLOGY (Pathologic Anatomy) PATHOLOGY (Dermalopathology) PATHOLOGY (Anatomical & clinical)	141 142 143 146
1.	NYS LICENSE NUMBER	MEDICINE (Cardiovasc. Disease) MEDICINE (Medical Oncology)	061 062	PATHOLOGY (Radiosotopic) PEDIATRICS	148 150
2.	DRUG ENFORCEMENT ADMINISTRATION (DEA) NUMBER	MEDICINE (Endocrinology) MEDICINE (Gastroenterology) MEDICINE (Hematology) MEDICINE (Infectious Disease) MEDICINE (Nephrology)	063 064 065 066 067	PEDIATRIC CARDIOLOGY PEDIATRIC HEMATOLOGY ONCOLOGY PEDIATRIC NEPHROLOGY NEONATAL – PERINATAL MEDICINE PEDIATRIC ENDOCRINOLOGY	151 152 153 154 155
	DEA Registered Address - Prescriptions can only be printed and shipped to the address printed on your Drug Enforcement Administration (DEA) Registration. If a practitioner does not have a DEA registration, prescriptions can only be printed and shipped to the address which is listed on a notarized registration form.	MEDICINE (Pulmonary Disease) MEDICINE (Rheumatology) NEUROLOGICAL SURGERY NUCLEAR MEDICINE OBSTETRICS & GYNECOLOGY OBSTETRICS & GYNECOLOGY	068 069 070 080 090	PHYSICAL MEDICINE & REHABILITATION PLASTIC SURGERY PREVENTIVE MEDICINE (Aerospace) PREVENTIVE MEDICINE (General) PREVENTIVE MEDICINE (Occupational) PREVENTIVE MEDICINE (Public Health)	160 170 181 182 183 184
	Name DEA Registered Address:	(Gynecologic Oncology) OBSTETRICS & GYNECOLOGY (Maternal - Fetal Medicine)	091 092	PSYCHIATRY & NEUROLOGY (Child Psych) PSYCHIATRY & NEUROLOGY (Psychiatry) PSYCHIATRY & NEUROLOGY (Neurology with	191 192
3.	Phone Number (OBSTETRICS & GYNECOLOGY (Reproductive Endocrinology) OPHTHALMOLOGY ORTHOPEDIC SURGERY OTOLARYNGOLOGY PATHOLOGY (Unspecified) PATHOLOGY (Blood Banking) PATHOLOGY (Clinical Pathology) PATHOLOGY (Forensic Pathology) PATHOLOGY (Forensic Pathology) PATHOLOGY (Chem. Pathology) RADIOLOGY (Radiological Physics Unspecified) SURGERY SURGERY SURGERY (Pediatric) THORACIC SURGERY	093 100 110 120 130 131 135 136 137 138 209 210 211 220	Special Competence in Child Neurology) PSYCHIATRY & NEUROLOGY (Neurology) PSYCHIATRY & NEUROLOGY (Neurology) PSYCHIATRY & NEUROLOGY PSYCHIATRY & NEUROLOGY (Unspecified) RADIOLOGY (Diagnostic) RADIOLOGY (Diagnostic) RADIOLOGY (Therapeutic) RADIOLOGY (Therapeutic) RADIOLOGY (Therapeutic Radiological Physics) RADIOLOGY (Diagnostic Radiological Physics) RADIOLOGY (Diagnostic Radiological Physics) RADIOLOGY (Unspecified) OTHER (Please specify on form)	193 194 195 196 200 201 202 203 204 205 206 207 208 600
ord	my signature, I certify that I am registered with the DEA (if applicable) and that a current er of the Commissioner of Health revoking or canceling use of such forms has not been ved to me.				
5. SIGNATURE 6. DATE/ CHANGE OF ADDRESS Do not send this order until you have a new registration certificate from the DEA.		**************************************		SUPERVISING M.D. INFORMATION (P.A. only) NAME	
	DEA Attn: Registration Unit 99 10 TH Avenue New York, NY 10011	NAME LICENSE NUMBER DEA NUMBER ORDERS NOT CONTAINING THIS INFORMATION WILL NOT BE BEC.	ncessen	LICENSE	
Ret	ntact DEA at 877-883-5789 or www.deadiversion.usdoj.gov) urn new DEA certificate along with your Order Form and we will process your official scription order.	INFORMATION WILL NOT BE PRO	CESSED.		