

See Reverse of PURCHASER'S Copy for Instructions		No order form may be issued for Schedule I and II substances unless a completed application form has been received, (21 CFR 1305.04).		OMB APPROVAL No. 1117-0010		
TO: (Name of Supplier) MALLINCKRODT INC @			STREET ADDRESS 172 RAILROAD AVE			
CITY and STATE HOBART, NY		DATE 08/25/08		TO BE FILLED IN BY SUPPLIER		
				SUPPLIERS DEA REGISTRATION No. <b>RM0270037</b>		
TO BE FILLED IN BY PURCHASER						
LINE No.	No. of Packages	Size of Package	Name of Item	National Drug Code	Packages Shipped	Date Shipped
1	1,728	100	OXYCODONE HCL TAB 5MG UD 100	0406-0552-62	1728	8.26.08
2	2,592	100	OXYCOD+ACETAM TB 5/325MG UD100	0406-0512-62	2592	8.26.08
3	11	50GM	METHADONE PWD USP 50GM	0406-1510-56	11	8.26.08
4	84	100	METHYLIN ER TAB 10MG 100	0406-1423-01	84	8.26.08
5	2,168	100	OXYCOD+ACET TB 7.5/325 100	0406-0522-01	3168	9.4.08
6	12,672	100	OXYCOD+ACET TB 10/325 100	0406-0523-01	12672	8.26.08
7	13,992	100	OXYCODONE HCL TAB 15MG 100	0406-8515-01	13992	9.9.08
8	13,992	100	OXYCODONE HCL TAB 30MG 100	0406-8530-01	13992	9.4.08
9	4,128	100	METHYLIN ER TB 20MG 100	0406-1451-01	4128	9.24.08
10	18	1000	METHYLIN TAB 5MG 1000	0406-1112-10	18	8.26.08
10 LAST LINE COMPLETED (MUST BE 10 OR LESS)			SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT			
Date Issued 08/04/2008		DEA Registration No. RM0207296		Name and Address of Registrant 477 MCKESSON CORPORATION DBA MC KESSON DRUG CORP 4853 CRUMPLER MEMPHIS, TN 38141-0000-000 70108132 PO# 8194704111		
Schedules 2, 3, 3N, 4, 5,		Registered as a DISTRIBUTOR		No. of this Order Form 082810119		

DEA Form - 222  
(MAR 2006)

U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II  
DRUG ENFORCEMENT ADMINISTRATION  
SUPPLIER'S Copy 1

126946741