

## Controlled Substance Pharmacy Questionnaire

### PART TWO – PRODUCT USE INFORMATION:

**Please complete a separate Part 2 form for each controlled substance you are ordering**

**NOTE:** Under 21 CFR 1301.74, Spectrum is required to screen every controlled substance order for significant changes in quantities and ordering patterns. Spectrum will use the information you provide in Part 2 to establish your purchasing and use profile for each controlled substance. Information you previously submitted in Part 1 of this questionnaire remains valid for one year from the date it was signed. During the one-year period that your Part 1 remains valid, your company only needs to submit a new Part 2 of this questionnaire if your purchasing pattern changes or when you order a new controlled substance. Information provided herein remains valid for one year.

**COMPANY :** \_\_\_\_\_ **CUSTOMER #** \_\_\_\_\_ **DEA #:** \_\_\_\_\_

#### WHAT YOU ARE ORDERING TODAY: (2.1 THRU 2.4)

**2.1** Product Description: \_\_\_\_\_ **2.2** Catalog #: \_\_\_\_\_

**2.3** Size ordered: \_\_\_\_\_ **2.4** Quantity ordered: \_\_\_\_\_

**2.5** Please check the appropriate dosage form(s) used?

☐ Topical ☐ Capsule ☐ Suppository ☐ Troche/Lozenge ☐ Injectable ☐ Other \_\_\_\_\_

**2.6** ESTIMATE OF YEARLY USE: Please provide your estimated annual use of the material being ordered.

<b>2.6 (a)</b> _____	<b>2.6 (b)</b> _____	<b>2.6 (c)</b> _____
# of prescriptions per month	Grams of material used per month	Grams of material used per year

During the year that this form is in effect, any order in excess of this estimate will require you to submit a new Part 2 form with an explanation of your revised requirements for this material.

**2.7** Does this order represent a significant increase from past purchases of this controlled substance from Spectrum?.... ☐ YES ☐ NO. If yes please explain the need for additional material:

\_\_\_\_\_ **2.8** Have you purchased this material from other suppliers? ☐ YES ☐ NO

**2.9** If you answered **YES** to 2.8 above:

Estimated total 6-month use of this material obtained from all suppliers: \_\_\_\_\_ grams every 6 months

**Notes or Comments:** \_\_\_\_\_

#### COMPANY OFFICIAL (Owner, Officer, Pharmacist):

I make these representations for the purpose of obtaining controlled substances. I certify that all the information I have provided above is true, complete, and correct, and that the business named above operates in compliance with all applicable federal and state regulations. I further certify that I am authorized to make these representations on behalf of the organization named above.

NAME (print)

TITLE (print)

SIGNATURE

DATE

By e-mail: Scan and submit signed form to [compliance@spectrumchemical.com](mailto:compliance@spectrumchemical.com)

By FAX: Send all pages to (310) 516-2014