



Products that make life easier.

All Supplies Order Form

Facility Name: _____




Facility Phone: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Date of Order: _____

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TO ORDER:

email this form to
intake@redrockms.com

QUESTIONS:

call 801.886.9700

VISIT: redrockms.com

*For supplies not listed, please email us
or request them in the Comment section.*

Facility Supplies

Item	UOM	QTY
<input type="checkbox"/> Hand sanitizer 4 oz	Single	QTY _____
<input type="checkbox"/> Purell hand sanitizer 64 oz	Single	QTY _____
<input type="checkbox"/> Sharps container 1 qt	Single	QTY _____
<input type="checkbox"/> Sharps container 1.25 gallon	Single	QTY _____
<input type="checkbox"/> Sharps container 1.5 qt	Single	QTY _____
<input type="checkbox"/> Bath towel 24x48	Bag of 12	QTY _____
<input type="checkbox"/> Fitted bed sheet	Bag of 12	QTY _____
<input type="checkbox"/> Foam mattress overlay	Single	QTY _____
<input type="checkbox"/> Multi-fold towels 9x9 9/20 in	Case of 4000	QTY _____
<input type="checkbox"/> Reusable underpad 33x36	Box of 12	QTY _____
<input type="checkbox"/> Trash bag 15 gallon 24x33 (clear)	Case of 1000	QTY _____
<input type="checkbox"/> Trash bag 60 gallon 38x58 (black)	Case of 100	QTY _____
<input type="checkbox"/> Trash bag McKesson 10 gallon 24x24	Case of 1000	QTY _____
<input type="checkbox"/> Bedpan 2 qt	Single	QTY _____
<input type="checkbox"/> Male urinal 1 qt	Single	QTY _____
<input type="checkbox"/> Wash basin 7 2/5 qt	Single	QTY _____
<input type="checkbox"/> Graduated container 32 oz	Single	QTY _____
<input type="checkbox"/> Speciman cup 4 oz Sterile	Single	QTY _____
<input type="checkbox"/> Speciman transport bag 6x9	Box of 50	QTY _____
<input type="checkbox"/> Commode collection Hat 27 oz	Single	QTY _____
<input type="checkbox"/> Emesis bag 40 oz	Sleeve of 25	QTY _____

Item	UOM	QTY
<input type="checkbox"/> Emesis basin 500 cc	Single	QTY _____
<input type="checkbox"/> 5 oz Clear plastic cup	Case of 2000	QTY _____
<input type="checkbox"/> 7 oz Clear plastic cup	Case of 2000	QTY _____
<input type="checkbox"/> 9 oz Clear plastic cup	Case of 1500	QTY _____
<input type="checkbox"/> Graduated med cup 1 oz w/measurements	Case of 5000	QTY _____
<input type="checkbox"/> Solo dart lid	Case of 2500	QTY _____
<input type="checkbox"/> Solo plastic med cup	Case of 2500	QTY _____
<input type="checkbox"/> Straws Jumbo wrapped	Box of 400	QTY _____
<input type="checkbox"/> Teaspoons	Case of 1000	QTY _____
<input type="checkbox"/> Size D: tublar bandage 11 yd	Single	QTY _____
<input type="checkbox"/> Size F: Tubular bandage 4 in x 11 yd	Single	QTY _____
<input type="checkbox"/> Size G: Tubular bandage 4.5 in x 11 yd	Single	QTY _____
<input type="checkbox"/> Tubular elastic retention netting size 5 13 3/4in x 25yd	Single	QTY _____
<input type="checkbox"/> Tongue depressor	Box of 500	QTY _____
<input type="checkbox"/> Bloodborne pathogen spill cleanup kit	Single	QTY _____
<input type="checkbox"/> Infectious waste bag 10-15 gallon 24x32	Case of 250	QTY _____
<input type="checkbox"/> Infectious waste bag 1-3 gallon 11x14	Pack of 50	QTY _____
<input type="checkbox"/> Infectious waste bag 40-45 gallon 40x48	Pack of 25	QTY _____
<input type="checkbox"/> Infectious waste bag 8-10 gallon 24x24	Case of 1000	QTY _____
<input type="checkbox"/> Ear currette	Box of 50	QTY _____
<input type="checkbox"/> Venous blood collection tube	Box of 100	QTY _____
<input type="checkbox"/> Pill crusher pouch	Box of 20	QTY _____
<input type="checkbox"/> Pill envelope	Box of 1000	QTY _____

Item	UOM	QTY
<input type="checkbox"/> Patient belongings bag 20x20 drawstring closure	Case of 250	QTY _____
<input type="checkbox"/> Patient belongings bag 4x20x20 snap closure	Case of 250	QTY _____
<input type="checkbox"/> Small slipper socks	Single	QTY _____
<input type="checkbox"/> Medium slipper socks	Single	QTY _____
<input type="checkbox"/> Large slipper socks	1 Pair	QTY _____
<input type="checkbox"/> Xtra Large slipper socks	1 Pair	QTY _____
<input type="checkbox"/> 2XL slipper socks	Single	QTY _____
<input type="checkbox"/> TED hose medium knee high/regular	1 Pair	QTY _____
<input type="checkbox"/> TED hose medium thigh high/regular	1 Pair	QTY _____
<input type="checkbox"/> TED hose XL thigh high/long	1 Pair	QTY _____
<input type="checkbox"/> Coagulation test strip	Box of 24	QTY _____
<input type="checkbox"/> Lancet 23 gauge	Box of 100	QTY _____
<input type="checkbox"/> Insulin syringe w/needle 1/2 cc 29 gauge	Box of 100	QTY _____
<input type="checkbox"/> Monogect insulin syringe w/needle 0.5 ml 29 gauge 1/2 in	Box of 100	QTY _____
<input type="checkbox"/> Agamatrix presto blood glucose test strips	Box of 100	QTY _____
<input type="checkbox"/> Toilet Paper, Envision 2-ply	Case of 80	QTY _____

COMMENTS:

First Aid Supplies

Item	UOM	QTY
<input type="checkbox"/> Sharps container 1.5 qt	Single	QTY _____
<input type="checkbox"/> Sharps container 1qt	Single	QTY _____
<input type="checkbox"/> Sharps container 5qt	Single	QTY _____
<input type="checkbox"/> Adhesive dressing 3 3/5x4	Box of 50	QTY _____
<input type="checkbox"/> Adhesive dressing 4x4 pad 6x6 surface	Box of 25	QTY _____
<input type="checkbox"/> Adhesive Foam dressing 3 1/2x3 1/2 without border	Box of 10	QTY _____
<input type="checkbox"/> Adhesive strip 2x3 1/4	Box of 50	QTY _____
<input type="checkbox"/> Antimicrobial dressing 4x10	Box of 25	QTY _____
<input type="checkbox"/> Bordered gauze 4x4 adhesive dressing sterile	Box of 25	QTY _____
<input type="checkbox"/> Bordered gauze 4x5 adhesive dressing sterile	Box of 25	QTY _____
<input type="checkbox"/> Bulkee fluff bandage roll 4 1/2in x 4 1/10yd	Single	QTY _____
<input type="checkbox"/> Cohesive bandage 4in x 5yd	Case of 18	QTY _____
<input type="checkbox"/> Collagen dressing 2x2	Box of 10	QTY _____
<input type="checkbox"/> Conforming stretch gauze bandage 3in x 4 1/10yd	Bag of 12	QTY _____
<input type="checkbox"/> Elastic Bandage 4in x 5yd	Box of 10	QTY _____
<input type="checkbox"/> Elastic Bandage 6in x 5yd	Box of 10	QTY _____
<input type="checkbox"/> Fabric adhesive bandage 1x3	Box of 100	QTY _____
<input type="checkbox"/> Fabric adhesive bandage 2x4	Box of 50	QTY _____
<input type="checkbox"/> Fabric fingertip bandage	Box of 100	QTY _____
<input type="checkbox"/> Plastic adhesive bandage 3/4x3	Box of 100	QTY _____
<input type="checkbox"/> Foam heal dressing adhesive 5 1/2 x 5 1/2	Box of 5	QTY _____
<input type="checkbox"/> Gauze sponge 2x2	Box of 200	QTY _____
<input type="checkbox"/> Gauze sponge 4x4	Box of 200	QTY _____
<input type="checkbox"/> Non adherent dressing 2x3 sterile	500 pack	QTY _____
<input type="checkbox"/> Non adherent dressing 3x4 sterile	500 pack	QTY _____

Item	UOM	QTY
<input type="checkbox"/> Paper tape 1in x 10yd	Box of 12	QTY _____
<input type="checkbox"/> Paper tape 2in x 10yd	Box of 6	QTY _____
<input type="checkbox"/> Plastic tape 1in x 10yd	Box of 12	QTY _____
<input type="checkbox"/> Silicone foam dressing 3x3 w/adhesive border	Box of 5	QTY _____
<input type="checkbox"/> Silicone foam dressing w/adhesive border 4x4	Box of 10	QTY _____
<input type="checkbox"/> Silicone foam dressing 2x2 w/adhesive border	Box of 10	QTY _____
<input type="checkbox"/> Silicone foam dressing 4x4 w/o border non-adhesive	Box of 10	QTY _____
<input type="checkbox"/> Silicone foam dressing sacral adhesive 7x7	Box of 10	QTY _____
<input type="checkbox"/> Silver silicone foam dressing 4x4	Box of 10	QTY _____
<input type="checkbox"/> Silver silicone foam dressing 6x6	Box of 5	QTY _____
<input type="checkbox"/> Skin closure strips 1/2in x 4in	Box of 50	QTY _____
<input type="checkbox"/> Split dressing 4x4	Box of 25	QTY _____
<input type="checkbox"/> Super absorber dressing 4x5	Box of 10	QTY _____
<input type="checkbox"/> Super absorber dressing 6x9	Box of 10	QTY _____
<input type="checkbox"/> Transparent film dressing 2 3/8x2 3/4	Box of 100	QTY _____
<input type="checkbox"/> Transparent film dressing 4x4 3/4	Box of 50	QTY _____
<input type="checkbox"/> Transparent film dressing 6x8	Box of 10	QTY _____
<input type="checkbox"/> Wound packing strips 1/2in x 5yd	Single	QTY _____
<input type="checkbox"/> X-ray detectable gauze sponge 4x4	10 pack	QTY _____
<input type="checkbox"/> Alcohol prep pad Curity 70% 1x1 3/10in	Box of 200	QTY _____
<input type="checkbox"/> Alcohol prep pad Webcol 70% 1 1/2x3 1/4in	Box of 200	QTY _____
<input type="checkbox"/> Cotton tip applicator	Box of 100	QTY _____
<input type="checkbox"/> Hot pack 5x7	Single	QTY _____
<input type="checkbox"/> Instant cold pack 4x6	Single	QTY _____
<input type="checkbox"/> Hydrogen Peroxide 3%	Single	QTY _____
<input type="checkbox"/> Iodine Swab stick	50 pack	QTY _____
<input type="checkbox"/> Saline Bullets	Box of 100	QTY _____

Item	UOM	QTY
<input type="checkbox"/> Skin protectant Thera individual packet	Box of 144	QTY _____
<input type="checkbox"/> Sting relief	Case of 100	QTY _____
<input type="checkbox"/> Lubricating Jelly	Box of 144	QTY _____
<input type="checkbox"/> Hydrocortisone cream 1%	Box of 144	QTY _____
<input type="checkbox"/> A&D ointment individual packets	Box of 144	QTY _____
<input type="checkbox"/> Bacitracin zinc ointment individual packets	Box of 144	QTY _____
<input type="checkbox"/> Burn Jel	Box of 25	QTY _____
<input type="checkbox"/> Skin barrier wipe	Box of 25	QTY _____
<input type="checkbox"/> Triple antibiotic ointment individual packets	Box of 144	QTY _____
<input type="checkbox"/> Wound cleanser 8oz	Single	QTY _____
<input type="checkbox"/> Eye wash	Single	QTY _____
<input type="checkbox"/> IV start kit w/tegaderm	Single	QTY _____
<input type="checkbox"/> Blood collection set, IV admin set w/safety shield	Box of 50	QTY _____
<input type="checkbox"/> Central Line dressing	Case of 30	QTY _____
<input type="checkbox"/> 10cc syringe	Box of 100	QTY _____
<input type="checkbox"/> 2 layer compression wrap	Single	QTY _____

COMMENTS:

Incontinence Supplies

Item	UOM	QTY
<input type="checkbox"/> McKesson 2XL brief	Case of 48	QTY _____
<input type="checkbox"/> McKesson 3XL brief	Case of 32	QTY _____
<input type="checkbox"/> McKesson large brief	Case of 72	QTY _____
<input type="checkbox"/> McKesson medium brief	Case of 96	QTY _____
<input type="checkbox"/> McKesson small brief	Case of 96	QTY _____
<input type="checkbox"/> McKesson XL brief	Case of 60	QTY _____
<input type="checkbox"/> McKesson 2XL pull-ups	Case of 48	QTY _____
<input type="checkbox"/> McKesson large pull-ups	Case of 72	QTY _____
<input type="checkbox"/> McKesson medium pull-ups	Case of 80	QTY _____
<input type="checkbox"/> McKesson small pull-ups	Case of 88	QTY _____
<input type="checkbox"/> McKesson XL pull-ups	Case of 56	QTY _____
<input type="checkbox"/> Cath securement device 2.5 in tab	Box of 50	QTY _____
<input type="checkbox"/> Cath tube clamp	Single	QTY _____
<input type="checkbox"/> Catheter insertion tray	Case of 20	QTY _____
<input type="checkbox"/> Catheter irrigation syringe 60 ml	Case of 50	QTY _____
<input type="checkbox"/> Foley cath 16 Fr 30 cc balloon	Case of 12	QTY _____
<input type="checkbox"/> Foley cath 16 Fr 5 cc balloon	Case of 12	QTY _____
<input type="checkbox"/> Foley cath Statlock secure	Box of 25	QTY _____
<input type="checkbox"/> Ileostomy/colostomy kit 2 1/4in stoma	Box of 5	QTY _____
<input type="checkbox"/> Fig Leaf urinary drain bag 2,000 ml	Box of 20	QTY _____
<input type="checkbox"/> Urinary drain bag 2,000 ml	Case of 20	QTY _____
<input type="checkbox"/> Ostomy barrier flange, wafer 2 1/4in opening	Box of 5	QTY _____
<input type="checkbox"/> Ostomy barrier paste, Stomahesive 2oz	Single	QTY _____
<input type="checkbox"/> Female pad 10.5 in length moderate absorbency	Case of 132	QTY _____
<input type="checkbox"/> Female pad 11 in length heavy absorbency	Case of 84	QTY _____
<input type="checkbox"/> Female pad 12.2 in length moderate absorbency	Case of 108	QTY _____

Item	UOM	QTY
<input type="checkbox"/> Female pad 12.9 in length heavy absorbency	Case of 96	QTY _____
<input type="checkbox"/> McKesson bladder control pad heavy absorbency	Case of 168	QTY _____
<input type="checkbox"/> McKesson incontinence liner heavy absorbency	Case of 72	QTY _____
<input type="checkbox"/> McKesson incontinence liner moderate absorbency	Case of 96	QTY _____
<input type="checkbox"/> McKesson underpad CHuX 17x24 Light absorbency	Case of 300	QTY _____
<input type="checkbox"/> McKesson underpad CHuX 23x36 moderate absorbency	Case of 150	QTY _____
<input type="checkbox"/> McKesson underpad ChuX 30x36 heavy absorbency	Case of 100	QTY _____
<input type="checkbox"/> McKesson underpad CHuX 36x36 heavy absorbency	Case of 50	QTY _____
<input type="checkbox"/> Prevail underpad Chux 30x30 heavy absorbency	Case of 120	QTY _____
<input type="checkbox"/> Simplicity underpad CHuX 23x36 light absorbency	Case of 150	QTY _____
<input type="checkbox"/> Simplicity underpad CHuX 23x36 moderate absorbency	Case of 150	QTY _____
<input type="checkbox"/> Wings incontinence liner moderate absorbency	Case of 88	QTY _____
<input type="checkbox"/> Wings underpad CHuX 23x36 heavy absorbency	Case of 75	QTY _____
<input type="checkbox"/> McKesson disposable wipes 100 per bag	Case of 600	QTY _____
<input type="checkbox"/> McKesson disposable wipes 50 per bag	Case of 600	QTY _____
<input type="checkbox"/> Durable barrier cream skin protectant	Case of 12	QTY _____
<input type="checkbox"/> Calmoseptine skin protectant individual packets	Box of 144	QTY _____
<input type="checkbox"/> Rinse free perineal wash	Case of 48	QTY _____
<input type="checkbox"/> UA test detector kit	Single	QTY _____

COMMENTS:

Oxygen Supplies

Item	UOM	QTY
<input type="checkbox"/> Nasal cannula 7'	Case of 50	QTY _____
<input type="checkbox"/> Nasal cannula 25'	Case of 25	QTY _____
<input type="checkbox"/> Nasal cannula ear cushion	Case of 50 pairs	QTY _____
<input type="checkbox"/> O2 mask adult 7'	Case of 50	QTY _____
<input type="checkbox"/> O2 tubing 25'	Case of 25	QTY _____
<input type="checkbox"/> O2 tubing 50'	Case of 20	QTY _____
<input type="checkbox"/> O2 tubing connector	Case of 50	QTY _____
<input type="checkbox"/> O2 tubing connector swivel	10 pack	QTY _____
<input type="checkbox"/> O2 tubing Y connector	10 pack	QTY _____
<input type="checkbox"/> Sterile water inhalation for concentrator	Case of 20	QTY _____
<input type="checkbox"/> Face mask Neb kit	Single	QTY _____
<input type="checkbox"/> T-piece Neb kit	Single	QTY _____
<input type="checkbox"/> Incentive Spirometer	Single	QTY _____

COMMENTS:

Toiletry Supplies

Item	UOM	QTY
<input type="checkbox"/> Facial tissue 100 count	Case of 3000	QTY _____
<input type="checkbox"/> Kleenex Facial tissue JR	Case of 3200	QTY _____
<input type="checkbox"/> 3M Cavilon extra dry hand & body moisturizer 4 oz	Case of 12	QTY _____
<input type="checkbox"/> Baby powder fresh scent 14 oz	Single	QTY _____
<input type="checkbox"/> Hand & body lotion 4 oz cucumber melon	Case of 48	QTY _____
<input type="checkbox"/> Hand & body lotion 8 oz cucumber melon	Case of 48	QTY _____
<input type="checkbox"/> Hand & body lotion 8 oz fresh scent	Case of 36	QTY _____
<input type="checkbox"/> Hand & body moisturizer Aloe Vista 4 oz	Case of 48	QTY _____
<input type="checkbox"/> Vanilla bean cream 8.5 oz hand & body moisturizer	Case of 24	QTY _____
<input type="checkbox"/> Dove Soap bar	Single	QTY _____
<input type="checkbox"/> Suave Shampoo 15 oz Green Apple	Single	QTY _____
<input type="checkbox"/> Shampoo & Body was 8 oz Aloe Vista	Case of 48	QTY _____
<input type="checkbox"/> Black comb 7in	Single	QTY _____
<input type="checkbox"/> Hair brush 7.6in	Single	QTY _____
<input type="checkbox"/> Hair pick 5.3in	Single	QTY _____
<input type="checkbox"/> Ivory comb 7in	Single	QTY _____
<input type="checkbox"/> Shaving cream	Single	QTY _____
<input type="checkbox"/> Razor twin blade	Box of 50	QTY _____
<input type="checkbox"/> Dental floss fresh mint 100yd	Single	QTY _____
<input type="checkbox"/> Denture adhesive 2oz	Single	QTY _____
<input type="checkbox"/> Denture cleaner tabs	Box of 40	QTY _____
<input type="checkbox"/> Denture cup with lid	Single	QTY _____

Item	UOM	QTY
<input type="checkbox"/> Toothbrush Adult	Single	QTY _____
<input type="checkbox"/> McKesson mint toothpaste 2.75 oz	Box of 12	QTY _____
<input type="checkbox"/> Oral foam swab with dentifrice	Box of 250	QTY _____
<input type="checkbox"/> Cuticle/Orange stick 7in wood	Box of 100	QTY _____
<input type="checkbox"/> Emery board 4.5in	Box of 144	QTY _____
<input type="checkbox"/> Fingernail clippers	Single	QTY _____
<input type="checkbox"/> Lip Balm	Single	QTY _____
<input type="checkbox"/> Lady Speed Stick 1.4 oz	Case of 12	QTY _____
<input type="checkbox"/> Speed Stick 1.8oz regular scent	Case of 12	QTY _____

COMMENTS:

Vitals Equipment

Item	UOM	QTY
<input type="checkbox"/> Blood pressure cuff Adult large 363779	Single	QTY _____
<input type="checkbox"/> Fingertip pulse oximeter	Single	QTY _____
<input type="checkbox"/> Stethoscope, black 22	Single	QTY _____
<input type="checkbox"/> Infrared thermometer	Single	QTY _____
<input type="checkbox"/> Tympanic thermometer	Single	QTY _____
<input type="checkbox"/> Tympanic probe cover	Box of 45	QTY _____
<input type="checkbox"/> Tympanic probe cover Thermoscan	Box of 200	QTY _____

COMMENTS: