



## Facility Supplies Order Form

Facility Name: \_\_\_\_\_

Facility Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Date of Order: \_\_\_\_\_

**TO ORDER:** email this form to [intake@redrockms.com](mailto:intake@redrockms.com)

**QUESTIONS:** call 801.886.9700 **VISIT:** [redrockms.com](http://redrockms.com)

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

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"/> Specimen cup 4 oz Sterile	Single	QTY _____
<input type="checkbox"/> Specimen 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 _____
<input type="checkbox"/> Emesis basin 500 cc	Single	QTY _____
<input type="checkbox"/> 5 oz Clear plastic cup	Case of 2000	QTY _____

Item	UOM	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 _____
<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 _____

Item	UOM	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:**