



Toiletry 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

QUESTIONS: call 801.886.9700 **VISIT:** redrockms.com

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

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 mositurizer Aloe Vista 4 oz	Case of 48	QTY _____
<input type="checkbox"/> Vanilla bean cream 8.5 oz hand & body moisturizer	Cse of 24	QTY _____
<input type="checkbox"/> Dove Soap bar	Single	QTY _____
<input type="checkbox"/> Sauve 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 _____
<input type="checkbox"/> Toothbrush Adult	Single	QTY _____
<input type="checkbox"/> McKesson mint toothpaste 2.75oz	Box of 12	QTY _____

Item	UOM	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: