



Vitals Equipment 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"/> 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: