



Facility Name: _____

Residents Name: _____

<u>Diapers:</u>	Qty per package	# of Cases Needed
Tape-Side Breifs	Per Case	_____
Pull-Ups	Per Case	_____
Size Needed	Circle One: SM/MD M LG LG/XL XL XXL	

<u>Other:</u>	Qty per package	# of packages needed
Wipes	288 wipes X	_____
Gloves	100 X	_____
Bed Pad	72 Pads X	_____
Pill Crusher Bags	100 X	_____

<u>Med Cups:</u>	Qty per package	# of packages needed
Souffle Cups	250 cups X	_____
Plastic Cups	100 cups X	_____

<u>Diabetic Supplies:</u>	Qty per package	# of packages needed
Test Strips	50 Strips X	_____
Lancets	100 Lancets X	_____
Alcohol Swabs 200	200 Swabs X	_____

	Size of Container	# of containers needed
Sharps Containers:		
For Residents Room	3.3 Qt Container X	_____
For Medication Cart	5 Qt Container X	_____
Other	8 Qt Container X	_____

Staff Member that ordered

Date